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WORKERS' COMPENSATION AND  
REHABILITATION ACT 1981

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**WORKERS'  
COMPENSATION AND  
REHABILITATION  
(SCALES OF FEES)  
REGULATIONS 1998**



## WORKERS' COMPENSATION AND REHABILITATION ACT 1981

**WORKERS' COMPENSATION AND REHABILITATION (SCALES OF FEES) REGULATIONS 1998**

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

**Citation**

1. These regulations may be cited as the *Workers' Compensation and Rehabilitation (Scales of Fees) Regulations 1998*.

**Scales of fees—medical specialists and other medical practitioners**

2. (1) Under section 176 (1a) (a) (i) of the Act, the scales of fees set out in Schedule 1 are prescribed as the scales of fees to be paid to medical specialists and other medical practitioners for attendance on, and treatment of, workers suffering disabilities that are compensable under the Act.

(2) In Schedule 1—

“**metropolitan area**” means the area within a radius of 50 kilometres from the General Post Office at Perth.

**Scale of fees—physiotherapists**

3. Under section 176 (1a) (a) (iii) of the Act, the scale of fees set out in Schedule 2 is prescribed as the scale of fees to be paid to physiotherapists for attendance on, and treatment of, workers suffering disabilities that are compensable under the Act.

**Scale of fees—chiropractors**

4. Under section 176 (1a) (a) (iv) of the Act, the scale of fees set out in Schedule 3 is prescribed as the scale of fees to be paid to chiropractors for attendance on, and treatment of, workers suffering disabilities that are compensable under the Act.

**Scale of fees—occupational therapists**

5. Under section 176 (1a) (a) (v) of the Act, the scale of fees set out in Schedule 4 is prescribed as the scale of fees to be paid to occupational therapists for attendance on, and treatment of, workers suffering disabilities that are compensable under the Act.

**Scale of fees—clinical psychologists**

6. Under section 176 (1a) (a) (vi) of the Act, the hourly rate of \$134.00 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.

**Scale of fees—speech therapists**

7. Under section 176 (1a) (a) (vii) of the Act, the scale of fees set out in Schedule 5 is prescribed as the scale of fees to be paid to speech therapists for attendance on, and treatment of, workers suffering disabilities that are compensable under the Act.

**Scale of fees—vocational rehabilitation providers**

8. Under section 176 (1a) (b) of the Act, the hourly rate of \$100.00 per hour is prescribed as the fee to be paid to approved providers of vocational rehabilitation services when those services are provided to workers in accordance with the Act.

**Schedule 1**

(regulation 2)

**Scales of fees—medical specialists and other medical practitioners****Part 1—Medical specialists and other medical practitioners***Type of service/by whom**Fee*  
*\$****GENERAL PRACTITIONER*****CONSULTATIONS****Surgery Consultation: In Hours**

## Content based

Minor Service (Level A)	17.00
Specific Service (Level B)	36.00
Extended Service (Level C)	66.00
Comprehensive Service (Level D)	95.00

## Time based

5-15 mins	32.50
15-30 mins	63.00
30-45 mins	94.00
45-60 mins	128.00

**Surgery Consultations: Out of hours**

*For attendances between the hours of 6pm and 8am on a weekday or between 12 noon on Saturday and 8am on the following Monday and Public Holiday*

## Content based

Minor Service (Level A)	26.00
Specific Service (Level B)	54.00
Extended Service (Level C)	99.00
Comprehensive Service (Level D)	144.00

## Time based

up to 5 mins	46.00
5-15 mins	54.00
15-30 mins	83.00
30 + mins	114.00

## VISITS

Consultations at a place other than the Consulting Rooms

## in hours

Minor Service (Level A)	43.00
Specific Service (Level B)	62.00
Extended Service (Level C)	92.00
Comprehensive Service (Level D)	120.00

## out of hours

Minor Service (Level A)	52.00
Specific Service (Level B)	79.00
Extended Service (Level C)	124.00
Comprehensive Service (Level D)	170.00

## TELEPHONE CONSULTATIONS

## Time based

up to 5 mins	13.80
5-15 mins	17.20
15-30 mins	36.00
30 + mins	54.00

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

per hour	155.00
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## TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	2.70
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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	162.00
subsequent attendances	81.00

## VISITS

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

first attendance	192.00
subsequent attendances	112.00

**REHABILITATION PHYSICIANS**

## CONSULTATIONS

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

first attendance	162.00
subsequent attendances	81.00

## VISITS

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

first attendance	194.00
subsequent attendances	112.00

**OCCUPATIONAL PHYSICIANS**

## CONSULTATIONS

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

first attendance	162.00
subsequent attendances	81.00

## VISITS

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

first attendance	162.00
subsequent attendances	81.00

## TELEPHONE CONSULTATIONS

## Time based

up to 15 mins	20.50
15-30 mins	53.00
30 + mins	80.00

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

per hour	230.00
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## TRAVELLING FEES

## Outside the metropolitan area

Rate per kilometre	2.70
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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 mins	47.50
15-30 mins	95.00
30-45 mins	142.00
45-60 mins	190.00
60-75 mins	215.00
75 + mins	240.00

## VISITS

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

## Time based

up to 15 mins	78.00
15-30 mins	126.00
30-45 mins	172.00
45-75 mins	220.00
75 + mins	265.00

## TELEPHONE CONSULTATIONS

## Time based

up to 45 mins	65.00
45 + mins	142.00

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

per hour	230.00
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## TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	2.70
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**SPECIALISTS****SURGEONS**

## CONSULTATIONS

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

first attendance	92.00
subsequent attendances	48.00

## VISITS

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

first attendance	124.00
subsequent attendances	79.00

**DERMATOLOGISTS**

## CONSULTATIONS

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

first attendance	92.00
subsequent attendances	48.00

## VISITS

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

first attendance	124.00
subsequent attendances	79.00

## TELEPHONE CONSULTATIONS

Time based	
up to 5 mins	20.50
5-15 mins	25.30
15-30 mins	53.00
30 + mins	80.00

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

per hour	230.00
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## TRAVELLING FEES

Country	
Rate per kilometre	2.70

**ANAESTHETISTS**

## CONSULTATIONS

Standard pre-anaesthesia	60.45
Referred pre-anaesthesia—	
initial attendance	120.90
subsequent attendance	60.45

## PROCEDURES AND SERVICES

All anaesthesia fees in relation to procedures and services are to be charged on the relative value guide (RVG) system.

## \$ VALUE PER UNIT

\$ value per unit	\$30.23
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**Part 2—Medical procedures**

<i>Type of procedure</i>	<i>Fee</i> <i>\$</i>
<b>GENERAL</b>	
Localised burns	36.50
Localised burns, including dressing of, under general anaesthetic	104.00
Extensive burns	63.00
Extensive burns, including dressing of, under general anaesthetic	220.00
Dressing of wounds, under general anaesthetic	104.00
Acupuncture, including consultation	48.50
 <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> <p><b>[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed shall apply]</b></p>	
Elbow, by closed reduction	196.00
Elbow, by open reduction	260.00
Interphalangeal joint, by closed reduction	84.00
Interphalangeal joint, by open reduction	112.00
Mandible, by closed reduction	70.00
Clavicle, by closed reduction	83.00
Clavicle, by open reduction	168.00
Shoulder, not requiring general anaesthetic	83.00
Shoulder, by open reduction, with general anaesthetic	335.00
Shoulder, other, with general anaesthetic	166.00
Metacarpophalangeal joint, by closed reduction	112.00
Metacarpophalangeal joint, by open reduction	150.00
Patella, by closed reduction	126.00
Patella, by open reduction	168.00
Radioulnar joint, by closed reduction	196.00
Radioulnar joint, by open reduction	260.00
Toe, by closed reduction	70.00
Toe by open reduction	93.00

## REMOVAL OF FOREIGN BODIES—

as independent procedure	30.50
superficial	136.00
deep tissue or muscle	380.00
ear, other than by syringing	98.00
nose, other than by simple probing	98.00
cornea or sclera, embedded	100.00

## FRACTURES

**'closed reduction'** means non operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint

**'open reduction'** means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation

**'other'** 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 shall apply]

Distal phalanx of finger or thumb	
fracture, by closed reduction	126.00
fracture, intra-articular, by closed reduction	146.00
fracture, by open reduction	168.00
fracture, intra-articular, by open reduction	210.00
Middle phalanx of finger	
fracture, by closed reduction	190.00
fracture, intra-articular, by closed reduction	215.00
fracture, by open reduction	250.00
fracture, intra-articular, by open reduction	315.00
Proximal phalanx of finger or thumb	
fracture, by closed reduction	250.00
fracture, intra-articular, by closed reduction	295.00
fracture, by open reduction	335.00
fracture, intra-articular, by open reduction	420.00
Metacarpal	
fracture, by closed reduction	250.00
fracture, intra-articular, by closed reduction	295.00
fracture, by open reduction	335.00
fracture, intra-articular, by open reduction	420.00
Carpal Scaphoid, by open reduction	560.00
Carpal Scaphoid, other	250.00
Carpus (excluding Scaphoid), by open reduction	350.00
Carpus (excluding Scaphoid), other	140.00
Radius	
by closed management	280.00
by open management	560.00

Radius or Ulnar, distal end, (Colies', Smiths' or Barton's)	
by closed reduction	420.00
by open reduction	560.00
Ribs (1 or more), each attendance	64.00
Tibia, plateau of, medial or lateral	
by closed reduction	505.00
by open reduction	670.00
Tibia, plateau of, medial and lateral	
by closed reduction	840.00
by open reduction	1125.00

## SUTURES

face or neck, less than 7 cm, superficial	100.00
face or neck, less than 7 cm, deep	152.00
face or neck, more than 7 cm, superficial	152.00
face or neck, more than 7 cm, deep	260.00
except face or neck, less than 7cm, superficial	76.00
except face or neck, less than 7cm, deep	114.00
except face or neck, more than 7cm, superficial	114.00
except face or neck, less than 7cm, deep	250.00

## AMPUTATIONS

Hand, midcarpal or transmetacarpal	380.00
Hand, forearm or through arm	440.00
At shoulder	745.00
Interscapulothoracic	1480.00
One digit of foot	200.00
Two digits of one foot	300.00
Three digits of one foot	405.00
Four digits of one foot	505.00
Five digits of one foot	605.00
Foot, at ankle	440.00
Foot, midtarsal or transmetatarsal	380.00
Through thigh, at knee or below knee	650.00
Hand, forearm or arm	440.00
At hip	915.00

## 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.

Fee is 20% of the total fee or the minimum sum of \$126.00, whichever is greater.

## USE OF PRIVATE THEATRES

A theatre fee of \$76.00 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—Radiology**

<i>Radiographic Examination and Report</i>	<i>Fee</i>
	<i>\$</i>
<b>HANDS AND FEET</b>	
Digits or phalanges - all or any of either hand or either foot	74.00
Hand, wrist, forearm, elbow or arm (elbow to shoulder)	74.00
Hand, wrist, lower forearm or upper forearm and elbow or elbow and arm (elbow to shoulder)	96.00
Foot, ankle, lower leg, upper leg or thigh (femur)	80.00
Foot, ankle, lower leg or upper leg and thigh (femur)	118.00
 <b>SHOULDER OR HIP JOINT</b>	
Shoulder or Scapula	96.00
Clavicle	78.00
Hip	90.00
Pelvic Girdle	112.00
Sacroiliac joint	112.00
Femur, internal fixation of neck or intertrochanteric (per trochanteric) fracture	186.00
 <b>HEAD</b>	
Skull (Calvarium)	118.00
Sinuses	90.00
Mastoids	148.00
Petrous temporal bones	118.00
Facial bones - orbit, maxilla or malar, any or all	122.00
Mandible	112.00
Salivary calculus	112.00
Nose	90.00
Eye	90.00
Temporo-Mandibular joints	118.00
Teeth - single area (not applicable to dentists)	74.00
Teeth - full mouth (not applicable to dentists)	186.00
Palato-Pharyngeal studies with fluoroscopic screening	112.00
Palato-Pharyngeal studies without fluoroscopic screening	90.00
Larynx	80.00
 <b>SPINE</b>	
Spine - cervical	118.00
Spine - thoracic	99.00
Spine - lumbo-sacral	138.00
Spine - sacro-coccygeal	83.00
Spine - functional views of one area	37.00
 <b>BONE AGE &amp; SKELETAL SURVEYS</b>	
Skeletal survey involving four or more regions	164.00

## THORACIC

Chest (lung fields) by direct radiography	90.00
Chest (lung fields) by direct radiography with fluoroscopic screening	112.00
Thoracic inlet or trachea	90.00
Chest by miniature radiography	41.00
Cardiac examination (including barium swallow)	112.00
Sternum or ribs on one side	90.00
Sternum and ribs on one side, or ribs on both sides	112.00
Sternum and ribs on both sides	138.00

## URINARY TRACT

Plain renal only	90.00
Drip infusion pyelography	245.00
Intravenous pyelography, including preliminary plain film	220.00
Intravenous pyelography, including preliminary plain film with delayed examination for cysto-uretic reflex	275.00
Antegrade and retrograde pyelography - unilateral including preliminary plain film	180.00
Retrograde cystography or retrograde urethrography	122.00
Retrograde micturating cysto-urethrography	148.00
Retro-Peritoneal pneumogram	96.00

## ALIMENTARY TRACT &amp; BILIARY SYSTEM

Plain abdominal only	90.00
Oesophagus, with or without examination for foreign body or barium swallow	126.00
Barium or other opaque meal of oesophagus, stomach and duodenum, with or without screening of chest	170.00
Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest	198.00
Barium or other opaque meal, small bowel series only	148.00
Opaque enema	170.00
Opaque enema, including air contrast study	198.00
Graham's Test (Cholecystography)	134.00
Cholegraphy, operative or post operative	144.00
Cholegraphy - intravenous	198.00
Cholegraphy - percutaneous transhepatic	144.00
Cholegraphy - drip infusion	245.00

## FOR LOCALISATION OF FOREIGN BODIES

Foreign body in eye (special method, Sweet's or other)	122.00
Foreign body, localisation of and report, not covered by any other item in this Part	37.00

## TOMOGRAPHY

Tomography of any part and report	112.00
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## STEREOSCOPIC EXAMINATIONS

Stereoscopic examination and report	22.50
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### FLUOROSCOPIC EXAMINATION AND REPORT

(Fluoroscopic examination and Report not covered by any other item in this Part - where radiograph is not taken)

Examination with general anaesthesia	80.00
Examination without general anaesthesia	51.00

### WITH OPAQUE OR CONTRAST MEDIA

(Selective coronary arteriography)

Discography - one disc	122.00
Dacryocystography	90.00
Encephalography	210.00
Cerebral ventriculography	164.00
Hysterosalpingography	126.00
Bronchography - one side	186.00
Phlebography - one side	186.00
Splenography	186.00
Myelography - one region	220.00
Sialography - one gland	126.00
Vasopididymography - one side	126.00
Sinuses and fistulae	41.00
Pneumoarthrography	90.00
Contrast arthrography	90.00
Double contrast arthrography	148.00
Lymphangiography, including follow up radiography	122.00
Peritoneogram (herniography)	212.00

### PREPARATION

["**Preparation**" for Radiological Procedure means the injection of opaque or contrast media or the removal of fluid and its replacement by air, oxygen or other contrast media or other similar preparation.]

Encephalography	290.00
Cerebral angiography - percutaneous, one side	225.00
Cerebral angiography - catheter or open exposure, one side	225.00
Cerebral ventriculography	290.00
Dacryocystography - one side	74.00
Bronchography - one or both sides	112.00
Aortography	112.00
Arteriography - peripheral, one artery	114.00
Splenography	90.00
Retroperitoneal pneumogram	90.00
Selective phlebogram	90.00
Selective arteriogram	90.00
Pneumoarthrography	93.00
Hysterosalpingography	112.00
Drip-infusion pyelography or cholegraphy	55.00
Discography - one disc	74.00
Intra-osseous venography	74.00
Myelography	220.00
Cisternal puncture	148.00
Sinus or fistula, injection into	37.00
Lymphangiography - one side	220.00
Laryngography	112.00
Percutaneous transhepatic cholegram (Cholangiogram)	220.00

**Schedule 2**

(regulation 3)

**Scale of fees—physiotherapists**

<i>Type of service</i>	<i>Fee</i>		
1. Standard consultation—Rooms	\$33.75		
2. Standard consultation—Home	\$50.65		
3. Standard consultation—Hospital	\$42.20		
4. Initial (comprehensive) consultation—Rooms	\$42.20		
5. Initial (comprehensive) consultation—Home	\$59.10		
6. Initial (comprehensive) consultation—Hospital	\$50.65		
7. Two distinct areas of treatment per visit	\$50.65		
8. Three or more distinct areas of treatment per visit	\$67.50		
9. Consultation in Rooms outside normal hours	\$42.20		
10. Consultation in Hospital outside normal hours	\$50.65		
11. Consultation in Home outside normal hours	\$67.50		
12. Extended Home visit	\$67.50		
13. Worksite visit (per hour)	\$96.00		
14. Solicitors reports	\$67.50		
15. Travel (per kilometre)	\$00.59		
16. Classes			
<i>Max. No. of People</i>	<i>1hr</i>	<i>2hrs</i>	
2	\$48.00	\$96.00	(per person)
4	\$24.00	\$48.00	(per person)
6	\$16.00	\$32.00	(per person)
4	\$12.00	\$24.00	(per person)
17. Hydrotherapy			
Individual treatment (one to one)			\$33.75
Group treatment (up to 6 patients - individual programmes)			\$25.30
Class treatment (maximum 10 patients - similar programmes)			\$16.90
18. Specialist consultations			
Initial (comprehensive) consultation			\$96.00
Standard consultation			\$67.50

[Normal hours: Monday to Friday - 8.00am to 6.00pm\*]

\*Excluding public holidays

**Schedule 3**

(regulation 4)

**Scale of fees—chiropractors**

<i>Type of service</i>	<i>Fee</i>
1. First consultation and examination—Rooms	\$39.90
2. Standard consultation—Rooms	\$33.30
3. Standard consultation—Home	\$49.80
4. Standard consultation—Rooms (out of hours)	\$39.90
5. Travel (per kilometre)	\$00.59
6. Fees for X-Ray (and report when requested)	
Spine	
1 region	\$76.60
2 regions	\$117.40
3 regions	\$145.70
Spot films	\$29.40
up to 18cm x 24cm	\$23.60
35cm x 43cm	\$35.20
35cm x 90cm	\$58.80.

**Schedule 4**

(regulation 5)

**Scale of fees—occupational therapists**

<i>Type of service</i>	<i>Fee</i>
1. Initial comprehensive consultation (up to ½ hour)	\$60.84
2. Initial comprehensive consultation (½ to 1 hour)	\$117.00
3. Short consultation (up to ½ hour)	\$26.00
4. Standard consultation (½ hour to ¾ hour)	\$52.00
5. Extended consultation (¾ hour to 1 hour)	\$78.00
6. Extended consultation (1 hour or more)	\$104.00
7. Standard group consultations (½ hour)	
2 people	\$52.00 per person
3 people	\$36.40 per person
4 people	\$26.00 per person
More than 4 people	\$20.80 per person
8. Travel costs are to be calculated at the hourly rate by the length of time spent travelling.	

**NOTE:** Consultations that extend beyond the scheduled times are charged as a multiple of the standard consultation fee.



**Schedule 5**

(regulation 7)

**Scale of fees—speech therapists**

	<i>Type of service</i>	<i>Fee</i>
1.	Initial consultation/assessment (up to and including 1 hour)	\$90.70
2.	Initial consultation/assessment (exceeding 1 hour)	\$127.10
3.	Subsequent consultation (1 hour)	\$72.90
4.	Subsequent consultation (¾ hour)	\$55.20
5.	Subsequent consultation (½ hour)	\$36.50.

Recommended by the Workers' Compensation and Rehabilitation Commission on the 11th day of February 1997.

The common seal of the Workers' Compensation and Rehabilitation Commission was affixed in the presence of—

By Command of the Governor,

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

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