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**WORKERS' COMPENSATION AND INJURY  
MANAGEMENT ACT 1981**

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**WORKERS' COMPENSATION  
AND INJURY MANAGEMENT  
(SCALE OF FEES) AMENDMENT  
REGULATIONS (No. 3) 2006**



Workers' Compensation and Injury Management Act 1981

## **Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations (No. 3) 2006**

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 (No. 3) 2006*.

**2. 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 27 November 2006 see *Western Australian Legislation Information Tables for 2005, Table 4, and Gazette 10 January and 28 April 2006.*]

**3. References to "injuries" changed to "disabilities"**

Each provision in the Table to this regulation is amended by deleting "injuries" in each place where it occurs and inserting instead —

“ disabilities ”.

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**Table**

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

**4. Regulation 6 replaced**

Regulation 6 is repealed and the following regulations are inserted instead —

“

**6. Scale of fees — clinical psychologists**

- (1) Under section 292(2)(a)(vi) of the Act, the hourly rate of \$171.90 per hour is prescribed as the fee to be paid to clinical psychologists for attendance on, and treatment of, workers suffering disabilities that are compensable under the Act.
- (2) The hourly rate under subregulation (1) is also payable for compiling a treatment report, but the hours required to compile a report cannot exceed 3 hours per report.

**6A. Scale of fees — counselling psychology**

Under section 292(2)(a)(viii) of the Act, the hourly rate of \$171.90 per hour is prescribed as the fee to be paid to a psychologist providing counselling services for the treatment of a worker suffering disabilities that are compensable under the Act.

Note: “Counselling psychology” was approved as an “approved treatment” under section 5(1) of the Act in *Gazette* 10/1/2003, p. 55.]

”

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**5. Regulation 7A replaced**

Regulation 7A is repealed and the following regulation is inserted instead —

“

**7A. Scale of fees — osteopaths**

Under section 292(2)(a)(viii) of the Act, the amount of \$54.40 is prescribed as the fee to be paid to an osteopath for an osteopathic consultation with a worker suffering disabilities that are compensable under the Act.

Note: “Osteopathy” was approved as an “approved treatment” under section 5(1) of the Act in Gazette 29/9/2000, p. 5564.]

”

**6. Regulation 8 amended**

Regulation 8 is amended by deleting “\$123.35” and inserting instead —

“ \$128.35 ”.

**7. Schedule 1 amended**

- (1) Schedule 1 Part 1 is amended by deleting the heading “GENERAL PRACTITIONER” and everything following that heading, through to (but not including) the heading “ANAESTHETISTS” and inserting instead —

“

**GENERAL PRACTITIONER**

CONSULTATIONS

Surgery Consultation

in hours

**Content based**

Minor or Specific Service (Level A or B)

\$

53.45

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|                                 |           |
|---------------------------------|-----------|
| Extended Service (Level C)      | 97.65     |
| Comprehensive Service (Level D) | 150.05    |
| <b>Time based</b>               | <b>\$</b> |
| up to 5 mins                    | 31.85     |
| more than 5 mins to 15 mins     | 41.60     |
| more than 15 mins to 30 mins    | 80.20     |
| more than 30 mins to 45 mins    | 121.30    |
| more than 45 mins to 60 mins    | 164.45    |

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>            | <b>\$</b> |
| Minor Service (Level A)         | 40.10     |
| Specific Service (Level B)      | 80.20     |
| Extended Service (Level C)      | 146.00    |
| Comprehensive Service (Level D) | 226.15    |
| <b>Time based</b>               | <b>\$</b> |
| up to 5 mins                    | 63.50     |
| more than 5 mins to 15 mins     | 68.90     |
| more than 15 mins to 30 mins    | 106.90    |
| more than 30 mins to 45 mins    | 146.00    |

VISITS

Consultations at a place other than the Consulting Rooms

|                                 |           |
|---------------------------------|-----------|
| in hours                        | <b>\$</b> |
| Minor Service (Level A)         | 66.85     |
| Specific Service (Level B)      | 91.45     |
| Extended Service (Level C)      | 135.70    |
| Comprehensive Service (Level D) | 189.15    |

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|                                 |        |
|---------------------------------|--------|
| out of hours                    | \$     |
| Minor Service (Level A)         | 80.20  |
| Specific Service (Level B)      | 119.25 |
| Extended Service (Level C)      | 183.00 |
| Comprehensive Service (Level D) | 267.30 |

**TELEPHONE CONSULTATIONS**

|                              |           |
|------------------------------|-----------|
| <b>Time based</b>            | <b>\$</b> |
| up to 5 mins                 | 17.85     |
| more than 5 mins to 15 mins  | 22.35     |
| more than 15 mins to 30 mins | 46.70     |
| more than 30 mins            | 70.05     |

|  |        |
|--|--------|
| CASE CONFERENCES, discussions with employers/insurers,<br>rehabilitation providers, workplace assessments etc. | \$     |
| per hour   | 201.05 |

|                               |      |
|-------------------------------|------|
| TRAVELLING FEES               | \$   |
| Outside the metropolitan area |      |
| Rate per kilometre            | 3.56 |

***PHYSICIANS, OCCUPATIONAL & REHABILITATION PHYSICIANS  
PHYSICIANS***

**CONSULTATIONS**

|   |        |
|---|--------|
| <u>Professional attendance at consulting rooms and issue of<br/>certificate (if required) et al</u> | \$     |
| first attendance  | 202.95 |
| subsequent attendances  | 101.55 |

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VISITS

|  |        |
|--|--------|
| <u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u> | \$     |
| first attendance   | 243.10 |
| subsequent attendances   | 140.25 |

***REHABILITATION PHYSICIANS***

CONSULTATIONS

|   |        |
|---|--------|
| <u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u> | \$     |
| first attendance  | 202.95 |
| subsequent attendances  | 101.55 |

VISITS

|  |        |
|--|--------|
| <u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u> | \$     |
| first attendance   | 243.10 |
| subsequent attendances   | 140.25 |

***OCCUPATIONAL PHYSICIANS***

CONSULTATIONS

|   |        |
|---|--------|
| <u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u> | \$     |
| first attendance  | 206.30 |
| subsequent attendances  | 101.55 |

VISITS

|  |        |
|--|--------|
| <u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u> | \$     |
| first attendance   | 243.10 |
| subsequent attendances   | 140.25 |

TELEPHONE CONSULTATIONS

|                             |       |
|-----------------------------|-------|
| <b>Time based</b>           | \$    |
| up to 5 mins                | 26.60 |
| more than 5 mins to 15 mins | 32.85 |



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|                              |        |
|------------------------------|--------|
| more than 15 mins to 30 mins | 68.70  |
| more than 30 mins            | 103.70 |

|   |        |
|---|--------|
| CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments etc. | \$     |
| per hour  | 298.10 |

|                               |      |
|-------------------------------|------|
| TRAVELLING FEES               |      |
| Outside the metropolitan area | \$   |
| Rate per kilometre            | 3.55 |

**CONSULTANT PSYCHIATRISTS**

CONSULTATIONS

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

|                              |        |
|------------------------------|--------|
| <b>Time based</b>            | \$     |
| up to 15 mins                | 59.55  |
| more than 15 mins to 30 mins | 118.80 |
| more than 30 mins to 45 mins | 177.90 |
| more than 45 mins to 60 mins | 238.05 |
| more than 60 mins to 75 mins | 269.35 |
| more than 75 mins            | 300.65 |

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

|                              |        |
|------------------------------|--------|
| <b>Time based</b>            | \$     |
| up to 15 mins                | 97.75  |
| more than 15 mins to 30 mins | 157.85 |
| more than 30 mins to 45 mins | 215.45 |
| more than 45 mins to 75 mins | 275.60 |
| more than 75 mins            | 332.05 |

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TELEPHONE CONSULTATIONS

|                   |           |
|-------------------|-----------|
| <b>Time based</b> | <b>\$</b> |
| up to 45 mins     | 78.95     |
| more than 45 mins | 172.45    |

|  |           |
|--|-----------|
| CASE CONFERENCES, discussions with employers/insurers,<br>rehabilitation providers, workplace assessments etc. | <b>\$</b> |
| per hour   | 298.10    |

TRAVELLING FEES

|                               |           |
|-------------------------------|-----------|
| Outside the metropolitan area | <b>\$</b> |
| Rate per kilometre            | 3.56      |

***SPECIALISTS***

***SURGEONS***

CONSULTATIONS

|   |           |
|---|-----------|
| <u>Professional attendance at consulting rooms and issue of<br/>certificate (if required) et al</u> | <b>\$</b> |
| first attendance  | 115.40    |
| subsequent attendances  | 60.20     |

VISITS

|  |           |
|--|-----------|
| <u>Professional attendance at a place other than consulting<br/>rooms and issue of certificate (if required) et al</u> | <b>\$</b> |
| first attendance   | 155.55    |
| subsequent attendances   | 99.10     |

***DERMATOLOGISTS***

CONSULTATIONS

|   |           |
|---|-----------|
| <u>Professional attendance at consulting rooms and issue of<br/>certificate (if required) et al</u> | <b>\$</b> |
| first attendance  | 115.40    |
| subsequent attendances  | 60.20     |

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VISITS

|  |        |
|--|--------|
| <u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u> | \$     |
| first attendance   | 155.30 |
| subsequent attendances   | 98.95  |

TELEPHONE CONSULTATIONS

|                              |        |
|------------------------------|--------|
| Time based                   | \$     |
| up to 5 mins                 | 26.60  |
| more than 5 mins to 15 mins  | 32.85  |
| more than 15 mins to 30 mins | 68.70  |
| more than 30 mins            | 103.70 |

|   |        |
|---|--------|
| CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments etc. | \$     |
| per hour  | 298.10 |

TRAVELLING FEES

|                               |      |
|-------------------------------|------|
| Outside the metropolitan area | \$   |
| Rate per kilometre            | 3.55 |

”.

- (2) Schedule 1 Part 1 is amended in the item headed “ANAESTHETISTS” as follows:
- (a) before the heading “CONSULTATIONS AND ATTENDANCES” by deleting “\$35.45” as the \$ value per unit and inserting instead —  
“ \$60.00 ”;
  - (b) under the subheading “Time units” by deleting “Each 15 minutes (or part thereof) of anaesthetic time constitutes one time unit. After 4 hours, time units are calculated at 1 per 10 minutes.” and inserting instead —  
“  
For the first 2 hours, each 15 minutes (or part thereof) of anaesthetic time constitutes one time

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unit. After 2 hours, time units are calculated at one per 10 minutes (or part thereof).

”.

- (3) Schedule 1 Part 1 PART A – PROCEDURES is amended under the subheading “Upper abdomen” by deleting —

“

|  |    |
|--|----|
| — gastric reduction or gastroplasty for the treatment of morbid obesity    | 10 |
| — partial hepatectomy (excluding liver biopsy)                             | 13 |
| — extended or trisegmental hepatectomy                                     | 15 |
| — pancreatectomy, partial or total (eg. Whipple procedure)                 | 12 |
| — liver transplant (recipient)   | 30 |
| — neuro endocrine tumour removal (eg. carcinoid)                           | 10 |
| — percutaneous procedures on an intra-abdominal organ in the upper abdomen | 6  |

”

and inserting instead —

“

|   |    |
|---|----|
| Anaesthesia for gastric reduction or gastroplasty for the treatment of morbid obesity | 10 |
| Anaesthesia for partial hepatectomy (excluding liver biopsy)                          | 13 |
| Anaesthesia for extended or trisegmental hepatectomy                                  | 15 |
| Anaesthesia for pancreatectomy, partial or total (eg. Whipple procedure)              | 12 |
| Anaesthesia for liver transplant (recipient)  | 30 |
| Anaesthesia for neuro endocrine tumour removal (eg. carcinoid)                        | 10 |

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|   |   |
|---|---|
| Anaesthesia for percutaneous procedures on an<br>intra-abdominal organ in the upper abdomen | 6 |
|---|---|

”

- (4) Schedule 1 Part 1 PART A – PROCEDURES is amended under the subheading “Perineum” by deleting —

“

|                                   |   |
|-----------------------------------|---|
| — radical orchidectomy, inguinal  | 4 |
| — radical orchidectomy, abdominal | 6 |

”

and inserting instead —

“

|  |   |
|--|---|
| — radical orchidectomy, inguinal approach  | 4 |
| — radical orchidectomy, abdominal approach | 6 |

”

- (5) Schedule 1 Part 1 PART B – THERAPEUTIC AND DIAGNOSTIC SERVICES is amended as follows:

- (a) by deleting —

“

|  |    |    |   |
|--|----|----|---|
| Intrathecal, or epidural or injection,<br>(initial or commencement of infusion)<br>of a therapeutic substance, where<br>continuous attendance by a medical<br>practitioner extends beyond one hour,<br>add one unit for each 15 minutes over<br>the first hour | no | no | 0 |
|--|----|----|---|

”

and inserting instead —

“

Intrathecal, or epidural or injection,  
(initial or commencement of infusion)  
of a therapeutic substance, where  
continuous attendance by a medical

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practitioner extends beyond the first hour. Derived fee being 8 units for the first hour plus one unit for each additional 15 minutes or part thereof

|  |    |    |   |
|--|----|----|---|
|  | no | no | 0 |
|--|----|----|---|

”.

(b) by deleting —

“

Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, where continuous **after hours** attendance by a medical practitioner extends beyond the first hour, add one unit for each 15 minutes of the first hour for a patient in labour

|  |    |    |   |
|--|----|----|---|
|  | no | no | 0 |
|--|----|----|---|

”

and inserting instead —

“

Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, where continuous **after hours** attendance by a medical practitioner extends beyond the first hour for a patient in labour. Derived fee being 15 units for the first hour plus one unit for each additional 15 minutes or part thereof

|  |    |    |   |
|--|----|----|---|
|  | no | no | 0 |
|--|----|----|---|

”.

(6) Schedule 1 Parts 2 and 3 are repealed and the following Parts are inserted instead —

“

**Part 2 — Medical procedures**

| Type of procedure | Fee<br>\$ |
|-------------------|-----------|
| GENERAL           |           |
| Localised burns   | 44.55     |

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| <b>Type of procedure</b>   | <b>Fee<br/>\$</b> |
|--|-------------------|
| Localised burns, including dressing of, under general anaesthetic  | 126.85            |
| Extensive burns  | 76.85             |
| Extensive burns, including dressing of, under general anaesthetic  | 268.35            |
| Dressing of wounds, under general anaesthetic  | 126.85            |
| Acupuncture, including consultation  | 59.15             |
| <b>DISLOCATIONS</b>  |                   |
| <p>“<b>closed reduction</b>” means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.</p> <p>“<b>open reduction</b>” means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation.</p> <p>“<b>other</b>” means treatment by any other method and includes the use of external splintage.</p> |                   |
| <b>[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]</b>   |                   |
| Elbow, by closed reduction   | 239.10            |
| Elbow, by open reduction   | 317.05            |
| Interphalangeal joint, by closed reduction   | 102.50            |
| Interphalangeal joint, by open reduction   | 136.65            |
| Mandible, by closed reduction  | 85.45             |
| Clavicle, by closed reduction  | 101.30            |
| Clavicle, by open reduction  | 204.95            |
| Shoulder, not requiring general anaesthetic  | 114.00            |
| Shoulder, by open reduction, with general anaesthetic  | 408.65            |
| Shoulder, other, with general anaesthetic  | 202.45            |
| Metacarpophalangeal joint, by closed reduction   | 136.65            |
| Metacarpophalangeal joint, by open reduction   | 183.00            |
| Patella, by closed reduction   | 153.65            |
| Patella, by open reduction   | 204.95            |
| Radioulnar joint, by closed reduction  | 239.10            |
| Radioulnar joint, by open reduction  | 317.05            |

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| <b>Type of procedure</b>   | <b>Fee<br/>\$</b> |
|--|-------------------|
| Toe, by closed reduction   | 85.45             |
| Toe, by open reduction   | 113.45            |
| <br>   |                   |
| <b>REMOVAL OF FOREIGN BODIES —</b>   |                   |
| as independent procedure   | 37.20             |
| superficial  | 165.85            |
| deep tissue or muscle  | 463.55            |
| ear, other than by syringing   | 119.50            |
| nose, other than by simple probing   | 119.50            |
| cornea or sclera, embedded   | 121.95            |
| <br>   |                   |
| <b>FRACTURES</b>   |                   |
| <p>    “<b>closed reduction</b>” means non-operative reduction of the fracture, and included percutaneous fixation and/or external splintage by cast or splint.</p>                                    |                   |
| <p>    “<b>open reduction</b>” means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the fracture including internal or external fixation.</p> |                   |
| <p>    “<b>other</b>” means treatment by any other method and includes the use of external splintage.</p>  |                   |
| <p><b>[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]</b></p>  |                   |
| <b>Distal phalanx of finger or thumb</b>   |                   |
| fracture, by closed reduction  | 153.65            |
| fracture, intra-articular, by closed reduction   | 178.10            |
| fracture, by open reduction  | 204.95            |
| fracture, intra-articular, by open reduction   | 256.15            |
| <b>Middle phalanx of finger</b>  |                   |
| fracture, by closed reduction  | 231.75            |
| fracture, intra-articular, by closed reduction   | 262.20            |
| fracture, by open reduction  | 304.90            |
| fracture, intra-articular, by open reduction   | 384.15            |
| <b>Proximal phalanx of finger or thumb</b>   |                   |
| fracture, by closed reduction  | 304.90            |
| fracture, intra-articular, by closed reduction   | 359.75            |



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| <b>Type of procedure</b>   | <b>Fee<br/>\$</b> |
|--|-------------------|
| fracture, by open reduction  | 408.65            |
| fracture, intra-articular, by open reduction                       | 512.30            |
| <b>Metacarpal</b>  |                   |
| fracture, by closed reduction                                      | 304.90            |
| fracture, intra-articular, by closed reduction                     | 359.75            |
| fracture, by open reduction  | 408.65            |
| fracture, intra-articular, by open reduction                       | 512.30            |
| <b>Carpal Scaphoid, by open reduction</b>                          | 683.00            |
| <b>Carpal Scaphoid, other</b>                                      | 304.90            |
| <b>Carpus (excluding Scaphoid), by open reduction</b>              | 426.85            |
| <b>Carpus (excluding Scaphoid), other</b>                          | 170.75            |
| <b>Radius</b>  |                   |
| by closed management   | 341.45            |
| by open management   | 683.00            |
| <b>Radius or Ulnar, distal end, (Colies', Smith's or Barton's)</b> |                   |
| by closed reduction  | 512.30            |
| by open reduction  | 683.00            |
| <b>Ribs (1 or more), each attendance</b>                           | 78.15             |
| <b>Tibia, plateau of, medial or lateral</b>                        |                   |
| by closed reduction  | 615.95            |
| by open reduction  | 817.15            |
| <b>Tibia, plateau of, medial and lateral</b>                       |                   |
| by closed reduction  | 1 024.45          |
| by open reduction  | 1 372.05          |
| <b>SUTURES</b>   |                   |
| face or neck, less than 7 cm, superficial                          | 121.95            |
| face or neck, less than 7 cm, deep                                 | 185.35            |
| face or neck, more than 7 cm, superficial                          | 185.35            |
| face or neck, more than 7 cm, deep                                 | 317.05            |
| except face or neck, less than 7 cm, superficial                   | 92.70             |
| except face or neck, less than 7 cm, deep                          | 139.00            |
| except face or neck, more than 7 cm, superficial                   | 139.00            |
| except face or neck, more than 7 cm, deep                          | 304.90            |

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| Type of procedure                              | Fee<br>\$ |
|--|-----------|
| AMPUTATIONS                                    |           |
| Hand, midcarpal or transmetacarpal             | 463.55    |
| Hand, forearm or through arm                   | 536.65    |
| At shoulder                                    | 908.55    |
| Interscapulothoracic                           | 1 804.95  |
| One digit of foot                              | 243.85    |
| Two digits of one foot                         | 365.85    |
| Three digits of one foot                       | 493.95    |
| Four digits of one foot                        | 615.95    |
| Five digits of one foot                        | 737.90    |
| Toe including metatarsal or part of metatarsal | 287.90    |
| Foot, at ankle                                 | 536.65    |
| Foot, midtarsal or transmetatarsal             | 463.55    |
| Through thigh, at knee or below knee           | 792.80    |
| At hip   | 1 115.85  |

**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 \$153.65, whichever is greater.**

**USE OF PRIVATE THEATRES**

A theatre fee of **\$92.70** will be paid to practitioners for the use of their private theatre, but this fee may only be charged if the patient would otherwise have been sent to hospital.

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**Part 3 — Diagnostic Imaging Services**

**ULTRASOUND**

| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 55028  | 149.40                  |
| 55029  | 51.80                   |
| 55030  | 149.40                  |
| 55031  | 51.80                   |
| 55032  | 149.40                  |
| 55033  | 51.80                   |
| 55036  | 152.35                  |
| 55037  | 51.80                   |
| 55038  | 149.40                  |
| 55039  | 51.80                   |
| 55044  | 152.35                  |
| 55045  | 51.80                   |
| 55048  | 149.40                  |
| 55049  | 51.80                   |
| 55054  | 149.40                  |
| 55070  | 134.50                  |
| 55073  | 46.60                   |
| 55076  | 149.40                  |
| 55079  | 51.80                   |
| 55084  | 134.50                  |
| 55085  | 46.60                   |
| 55113  | 315.80                  |
| 55114  | 315.80                  |
| 55115  | 315.80                  |
| 55116  | 351.15                  |
| 55117  | 351.15                  |
| 55118  | 377.15                  |
| 55130  | 232.80                  |
| 55135  | 484.15                  |
| 55238  | 232.05                  |
| 55244  | 232.05                  |
| 55246  | 232.05                  |
| 55248  | 232.05                  |
| 55252  | 232.05                  |

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 55274  | 232.05                  |
| 55276  | 232.05                  |
| 55278  | 232.05                  |
| 55280  | 232.05                  |
| 55282  | 232.05                  |
| 55284  | 232.05                  |
| 55292  | 232.05                  |
| 55294  | 232.05                  |
| 55296  | 152.05                  |
| 55600  | 149.40                  |
| 55603  | 149.40                  |
| 55700  | 82.10                   |
| 55703  | 47.90                   |
| 55704  | 95.85                   |
| 55705  | 47.90                   |
| 55706  | 136.95                  |
| 55707  | 95.85                   |
| 55708  | 47.90                   |
| 55709  | 52.05                   |
| 55712  | 157.45                  |
| 55715  | 54.75                   |
| 55718  | 136.95                  |
| 55721  | 157.45                  |
| 55723  | 52.05                   |
| 55725  | 54.75                   |
| 55728  | 136.95                  |
| 55729  | 37.30                   |
| 55731  | 134.20                  |
| 55733  | 47.90                   |
| 55736  | 173.85                  |
| 55739  | 78.00                   |
| 55759  | 205.35                  |
| 55762  | 82.10                   |
| 55764  | 219.05                  |
| 55766  | 88.95                   |
| 55768  | 205.35                  |
| 55770  | 82.10                   |

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|--|-------------------------|
| 55772  | 219.05                  |
| 55774  | 88.95                   |
| 55800  | 149.40                  |
| 55802  | 51.80                   |
| 55804  | 149.40                  |
| 55806  | 51.80                   |
| 55808  | 149.40                  |
| 55810  | 51.80                   |
| 55812  | 149.40                  |
| 55814  | 51.80                   |
| 55816  | 149.40                  |
| 55818  | 51.80                   |
| 55820  | 149.40                  |
| 55822  | 51.80                   |
| 55824  | 149.40                  |
| 55826  | 51.80                   |
| 55828  | 149.40                  |
| 55830  | 51.80                   |
| 55832  | 149.40                  |
| 55834  | 51.80                   |
| 55836  | 149.40                  |
| 55838  | 51.80                   |
| 55840  | 149.40                  |
| 55842  | 51.80                   |
| 55844  | 119.60                  |
| 55846  | 51.80                   |
| 55848  | 149.40                  |
| 55850  | 209.25                  |
| 55852  | 149.40                  |
| 55854  | 51.80                   |

**COMPUTED TOMOGRAPHY —  
EXAMINATION AND REPORT**

| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 56001  | 245.25                  |
| 56007  | 314.40                  |

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|--|-------------------------|
| 56010  | 316.95                  |
| 56013  | 314.40                  |
| 56016  | 364.70                  |
| 56022  | 282.95                  |
| 56028  | 423.50                  |
| 56030  | 282.95                  |
| 56036  | 423.50                  |
| 56041  | 124.20                  |
| 56047  | 158.60                  |
| 56050  | 161.25                  |
| 56053  | 161.25                  |
| 56056  | 195.40                  |
| 56062  | 142.25                  |
| 56068  | 211.75                  |
| 56070  | 142.25                  |
| 56076  | 211.75                  |
| 56101  | 289.25                  |
| 56107  | 427.60                  |
| 56141  | 146.40                  |
| 56147  | 215.80                  |
| 56219  | 410.15                  |
| 56220  | 301.85                  |
| 56221  | 301.85                  |
| 56223  | 301.85                  |
| 56224  | 441.90                  |
| 56225  | 441.90                  |
| 56226  | 441.90                  |
| 56227  | 154.05                  |
| 56228  | 154.05                  |
| 56229  | 154.05                  |
| 56230  | 223.15                  |
| 56231  | 223.15                  |
| 56232  | 223.15                  |
| 56233  | 301.85                  |
| 56234  | 441.90                  |
| 56235  | 154.00                  |
| 56236  | 223.15                  |

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|--|-------------------------|
| 56237  | 301.85                  |
| 56238  | 441.90                  |
| 56239  | 154.00                  |
| 56240  | 223.15                  |
| 56259  | 207.25                  |
| 56301  | 370.95                  |
| 56307  | 502.95                  |
| 56341  | 187.95                  |
| 56347  | 254.00                  |
| 56401  | 314.40                  |
| 56407  | 452.65                  |
| 56409  | 314.40                  |
| 56412  | 452.65                  |
| 56441  | 159.40                  |
| 56447  | 228.20                  |
| 56449  | 159.40                  |
| 56452  | 228.20                  |
| 56501  | 484.15                  |
| 56507  | 603.60                  |
| 56541  | 242.90                  |
| 56547  | 306.50                  |
| 56549  | 484.15                  |
| 56551  | 484.15                  |
| 56619  | 276.65                  |
| 56625  | 420.80                  |
| 56659  | 140.95                  |
| 56665  | 210.50                  |
| 56801  | 586.70                  |
| 56807  | 704.15                  |
| 56841  | 293.45                  |
| 56847  | 356.95                  |
| 57001  | 586.80                  |
| 57007  | 713.95                  |
| 57041  | 293.50                  |
| 57047  | 357.00                  |
| 57201  | 195.15                  |
| 57247  | 97.50                   |

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|--|-------------------------|
| 57341  | 591.00                  |
| 57345  | 303.80                  |
| 57350  | 641.30                  |
| 57351  | 641.30                  |
| 57355  | 332.15                  |
| 57356  | 332.15                  |

**DIAGNOSTIC RADIOLOGY**

| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 57506  | 43.20                   |
| 57509  | 57.70                   |
| 57512  | 58.80                   |
| 57515  | 78.40                   |
| 57518  | 47.20                   |
| 57521  | 63.00                   |
| 57524  | 71.80                   |
| 57527  | 95.50                   |
| 57700  | 58.80                   |
| 57703  | 78.40                   |
| 57706  | 47.20                   |
| 57709  | 63.00                   |
| 57712  | 68.45                   |
| 57715  | 88.45                   |
| 57721  | 144.10                  |
| 57901  | 93.65                   |
| 57902  | 93.65                   |
| 57903  | 68.70                   |
| 57906  | 93.65                   |
| 57909  | 93.65                   |
| 57912  | 68.45                   |
| 57915  | 68.45                   |
| 57918  | 68.45                   |
| 57921  | 68.45                   |
| 57924  | 68.45                   |
| 57927  | 72.05                   |
| 57930  | 47.75                   |



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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 57933  | 113.65                  |
| 57939  | 93.65                   |
| 57942  | 72.05                   |
| 57945  | 63.00                   |
| 57960  | 68.85                   |
| 57963  | 68.85                   |
| 57966  | 68.85                   |
| 57969  | 68.85                   |
| 58100  | 97.50                   |
| 58103  | 80.00                   |
| 58106  | 111.80                  |
| 58108  | 193.00                  |
| 58109  | 68.25                   |
| 58112  | 141.25                  |
| 58115  | 193.00                  |
| 58300  | 58.25                   |
| 58306  | 129.85                  |
| 58500  | 51.35                   |
| 58503  | 68.45                   |
| 58506  | 88.25                   |
| 58509  | 57.70                   |
| 58521  | 63.00                   |
| 58524  | 82.05                   |
| 58527  | 100.80                  |
| 58700  | 66.90                   |
| 58706  | 229.30                  |
| 58715  | 220.10                  |
| 58718  | 183.15                  |
| 58721  | 200.75                  |
| 58900  | 51.80                   |
| 58903  | 69.10                   |
| 58909  | 130.60                  |
| 58912  | 160.10                  |
| 58915  | 114.60                  |
| 58916  | 201.10                  |
| 58921  | 196.40                  |
| 58924  | 122.05                  |
| 58927  | 111.05                  |

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 58933  | 298.55                  |
| 58936  | 284.55                  |
| 58939  | 202.30                  |
| 59103  | 30.95                   |
| 59300  | 129.95                  |
| 59303  | 78.35                   |
| 59306  | 145.70                  |
| 59309  | 291.25                  |
| 59312  | 126.35                  |
| 59314  | 76.20                   |
| 59318  | 68.30                   |
| 59503  | 129.85                  |
| 59700  | 140.20                  |
| 59703  | 110.20                  |
| 59712  | 165.10                  |
| 59715  | 208.50                  |
| 59718  | 195.60                  |
| 59724  | 328.90                  |
| 59733  | 156.40                  |
| 59736  | 90.05                   |
| 59739  | 107.15                  |
| 59751  | 202.10                  |
| 59754  | 318.55                  |
| 59760  | 167.20                  |
| 59763  | 194.45                  |
| 59903  | 166.35                  |
| 59912  | 443.20                  |
| 59925  | 526.30                  |
| 59970  | 244.45                  |
| 59971  | 83.20                   |
| 59972  | 221.60                  |
| 59973  | 263.20                  |
| 59974  | 122.25                  |
| 60000  | 819.00                  |
| 60003  | 1 201.10                |
| 60006  | 1 707.90                |
| 60009  | 1 998.65                |
| 60012  | 819.00                  |

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 60015  | 1 201.10                |
| 60018  | 1 707.90                |
| 60021  | 1 998.65                |
| 60024  | 819.00                  |
| 60027  | 1 201.10                |
| 60030  | 1 707.90                |
| 60033  | 1 998.65                |
| 60036  | 819.00                  |
| 60039  | 1 201.10                |
| 60042  | 1 707.90                |
| 60045  | 1 998.65                |
| 60048  | 819.00                  |
| 60051  | 1 201.10                |
| 60054  | 1 707.90                |
| 60057  | 1 998.65                |
| 60060  | 819.00                  |
| 60063  | 1 201.10                |
| 60066  | 1 707.90                |
| 60069  | 1 998.65                |
| 60072  | 69.90                   |
| 60075  | 139.55                  |
| 60078  | 209.45                  |
| 60100  | 88.25                   |
| 60500  | 63.00                   |
| 60503  | 43.20                   |
| 60506  | 92.60                   |
| 60509  | 143.60                  |
| 60918  | 68.45                   |
| 60927  | 55.25                   |
| 61109  | 375.95                  |

**NUCLEAR MEDICINE IMAGING**

| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 61302  | 502.10                  |
| 61303  | 632.30                  |
| 61306  | 793.75                  |

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 61307  | 933.90                  |
| 61310  | 410.85                  |
| 61313  | 339.35                  |
| 61314  | 469.80                  |
| 61316  | 426.40                  |
| 61317  | 550.75                  |
| 61320  | 256.05                  |
| 61328  | 254.65                  |
| 61340  | 283.00                  |
| 61348  | 495.90                  |
| 61352  | 290.10                  |
| 61353  | 432.40                  |
| 61356  | 439.35                  |
| 61360  | 451.15                  |
| 61361  | 516.10                  |
| 61364  | 555.90                  |
| 61368  | 249.55                  |
| 61369  | 2 254.65                |
| 61372  | 249.55                  |
| 61373  | 547.70                  |
| 61376  | 160.35                  |
| 61381  | 642.40                  |
| 61383  | 699.00                  |
| 61384  | 769.20                  |
| 61386  | 371.90                  |
| 61387  | 481.80                  |
| 61389  | 414.45                  |
| 61390  | 458.55                  |
| 61393  | 677.25                  |
| 61397  | 276.10                  |

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 61401  | 181.55                  |
| 61402  | 676.80                  |
| 61405  | 387.00                  |
| 61409  | 977.00                  |
| 61413  | 252.70                  |
| 61417  | 132.95                  |
| 61421  | 536.70                  |
| 61425  | 671.90                  |
| 61426  | 620.55                  |
| 61429  | 607.35                  |
| 61430  | 737.60                  |
| 61433  | 555.90                  |
| 61434  | 688.35                  |
| 61437  | 607.15                  |
| 61438  | 752.75                  |
| 61441  | 547.70                  |
| 61442  | 841.55                  |
| 61445  | 320.75                  |
| 61446  | 373.10                  |
| 61449  | 510.25                  |
| 61450  | 444.65                  |
| 61453  | 575.70                  |
| 61454  | 389.35                  |
| 61457  | 526.20                  |
| 61458  | 443.95                  |
| 61461  | 590.40                  |
| 61462  | 145.75                  |
| 61465  | 296.95                  |
| 61469  | 389.35                  |
| 61473  | 196.15                  |

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| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 61480  | 432.70                  |
| 61484  | 985.30                  |
| 61485  | 1 117.60                |
| 61495  | 249.55                  |
| 61499  | 283.00                  |
| 61650  | 982.85                  |

**MAGNETIC RESONANCE IMAGING**

| <b>MBS item number</b><br><i>(1 November 2005)</i> | <b>Fee</b><br><b>\$</b> |
|--|-------------------------|
| 63000-63204  | 728.35                  |
| 63219-63243  | 1 092.50                |
| 63271-63473  | 728.35                  |
| 63491-63494  | 83.25                   |
| 63497  | 250.00                  |

**8. Schedules 2, 3, 4, 5 and 6 replaced**

Schedules 2, 3, 4, 5 and 6 are repealed and the following Schedules are inserted instead —

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

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**Part 1 — General**

| <b>Service code</b> | <b>Service</b>  | <b>\$</b>      |
|---------------------|---|----------------|
| PA001               | <b>Initial Consultation</b>   | <b>Set Fee</b> |
|                     | A consultation with the physiotherapist including the following elements —                | \$59.55        |
|                     | <b>Subjective assessment</b>  |                |
|                     | Major symptoms and lifestyle dysfunction; current history and treatment; past history and |                |

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treatment; pain, 24-hour behaviour, aggravating and relieving factors; general health, medication, risk factors.

**Objective assessment**

Movement – active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated.

**Appropriate initial management, treatment or advice**

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.

**Documentation of consultation**

Recording all of the above in the clinical record of the patient, as well as: x-ray 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.

Includes courtesy communication by the physiotherapist with the medical practitioner such as acknowledgement of referral.

Includes the physiotherapist's brief communication with the medical practitioner regarding the injured worker's management.

Does not include any verbal 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).

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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).

Does not include the 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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|       |   |                                      |
|-------|---|--------------------------------------|
| PB001 | <p><b>Standard Consultation</b></p> <p>Consultation for one body area or condition including the following elements —</p> <p style="margin-left: 20px;"><b>Subjective re-assessment</b></p> <p style="margin-left: 20px;"><b>Objective re-assessment</b></p> <p style="margin-left: 20px;"><b>Appropriate management, treatment or advice</b></p> <p style="margin-left: 20px;"><b>Documentation of consultation</b></p> <p>Includes individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.</p> <p>Includes courtesy communication by the physiotherapist such as brief verbal and/or written updates to the medical practitioner.</p> <p>Does not include any verbal 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).</p> <p>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).</p> | <p><b>Set Fee</b></p> <p>\$47.80</p> |
|-------|---|--------------------------------------|



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|       |   |  |
|-------|---|--|
|       | Does not include the physiotherapist's involvement in case conferences. The physiotherapist's involvement in case conferences has a specific item number in this table (PQ001).   |  |
| PC001 | <b>Two distinct areas of treatment per visit</b><br>Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions   | <b>Set Fee</b><br>\$60.45              |
| PG001 | <b>Group Consultation – per person</b><br>Includes non-individualised services provided to more than one individual whether —<br>in rooms, home or hospital<br>hydrotherapy treatment<br>extended treatments<br>services provided outside of normal business hours  | <b>Cost per participant</b><br>\$14.70 |
| PE001 | <b>Worksite Visit</b><br>Does not include reports or travel<br><u>Maximum duration of visit of 2 hours without prior approval from insurer.</u>   | <b>Hourly rate**</b><br>\$135.80       |
| PR001 | <b>Reports</b><br>Any report required by or requested by —<br>Medical Specialist<br>Medical Practitioner<br>Employer<br>Insurer<br>relating to a specific worker<br>Excludes unsolicited reports from the physiotherapist and courtesy communication such as acknowledgement of referral and brief updates to the medical practitioner. |  |

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|       |   |                                |
|-------|---|--------------------------------|
|       | <b>Progress/Standard report</b>   | <b>Set Fee</b>                 |
|       | 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.                             | \$59.55                        |
|       | <b>Comprehensive report</b>   | <b>Hourly rate**</b>           |
|       | As above for progress/standard report and contains information relating to more detailed assessments and interventions performed.<br><u>The hourly rate is to be negotiated with the insurer with a suggested maximum of 2 hours.</u> | \$135.80                       |
| PT001 | <b>Travel</b> (within metropolitan area)  | <b>Set Fee</b>                 |
|       | Outside metropolitan area to be negotiated prior to consult with insurer  | \$33.85                        |
|       |   | per journey to a venue         |
|       | <u>If a physiotherapist consults with more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.</u>  |                                |
| PQ001 | <b>Case Conferences</b>   |                                |
|       | Face-to-face or telephone communication involving the physiotherapist with one or more of the following —   | \$13.60                        |
|       | doctor, employer, insurer/claims manager, rehabilitation providers and worker   | Calculated per 6 minute block. |
|       | The aim of the case conference is to plan, implement, manage or review treatment options and/or rehabilitation plan.  |                                |

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|       |   |  |
|-------|---|--|
| PK001 | <b>Communication</b><br>Any verbal 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).<br>Does not include unsolicited communication from the physiotherapist.  | \$13.60<br>Calculated per 6 minute block.  |
|       | <u>Maximum time allowable per communication of 30 minutes.</u>  |  |
| PS001 | <b>Specific Physiotherapy Assessment – Prior approval from insurer required</b><br>Includes specific types of assessments not classified elsewhere in the table/ <i>Gazette</i> required by the insurer which physiotherapists may undertake (eg. diagnostic ultrasound imaging, Functional Capacity Assessments (FCE's), seating and wheelchair assessments).  | <b>Hourly Rate**</b><br>\$135.80<br>Max duration of service provision<br>2 hours |
| PW001 | <b>Specific Physiotherapy Intervention – Prior approval from insurer required (*replaces PD001)</b><br>Includes treatments not classified elsewhere in the table/ <i>Gazette</i> required by the insurer which physiotherapists may undertake (eg. 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><br>\$135.80<br>Max duration of service provision<br>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.

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**Part 2 — Exercise-based programs**

| <b>Type of service</b>  | <b>Fee</b>  |
|---|---|
| <p>1. <b>Initial Consultation/Assessment</b><br/>           The following services are included in the initial consultation fee —</p> <ul style="list-style-type: none"> <li>Assessment of the worker</li> <li>Physiological testing</li> <li>Program design</li> <li>Communication with relevant persons (other than reports)</li> </ul> <p>Physiotherapist to patient ratio must be 1:1 for the duration of the consultation.</p> | <p>\$135.80 per hour, total fee not to exceed \$271.60</p> <p>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.</p> |
| <p>2. <b>Subsequent Exercise Consultation/Assessment</b><br/>           Subsequent consultation/assessments for the provision or prescription of an exercise-based program up to a maximum of one hour including —</p> <ul style="list-style-type: none"> <li>Provision/prescription of exercises</li> <li>Program development, coordination</li> <li>Communication with relevant persons (other than reports)</li> </ul>           | <p>\$135.80 per hour</p> <p>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.</p>                                   |
| 3. Initial report   | \$59.80   |
| 4. Subsequent reports   | \$48.00 per report  |
| 5. Final report   | \$48.00   |
| 6. Gym membership/Entry fees<br>(Prior approval from insurer/self-insurer is required)  | Market rates  |
| 7. Travel, within metropolitan area   | \$33.85 per journey to a venue  |

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If a physiotherapist consults with more than one worker before leaving a venue, the fee for the journey to the venue is to be apportioned equally between the workers.

|    |   |                     |
|----|---|---------------------|
| 8. | Travel, outside metropolitan area               | \$97.85<br>per hour |
| 9. | Communication (assessment capped at 30 minutes) | \$67.00             |

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

[r. 4]

|    | Type of service                      | Fee      |
|----|--------------------------------------|----------|
| 1. | Initial consultation and examination | \$47.10  |
| 2. | Subsequent consultation              | \$39.30  |
| 3. | Spinal x-ray, one region             | \$93.55  |
| 4. | Spinal x-ray, 2 or more regions      | \$140.45 |
| 5. | Travel (per kilometre)               | 0.67     |

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

[r. 5]

|    | Type of Service   | Fee      |
|----|---|----------|
| 1. | Brief consultation (< 15 minutes)   | \$20.35  |
| 2. | Short consultation (15 minutes to < 30 minutes)   | \$40.75  |
| 3. | Standard consultation (30 minutes to < 45 minutes)  | \$67.15  |
| 4. | Extended consultation (45 minutes to < one hour)  | \$100.75 |
| 5. | Extended consultation ( $\geq$ one hour)  | \$134.30 |
| 6. | Standard group consultation (30 minutes)<br>per person  | \$44.10  |
| 7. | Travel costs are to be calculated at the hourly rate by<br>the length of time spent travelling. |          |

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

[r. 7]

|    | <b>Type of service</b>                                       | <b>Fee</b> |
|----|--|------------|
| 1. | Initial consultation/assessment (up to and including 1 hour) | \$124.10   |
| 2. | Initial consultation/assessment (exceeding 1 hour)           | \$160.75   |
| 3. | Subsequent consultation (<½ hour)                            | \$54.20    |
| 4. | Subsequent consultation (½ hour – 1 hour)                    | \$70.30    |
| 5. | Subsequent consultation (>1 hour)                            | \$94.90    |

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

[r. 9]

**Part 1 — Assessments**

|    | <b>Description of assessment</b>  | <b>Maximum fee*</b>   |
|----|---|---|
| 1. | Examination and provision of report and certificate — straightforward assessment — other than a service mentioned in item 4, 5, 6 or 8  | \$915.75 (or, if an interpreter is present at the examination, \$1 144.65 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 | \$1 144.65 (or, if an interpreter is present at the examination, \$1 373.60 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   | \$1 373.60 (or, if an interpreter is present at the examination, \$1 602.50 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                                 | \$915.75 (or, if an interpreter is present at the examination, \$1 144.65 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   | \$1 373.60 (or, if an interpreter is present at the examination, \$1 602.50 excluding any fee payable to the interpreter) |
| 6. | Examination and provision of report and certificate — psychiatric — complex assessment (eg. reviewing significant documented prior psychiatric history) — other than a service mentioned in item 8 | \$2 289.30 (or, if an interpreter is present at the examination, \$2 518.25 excluding any fee payable to the interpreter) |
| 7. | Consolidation of written assessments from multiple assessors   | \$457.85  |
| 8. | Re-examination and provision of report and certificate   | \$686.80 (or, if an interpreter is present at the examination, \$915.75 excluding any fee payable to the interpreter)     |
| 9. | Provision of supplementary report and certificate  | \$228.95  |

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**Part 2 — Attempted assessments**

|    | <b>Description of circumstances</b>   | <b>Maximum fee*</b> |
|----|---|---------------------|
| 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 —<br>(a) no prior arrangements to cancel the examination are made; or<br>(b) the examination is cancelled, otherwise than at the request of the approved medical specialist, with less than one working day's notice | \$457.85            |

\* 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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Recommended by WorkCover WA on the 28th day of November 2006.

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 WorkCover WA                         )  
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L.S.

A. WARNER.

ELIZABETH ROSARIO.

By Command of the Governor,

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



