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WORKERS' COMPENSATION AND INJURY MANAGEMENT
ACT 1981

**WORKERS' COMPENSATION
AND INJURY MANAGEMENT
(SCALES OF FEES)
AMENDMENT
REGULATIONS 2009**

Workers' Compensation and Injury Management Act 1981

Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2009

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 2009*.

2. Commencement

These regulations come into operation as follows —

- (a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;
- (b) the rest of the regulations — on 1 November 2009.

3. Regulations amended

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

4. Regulation 6 amended

In regulation 6(1) delete "\$187.70" and insert:

\$196.35

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5. Regulation 6A amended

In regulation 6A delete "\$187.70" and insert:

\$196.35

6. Regulation 7A amended

In regulation 7A delete "\$59.40" and insert:

\$62.15

7. Regulation 8 amended

In regulation 8 delete "\$140.20" and insert:

\$146.65

8. Schedule 1 amended

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

GENERAL PRACTITIONER

CONSULTATIONS

Surgery Consultation

in hours

Content based

Minor or Specific Service (Level A or B)	\$61.05
Extended Service (Level C)	\$111.55

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Comprehensive Service (Level D)	\$171.45
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Time based

up to 5 minutes	\$36.40
more than 5 minutes to 15 minutes	\$47.50
more than 15 minutes to 30 minutes	\$91.65
more than 30 minutes to 45 minutes	\$138.60
more than 45 minutes to 60 minutes	\$187.85

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)	\$45.80
Specific Service (Level B)	\$91.65
Extended Service (Level C)	\$166.85
Comprehensive Service (Level D)	\$258.30

Time based

up to 5 minutes	\$72.55
more than 5 minutes to 15 minutes	\$78.70
more than 15 minutes to 30 minutes	\$122.05
more than 30 minutes	\$166.85

VISITS

Consultations at a place other than the Consulting Rooms

in hours

Minor Service (Level A)	\$76.40
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Specific Service (Level B)	\$104.45
Extended Service (Level C)	\$155.00
Comprehensive Service (Level D)	\$216.05
out of hours	
Minor Service (Level A)	\$91.65
Specific Service (Level B)	\$136.25
Extended Service (Level C)	\$209.05
Comprehensive Service (Level D)	\$305.35

TELEPHONE CONSULTATIONS

Time based

up to 5 minutes	\$20.40
more than 5 minutes to 15 minutes	\$25.50
more than 15 minutes to 30 minutes	\$53.40
more than 30 minutes	\$80.00

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

per hour	\$229.65
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TRAVELLING FEES

Rate per kilometre	\$4.10
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**PHYSICIANS, OCCUPATIONAL & REHABILITATION
PHYSICIANS**

PHYSICIANS

CONSULTATIONS

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

first attendance \$231.85

subsequent attendances \$116.00

VISITS

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

first attendance \$277.70

subsequent attendances \$160.25

REHABILITATION PHYSICIANS

CONSULTATIONS

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

first attendance \$231.85

subsequent attendances \$116.00

VISITS

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

first attendance \$277.70

subsequent attendances \$160.25

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OCCUPATIONAL PHYSICIANS

CONSULTATIONS

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

first attendance	\$235.70
subsequent attendances	\$116.00

VISITS

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

first attendance	\$277.70
subsequent attendances	\$160.25

TELEPHONE CONSULTATIONS

Time based

up to 5 minutes	\$30.45
more than 5 minutes to 15 minutes	\$37.55
more than 15 minutes to 30 minutes	\$78.45
more than 30 minutes	\$118.45

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

per hour	\$340.55
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TRAVELLING FEES

Rate per kilometre	\$4.10
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CONSULTANT PSYCHIATRISTS

CONSULTATIONS

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

Time based

up to 15 minutes	\$68.00
more than 15 minutes to 30 minutes	\$135.70
more than 30 minutes to 45 minutes	\$203.25
more than 45 minutes to 60 minutes	\$271.90
more than 60 minutes to 75 minutes	\$307.70
more than 75 minutes	\$343.45

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	\$111.65
more than 15 minutes to 30 minutes	\$180.35
more than 30 minutes to 45 minutes	\$246.10
more than 45 minutes to 75 minutes	\$314.85
more than 75 minutes	\$379.35

TELEPHONE CONSULTATIONS

Time based

up to 45 minutes	\$90.20
more than 45 minutes	\$197.00

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

per hour	\$340.55
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TRAVELLING FEES

Rate per kilometre	\$4.10
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SPECIALISTS

SURGEONS

CONSULTATIONS

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

first attendance	\$131.85
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subsequent attendances	\$68.75
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VISITS

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

first attendance	\$177.70
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subsequent attendances	\$113.25
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DERMATOLOGISTS

CONSULTATIONS

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

first attendance	\$131.85
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subsequent attendances	\$68.75
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VISITS

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

first attendance	\$177.40
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subsequent attendances	\$113.05
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TELEPHONE CONSULTATIONS

Time based

up to 5 minutes	\$30.45
more than 5 minutes to 15 minutes	\$37.55
more than 15 minutes to 30 minutes	\$78.45
more than 30 minutes	\$118.45

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

per hour	\$340.55
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TRAVELLING FEES

Rate per kilometre	\$4.10
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- (2) In Schedule 1 Part 1 in the item headed "*ANAESTHETISTS*" delete "\$65.55" and insert:

\$68.55

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

Part 2 — Medical procedures

Type of procedure	Fee \$
GENERAL	
Localised burns	50.90
Localised burns, including dressing of, under general anaesthetic	144.85
Extensive burns	87.80
Extensive burns, including dressing of, under general anaesthetic	306.55

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Type of procedure	Fee \$
Dressing of wounds, under general anaesthetic	144.85
Acupuncture, including consultation	67.55
DISLOCATIONS	
<i>closed reduction</i> means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.	
<i>open reduction</i> means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the 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	273.10
Elbow, by open reduction	362.20
Interphalangeal joint, by closed reduction	117.10
Interphalangeal joint, by open reduction	156.10
Mandible, by closed reduction	97.60
Clavicle, by closed reduction	115.75
Clavicle, by open reduction	234.10
Shoulder, not requiring general anaesthetic	130.25
Shoulder, by open reduction, with general anaesthetic	466.85
Shoulder, other, with general anaesthetic	231.25
Metacarpophalangeal joint, by closed reduction	156.10
Metacarpophalangeal joint, by open reduction	209.05

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Type of procedure	Fee \$
Patella, by closed reduction	175.50
Patella, by open reduction	234.10
Radioulnar joint, by closed reduction	273.10
Radioulnar joint, by open reduction	362.20
Toe, by closed reduction	97.60
Toe, by open reduction	129.60
REMOVAL OF FOREIGN BODIES —	
as independent procedure	42.45
superficial	189.45
deep tissue or muscle	529.55
ear, other than by syringing	136.50
nose, other than by simple probing	136.50
cornea or sclera, embedded	139.35
FRACTURES	
<i>closed reduction</i> means non-operative reduction of the fracture, and included percutaneous fixation and/or external splintage by cast or splint.	
<i>open reduction</i> means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the fracture including internal or external fixation.	
<i>other</i> means treatment by any other method and includes the use of external splintage.	
[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]	
Distal phalanx of finger or thumb	
fracture, by closed reduction	175.50

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Type of procedure	Fee \$
fracture, intra-articular, by closed reduction	203.45
fracture, by open reduction	234.10
fracture, intra-articular, by open reduction	292.60
Middle phalanx of finger	
fracture, by closed reduction	264.75
fracture, intra-articular, by closed reduction	299.50
fracture, by open reduction	348.30
fracture, intra-articular, by open reduction	438.85
Proximal phalanx of finger or thumb	
fracture, by closed reduction	348.30
fracture, intra-articular, by closed reduction	410.90
fracture, by open reduction	466.85
fracture, intra-articular, by open reduction	585.20
Metacarpal	
fracture, by closed reduction	348.30
fracture, intra-articular, by closed reduction	410.90
fracture, by open reduction	466.85
fracture, intra-articular, by open reduction	585.20
Carpal Scaphoid, by open reduction	780.25
Carpal Scaphoid, other	348.30
Carpus (excluding Scaphoid), by open reduction	487.60
Carpus (excluding Scaphoid), other	195.05
Radius	
by closed management	390.05
by open management	780.25

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Type of procedure	Fee \$
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	585.20
by open reduction	780.25
Ribs (1 or more), each attendance	89.30
Tibia, plateau of, medial or lateral	
by closed reduction	703.65
by open reduction	933.45
Tibia, plateau of, medial and lateral	
by closed reduction	1 170.30
by open reduction	1 567.40
 SUTURES	
face or neck, less than 7 cm, superficial	139.35
face or neck, less than 7 cm, deep	211.75
face or neck, more than 7 cm, superficial	211.75
face or neck, more than 7 cm, deep	362.20
except face or neck, less than 7 cm, superficial	105.85
except face or neck, less than 7 cm, deep	158.85
except face or neck, more than 7 cm, superficial	158.85
except face or neck, more than 7 cm, deep	348.30
 AMPUTATIONS	
Hand, midcarpal or transmetacarpal	529.55
Hand, forearm or through arm	613.05

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Type of procedure	Fee \$
At shoulder	1 037.90
Interscapulothoracic	2 061.95
One digit of foot	278.55
Two digits of one foot	418.00
Three digits of one foot	564.25
Four digits of one foot	703.65
Five digits of one foot	842.90
Toe including metatarsal or part of metatarsal — each toe	328.90
Foot, at ankle	613.05
Foot, midtarsal or transmetatarsal	529.55
Through thigh, at knee or below knee	905.70
At hip	1 274.70

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 \$175.50, whichever is greater.

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USE OF PRIVATE THEATRES

A theatre fee of **\$105.85** will be paid to practitioners for the use of their private theatre, but this fee may only be charged if the patient would otherwise have been sent to hospital.

Part 3 — Diagnostic Imaging Services

ULTRASOUND

MBS item number <i>(1 November 2008)</i>	Fee \$
55028	170.65
55029	59.20
55030	170.65
55031	59.20
55032	170.65
55033	59.20
55036	174.05
55037	59.20
55038	170.65
55039	59.20
55044	174.05
55045	59.20
55048	170.65
55049	59.20
55054	170.65
55070	153.65
55073	53.20
55076	170.65

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MBS item number <i>(1 November 2008)</i>	Fee \$
55079	59.20
55084	153.65
55085	53.20
55113	360.75
55114	360.75
55115	360.75
55116	401.15
55117	401.15
55118	430.85
55130	265.95
55135	553.05
55238	265.05
55244	265.05
55246	265.05
55248	265.05
55252	265.05
55274	265.05
55276	265.05
55278	265.05
55280	265.05
55282	265.05
55284	265.05
55292	265.05
55294	265.05
55296	173.75

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MBS item number <i>(1 November 2008)</i>	Fee \$
55600	170.65
55603	170.65
55700	93.75
55703	54.75
55704	109.50
55705	54.75
55706	156.45
55707	109.50
55708	54.75
55709	59.45
55712	179.85
55715	62.55
55718	156.45
55721	179.85
55723	59.45
55725	62.55
55729	42.60
55731	153.35
55733	54.75
55736	198.60
55739	89.10
55759	234.60
55762	93.75
55764	250.20
55766	101.60

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MBS item number <i>(1 November 2008)</i>	Fee \$
55768	234.60
55770	93.75
55772	250.20
55774	101.60
55800	170.65
55802	59.20
55804	170.65
55806	59.20
55808	170.65
55810	59.20
55812	170.65
55814	59.20
55816	170.65
55818	59.20
55820	170.65
55822	59.20
55824	170.65
55826	59.20
55828	170.65
55830	59.20
55832	170.65
55834	59.20
55836	170.65
55838	59.20
55840	170.65

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MBS item number <i>(1 November 2008)</i>	Fee \$
55842	59.20
55844	136.60
55846	59.20
55848	170.65
55850	239.05
55852	170.65
55854	59.20

**COMPUTED TOMOGRAPHY —
EXAMINATION AND REPORT**

MBS item number <i>(1 November 2008)</i>	Fee \$
56001	280.10
56007	359.15
56010	362.05
56013	359.15
56016	416.60
56022	323.20
56028	483.80
56030	323.20
56036	483.80
56041	141.90
56047	181.15
56050	184.20
56053	184.20
56056	223.20

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MBS item number (1 November 2008)	Fee \$
56062	162.50
56068	241.90
56070	162.50
56076	241.90
56101	330.45
56107	488.50
56141	167.25
56147	246.55
56219	468.55
56220	344.80
56221	344.80
56223	344.80
56224	504.80
56225	504.80
56226	504.80
56227	175.95
56228	175.95
56229	175.95
56230	254.90
56231	254.90
56232	254.90
56233	344.80
56234	504.80
56235	175.90
56236	254.90

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MBS item number (1 November 2008)	Fee \$
56237	344.80
56238	504.80
56239	175.90
56240	254.90
56259	236.70
56301	423.80
56307	574.50
56341	214.70
56347	290.15
56401	359.15
56407	517.10
56409	359.15
56412	517.10
56441	182.10
56447	260.65
56449	182.10
56452	260.65
56501	553.05
56507	689.50
56541	277.45
56547	350.10
56549	553.05
56551	553.05
56619	316.05
56625	480.70

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MBS item number (1 November 2008)	Fee \$
56659	161.00
56665	240.50
56801	670.20
56807	804.45
56841	335.20
56847	407.80
57001	670.35
57007	815.55
57041	335.25
57047	407.85
57201	222.90
57247	111.35
57341	675.15
57345	347.05
57350	732.60
57351	732.60
57355	379.45
57356	379.45

DIAGNOSTIC RADIOLOGY

MBS item number (1 November 2008)	Fee \$
57506	49.35
57509	65.95
57512	67.20
57515	89.55

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MBS item number (1 November 2008)	Fee \$
57518	53.90
57521	71.95
57524	82.05
57527	109.10
57700	67.20
57703	89.55
57706	53.90
57709	71.95
57712	78.20
57715	101.05
57721	164.65
57901	106.95
57902	106.95
57903	78.45
57906	106.95
57909	107.35
57912	78.20
57915	78.20
57918	78.20
57921	78.20
57924	78.20
57927	82.30
57930	54.55
57933	129.80
57939	106.95

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MBS item number (1 November 2008)	Fee \$
57942	82.30
57945	71.95
57960	78.65
57963	78.65
57966	78.65
57969	78.65
58100	111.35
58103	91.40
58106	127.70
58108	220.45
58109	78.00
58112	161.35
58115	220.45
58300	66.55
58306	148.30
58500	58.65
58503	78.20
58506	100.85
58509	65.95
58521	71.95
58524	93.70
58527	115.10
58700	76.45
58706	261.90
58715	251.40

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MBS item number (1 November 2008)	Fee \$
58718	209.25
58721	229.35
58900	59.20
58903	78.90
58909	149.15
58912	182.90
58915	130.90
58916	229.70
58921	224.35
58924	139.45
58927	126.90
58933	341.10
58936	325.10
58939	231.10
59103	35.35
59300	148.45
59303	89.50
59306	166.40
59309	332.70
59312	144.35
59314	87.05
59318	78.05
59503	148.30
59700	160.20
59703	125.90

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MBS item number (1 November 2008)	Fee \$
59712	188.65
59715	238.15
59718	223.45
59724	375.70
59733	178.65
59736	102.85
59739	122.45
59751	230.85
59754	363.85
59760	191.00
59763	222.15
59903	265.30
59912	506.30
59925	601.20
59970	279.30
59971	95.05
59972	253.15
59973	300.65
59974	139.65
60000	935.60
60003	1 372.10
60006	1 951.05
60009	2 283.20
60012	935.60
60015	1 372.10

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MBS item number (1 November 2008)	Fee \$
60018	1 951.05
60021	2 283.20
60024	935.60
60027	1 372.10
60030	1 951.05
60033	2 283.20
60036	935.60
60039	1 372.10
60042	1 951.05
60045	2 283.20
60048	935.60
60051	1 372.10
60054	1 951.05
60057	2 283.20
60060	935.60
60063	1 372.10
60066	1 951.05
60069	2 283.20
60072	79.85
60075	159.40
60078	239.25
60100	100.85
60500	71.95
60503	49.35
60506	105.75

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MBS item number (1 November 2008)	Fee \$
60509	164.00
60918	78.20
60927	63.15
61109	429.50
NUCLEAR MEDICINE IMAGING	
MBS item number (1 November 2008)	Fee \$
61302	573.55
61303	722.30
61306	906.80
61307	1 066.85
61310	469.35
61313	387.65
61314	536.65
61316	487.10
61317	629.15
61320	292.50
61328	290.90
61340	323.25
61348	566.50
61352	331.35
61353	493.95
61356	501.90
61360	515.40
61361	589.60

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MBS item number (1 November 2008)	Fee \$
61364	635.05
61368	285.10
61369	2 575.60
61372	285.10
61373	625.65
61376	183.20
61381	733.80
61383	798.45
61384	878.70
61386	424.90
61387	550.40
61389	473.45
61390	523.85
61393	773.65
61397	315.40
61401	207.40
61402	773.15
61405	442.10
61409	1 116.15
61413	288.70
61417	151.85
61421	613.10
61425	767.50
61426	708.85
61429	693.80

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MBS item number (1 November 2008)	Fee \$
61430	842.60
61433	635.05
61434	786.35
61437	693.60
61438	859.90
61441	625.65
61442	961.40
61445	366.40
61446	426.25
61449	582.90
61450	507.95
61453	657.65
61454	444.75
61457	601.10
61458	507.15
61461	674.40
61462	166.45
61465	339.20
61469	444.75
61473	224.05
61480	494.30
61484	1 125.60
61485	1 276.70
61495	285.10
61499	323.25
61650	1 122.70

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MAGNETIC RESONANCE IMAGING

MBS item number (1 November 2008)	Fee \$
63000-63200	1 161.35
63201	1 248.05
63202-63203	832.05
63204	1 248.05
63219-63243	1 248.05
63271-63473	832.05
63491-63494	95.10
63497	285.55

9. Schedules 2, 3, 4, 5, 5A and 6 replaced

Delete Schedules 2, 3, 4, 5, 5A and 6 and insert:

Schedule 2 — Scale of fees — physiotherapists

[r. 3]

Part 1 — General

Service Code	Service	Set Fee
PA001	Initial Consultation	
	A consultation with the physiotherapist including the following elements —	\$68.00
	Subjective assessment — of the following points as required:	
	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.	

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Service Code Service

Objective assessment — of the following points as required:

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 — based on assessment findings that could include the following as required:

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 — 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).

Includes:

- Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.
- Courtesy communication by the physiotherapist with the medical practitioner such as acknowledgement of referral.
- The physiotherapist's brief communication with the medical practitioner regarding the injured worker's management.

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Service Code	Service
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Does not include:

- 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).

PB001	Standard Consultation	Set Fee
	Consultation for one body area or condition including the following elements —	\$54.60
	<ul style="list-style-type: none"> • subjective re-assessment; • objective re-assessment; • appropriate management, intervention or advice; • documentation of consultation. 	
	Includes:	
	<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. 	

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Service Code	Service	
	<ul style="list-style-type: none"> • Courtesy communication by the physiotherapist such as brief oral and/or written updates to the medical practitioner. <p>Does not include:</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). 	
PC001	<p>Two distinct areas of treatment per visit</p> <p>Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions.</p>	<p>Set Fee</p> <p>\$69.05</p>
PG001	<p>Group Consultation — per person</p> <p>Includes non-individualised services provided to more than one individual whether —</p> <ul style="list-style-type: none"> • in rooms, home or hospital; • hydrotherapy treatment; • extended treatments; • services provided outside of normal business hours. 	<p>Cost per participant</p> <p>\$16.80</p>

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Service Code	Service	
PE001	<p>Worksite Visit — prior approval from insurer required.</p> <p>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.</p> <p>Does not include reports or travel.</p>	<p>Hourly rate**</p> <p>\$155.10</p>
PR001	<p>Reports</p> <p>Any report relating to a specific worker required by or requested by —</p> <ul style="list-style-type: none"> • medical specialist; • medical practitioner; • employer; • insurer. <p>Excludes courtesy communication such as acknowledgement of referral and brief updates to the medical practitioner.</p>	<p>Progress/Standard report</p> <p>Set Fee</p> <p>\$68.00</p>
	<p>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.</p>	

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Service Code	Service	Hourly rate**
	<p>Comprehensive report</p> <p>As above for progress/standard report and contains information relating to more detailed assessments and interventions performed.</p> <p>The specific requirements for a comprehensive report must be discussed with the insurer prior to approval with a suggested maximum duration of 2 hours.</p>	\$155.10
PT001	<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.</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>	Hourly Rate** \$124.10
PQ001	<p>Case Conferences</p> <p>Face-to-face or telephone communication involving the physiotherapist with one or more of the following —</p> <p>doctor, employer, insurer/claims manager, rehabilitation providers and worker.</p> <p>The aim of the case conference is to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$15.60 per 6 minute block

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Service Code	Service	
PK001	Communication 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. Excludes courtesy communication such as acknowledgement of referral and brief updates to the medical practitioner. Maximum time allowable per communication of 30 minutes.	\$15.60 per 6 minute block
PS001	Specific Physiotherapy Assessment — prior approval from insurer required. Includes specific types of assessments not classified elsewhere in these scales required by the insurer which physiotherapists may undertake (e.g. diagnostic ultrasound imaging, Functional Capacity Assessments (FCE's), seating and wheelchair assessments).	Hourly Rate** \$155.10
PW001	Specific Physiotherapy Intervention — prior approval from insurer required (*replaces PD001). Includes treatments not classified elsewhere in these scales required by the insurer which physiotherapists may undertake (e.g. treatment of severe multiple area trauma, burns, neurologically injured patients and patients with severe spinal injuries, ergonomic corrections of workplace, specialised real-time ultrasound imaging, short consultations).	Hourly Rate** \$155.10 Max duration of service provision 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

	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). • Provider to patient ratio must be 1:1 for the duration of the consultation. 	<p>\$155.10 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>\$155.10 per hour to a maximum of one hour**</p>

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	Type of service	Fee
EXE02	Initial report Includes — <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. 	\$155.10 per hour to a maximum of one hour**
EXE03	Subsequent reports Progress report to be provided at the request of the referrer.	\$155.10 per hour to a maximum of 30 minutes **
EXE04	Final report Comprehensive report to be provided at the end of the service delivery detailing — <ul style="list-style-type: none"> • physiological testing results pre and post program; • worker attendance/programme compliance. 	\$155.10 per hour to a maximum of 30 minutes **
EXE05	Gym membership/Entry fees Includes direct cost of membership (pool or gym). Prior approval from insurer required.	Market rates

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	Type of service	Fee
EXE06	Travel 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.	\$124.10 per hour **
EXE08	Communication 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 acknowledgement of referral and brief updates to the medical practitioner. Maximum time allowable per communication of 30 minutes.	\$15.60 per 6 minute block
EXE09	Attendance at Medical Case Conferences Prior insurer approval must be obtained prior to undertaking the service.	\$155.10 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	53.80
2.	Subsequent consultation	44.85

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Type of service	Fee \$
3. Spinal x-ray, one region	106.85
4. Spinal x-ray, 2 or more regions	160.45
5. Travel (per kilometre)	0.80

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

[r. 5]

Type of Service	Fee \$
1. Brief consultation (< 15 minutes)	23.20
2. Short consultation (15 minutes to < 30 minutes)	46.55
3. Standard consultation (30 minutes to < 45 minutes)	76.70
4. Extended consultation (45 minutes to < one hour)	115.05
5. Extended consultation (> one hour)	153.45
6. Standard group consultation (30 minutes) per person	50.35
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)	141.80
2. Initial consultation/assessment (exceeding one hour)	183.65

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	Type of service	Fee \$
3.	Subsequent consultation (<½ hour)	61.90
4.	Subsequent consultation (½ hour – one hour)	80.30
5.	Subsequent consultation (>one hour)	108.40

**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>\$155.10 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>\$155.10 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>\$155.10 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>\$155.10 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>\$155.10 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).</p> <p>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.</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>	<p>\$124.10 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.</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>\$15.60 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.	\$155.10 per hour **

** Denotes that where the service provided is a fraction of one hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

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

[r. 9]

Part 1 — Assessments

Description of assessment	Maximum fee**
1. Examination and provision of report and certificate — straightforward assessment — other than a service mentioned in item 4, 5, 6 or 8.	\$1 046.15 (or, if an interpreter is present at the examination, \$1 307.60 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.	\$1 307.60 (or, if an interpreter is present at the examination, \$1 569.15 excluding any fee payable to the interpreter)
3. Examination and provision of report and certificate — complex assessment (e.g. multiple injuries; severe impairment such as spinal cord injury or head injury) — other than a service mentioned in item 4, 5, 6 or 8.	\$1 569.15 (or, if an interpreter is present at the examination, \$1 830.65 excluding any fee payable to the interpreter)

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	Description of assessment	Maximum fee**
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.	\$1 046.15 (or, if an interpreter is present at the examination, \$1 307.60 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.	\$1 569.15 (or, if an interpreter is present at the examination, \$1 830.65 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.	\$2 615.20 (or, if an interpreter is present at the examination, \$2 876.70 excluding any fee payable to the interpreter)
7.	Consolidation of written assessments from multiple assessors.	\$523.00
8.	Re-examination and provision of report and certificate.	\$784.55 (or, if an interpreter is present at the examination, \$1 046.15 excluding any fee payable to the interpreter)
9.	Provision of supplementary report and certificate.	\$261.55

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	\$523.00

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Description of circumstances	Maximum fee**
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. 	

** 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 17th day of September 2009.

The common seal of)
WorkCover WA)
)
)
)

L.S

MICHELLE REYNOLDS.

WENDY ATTENBOROUGH.

By Command of the Governor,

PETER CONRAN, Clerk of the Executive Council.