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**WORKCOVER**

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WC301\*

Workers' Compensation and Rehabilitation Act 1981

**Workers' Compensation and Rehabilitation  
(Scales of Fees) Amendment Regulations  
(No. 5) 2003**

Made by the Governor in Executive Council, on the recommendation of the Commission, under section 176(1a).

**1. Citation**

These regulations may be cited as the *Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations (No. 5) 2003*.

## 2. The regulations amended

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

[\* Reprinted as at 24 May 2002.

For amendments to 8 September 2003 see *Western Australian Legislation Information Tables for 2002, Table 4, p. 447, and Gazette 9 May 2003.*]

## 3. Regulation 2 amended

Regulation 2(2) is amended in the definition of "MBS item number" by deleting "2000" and inserting instead —

“ 2002 ”.

## 4. Regulation 8 amended

Regulation 8 is amended by deleting "\$108" and inserting instead —

“ \$111.40 ”.

## 5. Schedule 1 amended

- (1) Schedule 1 Part 1 is amended by deleting the heading "GENERAL PRACTITIONER" and everything following that heading down to, but not including, the heading "PHYSICIANS, OCCUPATIONAL & REHABILITATION PHYSICIANS" and inserting instead —

“

### **GENERAL PRACTITIONER**

#### CONSULTATIONS

##### Surgery Consultation

in hours

<b>Content based</b>	<b>\$</b>
Minor Service (Level A)	18.45
Specific Service (Level B)	39.15
Extended Service (Level C)	69.70
Comprehensive Service (Level D)	101.00
<b>Time based</b>	<b>\$</b>
up to 5 mins	26.90
more than 5 mins to 15 mins	34.30
more than 15 mins to 30 mins	66.50
more than 30 mins to 45 mins	99.25
more than 45 mins to 60 mins	135.05

##### 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.

<b>Content based</b>	\$
Minor Service (Level A)	28.30
Specific Service (Level B)	58.70
Extended Service (Level C)	104.50
Comprehensive Service (Level D)	152.00
<b>Time based</b>	\$
up to 5 mins	48.60
more than 5 mins to 15 mins	57.00
more than 15 mins to 30 mins	87.65
more than 30 mins	120.30
<b>VISITS</b>	
<u>Consultations at a place other than the Consulting Rooms</u>	
in hours	\$
Minor Service (Level A)	48.60
Specific Service (Level B)	67.45
Extended Service (Level C)	97.10
Comprehensive Service (Level D)	126.65
out of hours	\$
Minor Service (Level A)	56.60
Specific Service (Level B)	85.90
Extended Service (Level C)	130.85
Comprehensive Service (Level D)	179.45
<b>TELEPHONE CONSULTATIONS</b>	
Time based	\$
up to 5 mins	15.50
more than 5 mins to 15 mins	19.40
more than 15 mins to 30 mins	40.55
more than 30 mins	60.80
CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments etc.	
per hour	\$174.55
<b>TRAVELLING FEES</b>	
Outside the metropolitan area	
Rate per kilometre	\$3.10

- (2) Schedule I Part I is amended under the heading "PHYSICIANS, OCCUPATIONAL & REHABILITATION PHYSICIANS" and the subheading "PHYSICIANS", in the category of "VISITS", by deleting "208.85" and inserting instead —
- “ 210.95 ”.
- (3) Schedule I Part I is amended by deleting the subheading "OCCUPATIONAL PHYSICIANS" and everything following that subheading down to, but not including, the heading "SPECIALISTS" and inserting instead —

**OCCUPATIONAL PHYSICIANS**

**CONSULTATIONS**

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	176.15
subsequent attendances	88.15

## VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	210.95
subsequent attendances	121.75

## TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	23.05
more than 5 mins to 15 mins	28.50
more than 15 mins to 30 mins	59.60
more than 30 mins	90.05

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

per hour	\$258.70
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## TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	\$3.10
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**CONSULTANT PSYCHIATRISTS**

## CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	
Time based	\$
up to 15 mins	51.70
more than 15 mins to 30 mins	103.10
more than 30 mins to 45 mins	154.40
more than 45 mins to 60 mins	206.60
more than 60 mins to 75 mins	233.85
more than 75 mins	260.95

## 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 mins	84.85
more than 15 mins to 30 mins	137.00
more than 30 mins to 45 mins	187.05
more than 45 mins to 75 mins	239.25
more than 75 mins	288.20

## TELEPHONE CONSULTATIONS

Time based	\$
up to 45 mins	68.55
more than 45 mins	149.70

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

per hour	\$258.70
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## TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	\$3.10
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- (4) Schedule 1 Part 1 is amended under the heading “SPECIALISTS” by deleting the subheading “DERMATOLOGISTS” and everything following that subheading down to, but not including, the subheading “ANAESTHETISTS” and inserting instead —

**DERMATOLOGISTS**

## CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	100.15
subsequent attendances	52.25

## VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	134.85
subsequent attendances	85.90

## TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	23.05
more than 5 mins to 15 mins	28.50
more than 15 mins to 30 mins	59.60
more than 30 mins	90.05

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

per hour	\$258.70
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## TRAVELLING FEES

Country

Rate per kilometre	\$3.10
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- (5) Schedule 1 Part 2 is amended under the heading “DISLOCATIONS” in the item “Shoulder, not requiring general anaesthetic” by deleting “87.90” and inserting instead —

“ 98.95 ”.

- (6) Schedule 1 Part 2 is amended under the heading “AMPUTATIONS” by inserting the following item after the item commencing “Five digits of one foot” —

Toe including metatarsal or part of metatarsal	\$249.90
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- (7) Schedule 1 Part 2 is amended under the heading “AMPUTATIONS” by deleting the item commencing “Hand, forearm or arm”.
- (8) Schedule 1 Part 3 is deleted and the following Part is inserted instead —

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**Part 3 — Diagnostic Imaging Services**

ULTRASOUND

<b>MBS item number</b> <i>(November 2002 edition)</i>	<b>Fee</b> <b>\$</b>
55028	118.80
55029	41.20
55030	118.80
55031	41.20
55032	118.80
55033	41.20
55036	121.20
55037	41.20
55038	118.80
55039	41.20
55044	121.20
55045	41.20
55048	119.25
55049	41.20
55054	118.80
55070	107.00
55073	37.10
55076	118.80
55079	41.20
55113	288.70
55114	288.70
55115	288.70
55116	321.05
55117	321.05
55118	344.80
55130	420.45
55238	189.80
55244	189.80
55246	189.80
55248	189.80
55252	189.80
55274	189.80
55276	189.80
55278	189.80
55280	189.80
55282	189.80
55284	189.80
55292	184.60
55294	184.60
55296	120.90
55600	118.80
55603	118.80

<b>MBS item number</b>	<b>Fee</b>
<i>(November 2002 edition)</i>	<b>\$</b>
55700	71.35
55703	41.60
55704	83.25
55705	41.60
55706	118.90
55709	45.20
55712	136.75
55715	47.55
55718	118.90
55721	136.75
55723	45.20
55725	47.55
55728	118.90
55729	32.40
55731	116.50
55733	41.60
55736	151.00
55739	67.75
55759	178.35
55762	71.35
55764	190.25
55766	77.30
55768	178.35
55770	71.35
55772	190.25
55774	77.30
55800	118.80
55802	41.20
55804	118.80
55806	41.20
55808	118.80
55810	41.20
55812	118.80
55814	41.20
55816	118.80
55818	41.20
55820	118.80
55822	41.20
55824	118.80
55826	41.20
55828	118.80
55830	41.20
55832	118.80
55834	41.20
55836	118.80
55838	41.20
55840	118.80
55842	41.20
55844	95.10
55846	41.20
55848	118.80
55850	166.45
55852	118.80
55854	41.20

## COMPUTED TOMOGRAPHY — EXAMINATION AND REPORT

<b>MBS item number</b>	<b>Fee</b>
<i>(November 2002 edition)</i>	<b>\$</b>
56001	216.00
56007	276.95
56010	279.25
56013	276.95
56016	321.25
56022	249.25
56028	373.05
56030	321.00
56036	401.25
56041	109.35
56047	139.70
56050	141.95
56053	141.95
56056	172.15
56062	125.35
56068	186.55
56070	160.50
56076	200.65
56101	254.75
56107	376.60
56141	128.95
56147	190.05
56219	361.35
56220	265.85
56221	265.85
56223	265.85
56224	389.20
56225	389.20
56226	389.20
56227	135.70
56228	135.70
56229	135.70
56230	196.60
56231	196.60
56232	196.60
56233	265.85
56234	389.20
56235	135.65
56236	196.60
56237	265.85
56238	389.20
56239	135.65
56240	196.60
56259	182.55
56301	326.75
56307	443.10
56341	165.55
56347	223.75
56401	276.95
56407	398.75
56409	276.95
56412	398.75
56441	140.45



<b>MBS item number</b>	<b>Fee</b>
<i>(November 2002 edition)</i>	<b>\$</b>
56447	201.00
56449	140.45
56452	201.00
56501	426.45
56507	531.70
56541	213.90
56547	270.00
56619	243.70
56625	370.65
56659	124.20
56665	185.40
56801	516.75
56807	620.30
56841	258.45
56847	314.40
57001	516.90
57007	628.90
57041	258.50
57047	314.45
57201	171.95
57247	85.95
57341	520.60
57345	267.60
57350	564.95
57351	564.95
57355	292.60
57356	292.60

## DIAGNOSTIC RADIOLOGY

<b>MBS item number</b>	<b>Fee</b>
<i>(November 2002 edition)</i>	<b>\$</b>
57506	34.65
57509	46.35
57512	47.15
57515	62.90
57518	37.90
57521	50.55
57524	57.55
57527	76.65
57700	47.15
57703	62.90
57706	37.90
57709	50.55
57712	54.95
57715	71.00
57721	115.65
57901	75.15
57902	75.15
57903	55.05
57906	75.15
57909	75.15
57912	54.95
57915	54.95
57918	54.95
57921	54.95

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<b>MBS item number</b> <i>(November 2002 edition)</i>	<b>Fee</b> \$
57924	54.95
57927	57.85
57930	38.30
57933	91.15
57939	75.15
57942	57.85
57945	50.55
57960	55.20
57963	55.20
57966	55.20
57969	55.20
58100	78.25
58103	64.20
58106	89.65
58108	154.85
58109	54.75
58112	113.30
58115	154.85
58300	46.70
58306	104.15
58500	41.15
58503	54.95
58506	70.80
58509	46.35
58521	50.55
58524	65.80
58527	80.90
58700	53.65
58706	184.00
58715	176.55
58718	146.95
58721	161.05
58900	41.60
58903	55.45
58909	104.80
58912	128.50
58915	91.95
58916	161.35
58921	157.60
58924	97.90
58927	89.05
58933	239.55
58936	228.30
58939	162.30
59103	26.35
59300	101.35
59303	61.10
59306	116.85
59309	233.75
59312	101.35
59314	61.10
59318	54.80
59503	104.15
59700	112.50
59703	88.45

<b>MBS item number</b> <i>(November 2002 edition)</i>	<b>Fee</b> <b>\$</b>
59712	132.50
59715	167.25
59718	156.90
59724	263.80
59733	125.45
59736	72.25
59739	85.90
59751	162.10
59754	255.55
59760	134.15
59763	156.00
59903	149.05
59912	397.05
59925	471.60
59970	196.10
59971	74.55
59972	198.55
59973	235.85
59974	98.10
60000	657.05
60003	963.60
60006	1 370.25
60009	1 603.45
60012	657.05
60015	963.60
60018	1 370.25
60021	1 603.45
60024	657.05
60027	963.60
60030	1 370.25
60033	1 603.45
60036	657.05
60039	963.60
60042	1 370.25
60045	1 603.45
60048	657.05
60051	963.60
60054	1 370.25
60057	1 603.45
60060	657.05
60063	963.60
60066	1 370.25
60069	1 603.45
60072	56.05
60075	112.00
60078	168.05
60100	70.80
60500	50.55
60503	34.65
60506	74.30
60509	115.20
60918	61.35
60927	49.50
61109	301.65

## NUCLEAR MEDICINE IMAGING

<b>MBS item number</b> <i>(November 2002 edition)</i>	<b>Fee</b> <b>\$</b>
61302	433.10
61303	545.45
61306	684.80
61307	805.55
61310	354.35
61313	292.70
61314	405.30
61316	367.75
61317	475.10
61320	220.90
61328	219.65
61340	244.15
61348	427.80
61352	250.25
61353	373.00
61356	379.00
61360	389.15
61361	445.25
61364	479.50
61368	215.25
61369	1 944.95
61372	215.25
61373	472.50
61376	138.30
61381	554.20
61383	603.00
61384	663.55
61386	320.80
61387	415.65
61389	357.55
61390	395.60
61393	584.25
61397	238.20
61401	156.55
61402	583.80
61405	333.85
61409	842.80
61413	218.00
61417	114.65
61421	462.95
61425	579.60
61426	535.30
61429	523.90
61430	636.25
61433	479.50
61434	593.75
61437	523.70
61438	649.35
61441	472.50
61442	725.90
61445	276.75
61446	321.85
61449	440.25
61450	383.55

<b>MBS item number</b> <i>(November 2002 edition)</i>	<b>Fee</b> \$
61453	496.60
61454	335.85
61457	453.95
61458	383.00
61461	509.35
61462	125.70
61465	256.15
61469	335.85
61473	169.25
61480	373.25
61484	849.90
61485	964.15
61495	215.25
61499	244.15

## MAGNETIC RESONANCE IMAGING

<b>MBS item number</b> <i>(November 2002 edition)</i>	<b>Fee</b> \$
63000 — 63946	509.20

**6. Schedule 2 amended**

Schedule 2 is amended as follows:

- (a) After the Schedule heading by inserting the following Part heading —

“

**Part 1 — General**

”.

- (b) by inserting the following Part after item 8 —

“

**Part 2 — Exercise-based programs**

<b>Type of service</b>	<b>Fee</b> \$
9. Exercise consultation/assessment The following services are included in the initial/subsequent consultation fee:	117.50 maximum amount chargeable per session (for a session of one hour or more) Where a session is for a fraction of one hour, the amount chargeable is to be calculated as that fraction of the maximum amount chargeable.
<ul style="list-style-type: none"> <li>• Assessment of the worker;</li> <li>• Provision/prescription of exercises;</li> <li>• Program development, coordination;</li> <li>• Physiological testing;</li> <li>• Communication with relevant persons (other than reports).</li> </ul>	
Physiotherapist to patient ratio must be 1:1 for the duration of the consultation.	

<b>Type of service</b>		<b>Fee</b>
		<b>\$</b>
10.	Initial report	51.70
11.	Subsequent reports	41.50
		per report
12.	Final report	41.50
13.	Gym membership/Entry fees (Prior approval from insurer/self-insurer is required)	Market rates
14.	Travel (per kilometre)	0.60

*[Notes: Exercise programs should be structured, planned intervention, focused on increasing the injured worker's capacity and orientated towards a return to suitable and sustainable employment.*

*Prior approval from the treating medical practitioner is required before commencing an exercise program.]*

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#### 7. **Schedule 4 replaced**

Schedule 4 is repealed and the following Schedule is inserted instead —

“

#### **Schedule 4**

[r. 5]

##### **Scale of fees — occupational therapists**

<b>Type of Service</b>		<b>Fee</b>
		<b>\$</b>
1.	Brief consultation (< 15 minutes)	17.70
2.	Short consultation (15 minutes to < 30 minutes)	35.40
3.	Standard consultation (30 minutes to < 45 minutes)	58.30
4.	Extended consultation (45 minutes to < one hour)	87.45
5.	Extended consultation ( $\geq$ one hour)	116.60
6.	Standard group consultation (30 minutes) per person	38.30
7.	Travel costs are to be calculated at the hourly rate by the length of time spent travelling.	

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Recommended by the Workers' Compensation and Rehabilitation Commission on the 9<sup>th</sup> day of September 2003.

The common seal of the )  
)  
Workers' Compensation and )  
)  
Rehabilitation Commission )

L.S.

B. BRADLEY.

By Command of the Governor,

M. C. WAUCHOPE, Clerk of the Executive Council.