

Workers' Compensation and Injury Management Act 1981

Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2020

SL 2020/203

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2020*.

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 — 1 November 2020.

3. Regulations amended

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

4. Regulation 2 amended

In regulation 2(2) in the definition of *MBS item number* delete "1 November 2019." and insert:

1 November 2020.

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r. 5

5. Various fees amended

Amend the provisions listed in the Table as set out in the Table.

Table

Provision	Delete	Insert
r. 6(1)	\$253.70	\$258.35
r. 6A	\$253.70	\$258.35
r. 7A	\$80.25	\$81.70
r. 7C(2)	\$78.30	\$79.75
r. 8	\$189.30	\$192.75

6. Schedule 1 Part 1 amended

Amend Schedule 1 Part 1 as set out in the Table.

Table

Delete	Insert
\$78.90	\$80.35
\$144.10	\$146.75
\$221.35	\$225.40
\$47.05	\$47.90
\$61.30	\$62.40
\$118.35 (each occurrence)	\$120.50
\$179.05	\$182.35

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Delete	Insert
\$242.60	\$247.05
\$59.20	\$60.30
\$215.45 (each occurrence)	\$219.40
\$333.60	\$339.70
\$93.75	\$95.45
\$101.70	\$103.55
\$157.55	\$160.45
\$98.70	\$100.50
\$134.90	\$137.35
\$200.15	\$203.80
\$278.95	\$284.05
\$176.00	\$179.20
\$269.95	\$274.90
\$394.30	\$401.50
\$26.25	\$26.75
\$33.00	\$33.60
\$69.00	\$70.25
\$103.40	\$105.30
\$296.65	\$302.10

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Delete	Insert
\$5.35 (each occurrence)	\$5.45
\$299.50 (each occurrence)	\$305.00
\$149.75 (each occurrence)	\$152.50
\$358.50 (each occurrence)	\$365.05
\$206.80 (each occurrence)	\$210.60
\$304.35	\$309.90
\$39.35 (each occurrence)	\$40.05
\$48.40 (each occurrence)	\$49.30
\$101.25 (each occurrence)	\$103.10
\$152.90 (each occurrence)	\$155.70
\$439.80 (each occurrence)	\$447.85
\$87.85	\$89.45
\$175.20	\$178.40
\$262.45	\$267.25
\$351.15	\$357.60
\$397.35	\$404.60
\$443.50	\$451.60
\$144.20	\$146.85
\$232.85	\$237.10

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Delete	Insert
\$317.75	\$323.55
\$406.50	\$413.95
\$489.90	\$498.85
\$116.60	\$118.75
\$254.35	\$259.00
\$170.25 (each occurrence)	\$173.35
\$88.80 (each occurrence)	\$90.45
\$229.35	\$233.55
\$146.30	\$149.00
\$229.05	\$233.25
\$146.00	\$148.65
\$88.55	\$90.15

7. Schedule 1 Parts 2 and 3 replaced

Delete Schedule 1 Parts 2 and 3 and insert:

Part 2 — Medical procedures

Type of procedure	Fee
GENERAL	
Localised burns	\$66.95
Localised burns, including dressing of, under general anaesthetic	\$190.35

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Type of procedure	Fee
Extensive burns	\$115.60
Extensive burns, including dressing of, under general anaesthetic	\$403.05
Dressing of wounds, under general anaesthetic	\$190.35
Acupuncture, including consultation	\$88.85
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	\$359.10
Elbow, by open reduction	\$476.30
Interphalangeal joint, by closed reduction	\$153.95
Interphalangeal joint, by open reduction	\$205.20
Mandible, by closed reduction	\$128.35
Clavicle, by closed reduction	\$152.25
Clavicle, by open reduction	\$307.80
Shoulder, not requiring general anaesthetic	\$171.25
Shoulder, by open reduction, with general anaesthetic	\$613.95
Shoulder, other, with general anaesthetic	\$303.95
Metacarpophalangeal joint, by closed reduction	\$205.20

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Type of procedure	Fee
Metacarpophalangeal joint, by open reduction	\$274.90
Patella, by closed reduction	\$230.70
Patella, by open reduction	\$307.80
Radioulnar joint, by closed reduction	\$359.10
Radioulnar joint, by open reduction	\$476.30
Toe, by closed reduction	\$128.35
Toe, by open reduction	\$170.40
REMOVAL OF FOREIGN BODIES	
as independent procedure	\$55.85
superficial	\$249.15
deep tissue or muscle	\$696.30
ear, other than by syringing	\$179.55
nose, other than by simple probing	\$179.55
cornea or sclera, embedded	\$183.30
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.]	
Metacarpal	
Carpal Scaphoid, by open reduction	\$1 025.95

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Type of procedure	Fee
Carpal Scaphoid, other	\$457.95
Carpus (excluding Scaphoid), by open reduction	\$641.15
Carpus (excluding Scaphoid), other	\$256.55
Radius	
by closed management	\$512.80
by open management	\$1 025.95
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	\$769.50
Ribs (1 or more), each attendance	\$117.30
Tibia, plateau of, medial or lateral	
by closed reduction	\$925.25
by open reduction	\$1 227.45
Tibia, plateau of, medial and lateral	
by closed reduction	\$1 538.90
by open reduction	\$2 061.10
SUTURES	
face or neck, less than 7 cm, superficial	\$183.30
face or neck, less than 7 cm, deep	\$278.55
face or neck, more than 7 cm, superficial	\$278.55
face or neck, more than 7 cm, deep	\$476.30
except face or neck, less than 7 cm, superficial	\$139.25
except face or neck, less than 7 cm, deep	\$208.90
except face or neck, more than 7 cm, superficial	\$208.90
except face or neck, more than 7 cm, deep	\$457.95

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Type of procedure	Fee
AMPUTATIONS	
Hand, midcarpal or transmetacarpal	\$696.30
Hand, forearm or through arm	\$806.15
At shoulder	\$1 364.75
Interscapulothoracic	\$2 711.35
One digit of foot	\$366.35
Two digits of one foot	\$549.75
Three digits of one foot	\$742.00
Four digits of one foot	\$925.25
Five digits of one foot	\$1 108.40
Toe including metatarsal or part of metatarsal — each toe	\$432.55
Foot, at ankle	\$806.15
Foot, midtarsal or transmetatarsal	\$696.30
Through thigh, at knee or below knee	\$1 190.95
At hip	\$1 676.15
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 \$230.70, whichever is greater.	
USE OF PRIVATE THEATRES	
A theatre fee of \$139.25 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

MBS item number	Fee \$
55028	224.45
55029	77.80
55030	224.45
55031	77.80
55032	224.45
55033	77.80
55036	228.80
55037	77.80
55038	224.45
55039	77.80
55048	224.45
55049	77.80
55054	224.45
55070	202.05
55073	70.00
55076	224.45
55079	77.80
55084	202.05
55085	70.00
55113	474.30
55114	474.30
55115	474.30

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MBS item number	Fee \$
55116	527.55
55117	527.55
55118	566.55
55130	349.70
55135	727.20
55238	348.60
55244	348.60
55246	348.60
55248	348.60
55252	348.60
55274	348.60
55276	348.60
55278	348.60
55280	348.60
55282	348.60
55284	348.60
55292	348.60
55294	348.60
55296	228.45
55600	224.45
55603	224.45
55700	123.30
55703	72.05
55704	144.00

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MBS item number	Fee \$
55705	72.05
55706	205.65
55707	144.00
55708	72.05
55709	78.15
55712	236.55
55715	82.30
55718	205.65
55721	236.55
55723	78.15
55725	82.30
55729	56.05
55736	261.15
55739	117.15
55759	308.55
55762	123.30
55764	329.05
55766	133.60
55768	308.55
55770	123.30
55772	329.05
55774	133.60
55812	224.45
55814	77.80

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MBS item number	Fee \$
55844	179.65
55846	77.80
55848	224.45
55850	314.30
55852	224.45
55854	77.80

COMPUTED TOMOGRAPHY — EXAMINATION AND REPORT

MBS item number	Fee \$
56001	368.35
56007	472.20
56010	476.10
56013	472.20
56016	547.75
56022	425.00
56028	636.25
56030	425.00
56036	636.25
56101	434.55
56107	642.35
56219	616.20
56220	453.35
56221	453.35

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MBS item number	Fee \$
56223	453.35
56224	663.75
56225	663.75
56226	663.75
56233	453.35
56234	663.75
56235	231.25
56236	335.15
56237	453.35
56238	663.75
56239	231.25
56240	335.15
56259	311.20
56301	557.20
56307	755.35
56341	282.30
56347	381.50
56401	472.20
56407	679.95
56409	472.20
56412	679.95
56441	239.40
56447	342.75
56449	239.40

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MBS item number	Fee \$
56452	342.75
56501	727.20
56507	906.60
56541	364.75
56547	460.40
56659	211.75
56665	316.30
56801	881.35
56807	1 057.85
56841	440.65
56847	536.20
57001	881.50
57007	1 072.40
57041	440.75
57047	536.25
57201	293.10
57247	146.40
57341	887.80
57345	456.40
57351	963.30
57355	498.95
57356	498.95

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DIAGNOSTIC RADIOLOGY

MBS item number	Fee \$
57506	64.80
57509	86.70
57512	88.40
57515	117.70
57518	70.75
57521	94.65
57524	107.85
57527	143.50
57700	88.40
57703	117.70
57706	70.75
57709	94.65
57712	102.85
57715	132.95
57721	216.45
57901	140.65
57902	140.65
57915	102.85
57918	102.85
57921	102.85
57924	102.85
57927	108.15
57930	71.80

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MBS item number	Fee \$
57933	170.65
57939	140.65
57942	108.15
57945	94.65
57960	103.50
57963	103.50
57966	103.50
57969	103.50
58100	146.40
58103	120.20
58106	167.90
58108	289.85
58109	102.60
58112	212.15
58115	289.85
58300	87.50
58306	194.85
58500	77.10
58503	102.85
58506	132.75
58509	86.70
58521	94.65
58524	123.25
58527	151.30

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MBS item number	Fee \$
58700	100.60
58706	344.40
58715	330.60
58718	275.25
58721	301.60
58900	77.80
58903	103.75
58909	196.10
58912	240.50
58915	172.15
58916	302.10
58921	295.05
58927	166.75
58933	448.55
58936	427.50
58939	303.80
59103	46.55
59300	195.30
59303	117.60
59312	189.80
59314	114.45
59318	102.65
59700	210.60
59703	165.65

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MBS item number	Fee \$
59712	248.05
59715	313.20
59718	293.75
59724	494.05
59733	234.95
59739	161.05
59751	303.55
59754	478.45
59763	292.15
59903	249.90
59912	665.75
59925	790.55
59970	367.20
59971	125.05
59972	332.75
59973	395.30
59974	183.60
60000	1 230.35
60003	1 804.35
60006	2 565.50
60009	3 002.30
60012	1 230.35
60015	1 804.35
60018	2 565.50

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MBS item number	Fee \$
60021	3 002.30
60024	1 230.35
60027	1 804.35
60030	2 565.50
60033	3 002.30
60036	1 230.35
60039	1 804.35
60042	2 565.50
60045	3 002.30
60048	1 230.35
60051	1 804.35
60054	2 565.50
60057	3 002.30
60060	1 230.35
60063	1 804.35
60066	2 565.50
60069	3 002.30
60072	105.10
60075	209.65
60078	314.50
60500	94.65
60503	64.80
60506	139.15
60509	215.70

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MBS item number	Fee \$
60918	102.85
60927	83.05
61109	564.75

NUCLEAR MEDICINE IMAGING

MBS item number	Fee \$
61302	754.20
61303	949.75
61306	1 192.40
61307	1 402.85
61310	617.10
61313	509.75
61314	705.65
61328	382.50
61340	425.10
61348	745.00
61353	649.45
61356	659.95
61360	677.75
61361	775.30
61364	835.05
61368	374.95
61369	3 386.75
61372	374.95

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MBS item number	Fee \$
61373	822.80
61376	240.90
61381	964.95
61383	1 049.90
61384	1 155.45
61386	558.75
61387	723.80
61389	622.60
61390	688.85
61393	1 017.35
61397	414.70
61402	1 016.60
61409	1 467.75
61413	379.60
61421	806.20
61425	1 009.30
61426	932.15
61429	912.30
61430	1 108.05
61433	835.05
61434	1 034.00
61438	1 130.70
61441	822.80
61442	1 264.10

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MBS item number	Fee \$
61445	481.85
61446	560.50
61449	766.45
61450	667.90
61453	864.80
61454	584.80
61457	790.45
61461	886.75
61462	218.95
61469	584.80
61473	294.60
61480	650.05
61485	1 678.85
61495	374.95
61499	425.10
61650	1 476.30

MAGNETIC RESONANCE IMAGING

MBS item number	Fee \$
63000—63200	1 094.10
63201	1 641.15
63202—63203	1 094.10
63204	1 641.15
63219—63243	1 641.15

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MBS item number	Fee \$
63271—63473	1 094.10
63491—63494	125.10
63497	375.50

8. Schedules 2 to 6 replaced

Delete Schedules 2 to 6 and insert:

Schedule 2 — Scale of fees: physiotherapists

[r. 3]

Part 1 — General

Service Code	Service	Set Fee
PA001	<p>Initial Consultation</p> <p>A consultation with the physiotherapist including the following elements —</p> <p>Subjective assessment — of the following points as required:</p> <p>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.</p> <p>Objective assessment — of the following points as required:</p> <p>Movement — active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated.</p>	\$89.45

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Service Code	Service
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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 program to be followed.

Documentation of consultation — as required that could include:

The assessment findings, physiotherapy intervention(s), evaluation of intervention(s), 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 acknowledgment of referral.
- The physiotherapist's notes of the consultation.

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Service Code	Service	Set Fee
PB001	<p data-bbox="544 613 762 642">Does not include:</p> <ul data-bbox="544 667 1062 1111" style="list-style-type: none"> <li data-bbox="544 667 1062 958">• Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001). <li data-bbox="544 983 1062 1111">• The physiotherapist's involvement in case conferences. This service has a specific item number in this Table (PQ001). <p data-bbox="544 1133 831 1162">Standard Consultation</p> <p data-bbox="544 1182 1062 1247">Consultation for one body area or condition including the following elements —</p> <ul data-bbox="544 1267 1062 1476" style="list-style-type: none"> <li data-bbox="544 1267 1062 1296">• subjective re-assessment; <li data-bbox="544 1317 1062 1346">• objective re-assessment; <li data-bbox="544 1366 1062 1431">• appropriate management, intervention or advice; <li data-bbox="544 1451 1062 1476">• documentation of consultation. <p data-bbox="544 1496 660 1525">Includes:</p> <ul data-bbox="544 1545 1062 1861" style="list-style-type: none"> <li data-bbox="544 1545 1062 1709">• Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours. <li data-bbox="544 1729 1062 1861">• Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner. 	\$71.85

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Service Code	Service	
	<p>Does not include:</p> <ul style="list-style-type: none"> • Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001). • The physiotherapist's involvement in case conferences. This service 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>\$90.80</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>\$22.15</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>\$203.90</p>
PR001	<p>Progress/Standard Report</p> <p>A report relating to a specific worker that is provided to a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider that contains (where applicable) —</p> <ul style="list-style-type: none"> • a summary of assessment findings; • treatment/management services provided and results obtained; • recommendations for further treatment/management; • functional and objective improvements; • perceived treatment duration required; • return to work recommendation; • perceived barriers to return to work; • questionnaire results and implications. 	<p>Set Fee</p> <p>\$89.45</p>

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	<p>A maximum combined total of 3 reports or Treatment Management Plans (PR003) permitted without prior approval from insurer. Additional reports require prior approval from insurer.</p> <p>Does not include:</p> <ul style="list-style-type: none"> • Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner. 	
PR002	<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>	<p>Hourly rate**</p> <p>\$203.90</p>
PR003	<p>Treatment Management Plan</p> <p>Provision of a completed Treatment Management Plan that must contain —</p> <ul style="list-style-type: none"> • clinical assessment of injured worker and results of any investigation; • injured worker's current work status and level of incapacity; • proposed management plan including — <ol style="list-style-type: none"> 1. the proposed work and functional goals and estimated timeframe in weeks; 	<p>Set Fee</p> <p>\$89.45</p>

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Service Code	Service	Hourly rate**
PT001	<p data-bbox="619 618 1050 1061"> 2. description and number of proposed treatment methods; 3. the number of weeks during which treatment is to be conducted; 4. the injured worker's expected fitness for work at the end of the management plan; 5. other comments or recommendations (including barriers to recovery where relevant). </p> <p data-bbox="544 1084 1062 1245"> A maximum combined total of 3 Treatment Management Plans or reports (PR001) permitted without prior approval from insurer. Additional Treatment Management Plans require prior approval from insurer. </p> <p data-bbox="544 1352 1062 1662"> 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 1 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. </p>	\$163.25

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Service Code	Service	
PQ001	<p>Case Conferences</p> <p>Face-to-face or telephone communication involving the physiotherapist with one or more of the following —</p> <ul style="list-style-type: none"> • doctor, employer, insurer/claims manager, rehabilitation providers and worker. <p>The aim of the case conference is to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	<p>\$20.45 per 6 minute block</p>
PK001	<p>Communication</p> <p>Any required oral communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than a courtesy communication with the medical practitioner) relating to the treatment or rehabilitation of a specific worker.</p> <p>The physiotherapist must keep a written record of the details of the communication, including its date, time and duration.</p> <p>Maximum duration per communication is 30 minutes.</p> <p>Maximum cumulative duration of communications per claim is 1 hour. When the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required.</p>	<p>\$20.45 per 6 minute block</p>

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Service Code	Service	Hourly rate**
PS001	<p>Specific Physiotherapy Assessment — prior approval from insurer required</p> <p>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 (FCAs), seating and wheelchair assessments).</p>	\$203.90
PW001	<p>Specific Physiotherapy Intervention — prior approval from insurer required</p> <p>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).</p>	\$203.90 per hour to a maximum of 2 hours**

Note for this Part:

** Denotes that where the service provided is a fraction of 1 hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

Part 2 — Exercise-based programs

Type of service	Fee
<p>EXE20 Initial Consultation/Assessment</p> <p>Insurer approval must be obtained prior to undertaking the service.</p> <p>Review of current medical and vocational status.</p> <p>Communication/liaison with relevant parties.</p>	\$203.90 per hour to a maximum of 2 hours**

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	Type of service	Fee
	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.	
EXE21	Subsequent Exercise Consultation/Assessment Includes — <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. 	\$203.90 per hour to a maximum of 1 hour**
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; 	\$203.90 per hour to a maximum of 1 hour**

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	Type of service	Fee
	<ul style="list-style-type: none"> detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval. 	
EXE03	<p>Subsequent reports</p> <p>Progress report to be provided at the request of the referrer.</p>	<p>\$203.90 per hour to a maximum of 30 minutes**</p>
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>\$203.90 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 1 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>\$163.25 per hour**</p>

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	Type of service	Fee
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>\$20.45 per 6 minute block</p>
EXE09	<p>Attendance at Medical Case Conferences</p> <p>Insurer approval must be obtained prior to undertaking the service.</p>	<p>\$203.90 per hour**</p>

Note for this Part:

** Denotes that where the service provided is a fraction of 1 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	\$70.65
2.	Subsequent consultation	\$58.95
3.	Spinal x-ray, one region	\$140.45
4.	Spinal x-ray, 2 or more regions	\$210.90
5.	Travel (per kilometre)	\$1.00

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Schedule 4 — Scale of fees: occupational therapists

[r. 5]

Type of service	Fee
1. Brief consultation (< 15 minutes)	\$30.40
2. Short consultation (15 minutes to < 30 minutes)	\$61.15
3. Standard consultation (30 minutes to < 45 minutes)	\$100.85
4. Extended consultation (45 minutes to < 1 hour)	\$151.20
5. Extended consultation (\geq 1 hour)	\$201.85
6. Standard group consultation (30 minutes) per person	\$66.30
7. Travel costs	\$201.85 per hour**
8. Treatment management plan for an upper limb injury	\$89.45

Note for this Schedule:

** Denotes that where the service provided is a fraction of 1 hour, the amount chargeable is to be calculated as that fraction of the maximum amount.

Schedule 5 — Scale of fees: speech pathologists

[r. 7]

Type of service	Fee
1. Initial consultation/assessment (up to and including 1 hour)	\$186.45
2. Initial consultation/assessment (exceeding 1 hour)	\$241.45
3. Subsequent consultation (< 30 minutes)	\$81.30
4. Subsequent consultation (30 minutes — 1 hour)	\$105.60
5. Subsequent consultation (> 1 hour)	\$142.50

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Schedule 5A — Scale of fees: exercise physiologists

[r. 7B]

Exercise-based programs

Type of service	Fee
<p>EPE20 Initial Consultation/Assessment</p> <p>Insurer approval must be obtained prior to undertaking the service.</p> <p>Review of current medical and vocational status.</p> <p>Communication/liaison with relevant parties.</p> <p>Physiological assessment/testing.</p> <p>Screening questionnaires relating to worker's level of function.</p> <p>Program design based on above.</p> <p>Exercise facility/equipment coordination (pool or gym based).</p> <p>Provider to patient ratio must be 1:1 for the duration of the consultation.</p>	<p>\$203.90 per hour to a maximum of 2 hours**</p>
<p>EPE21 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; 	<p>\$203.90 per hour to a maximum of 1 hour**</p>

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	Type of service	Fee
	<ul style="list-style-type: none"> communication/liaison with relevant parties. 	
EPE02	<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>\$203.90 per hour to a maximum of 1 hour**</p>
EPE03	<p>Subsequent reports</p> <p>Progress report to be provided at the request of the referrer.</p>	<p>\$203.90 per hour to a maximum of 30 minutes**</p>
EPE04	<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>\$203.90 per hour to a maximum of 30 minutes**</p>
EPE05	<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>

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	Type of service	Fee
EPE06	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 1 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.	\$163.25 per hour**
EPE08	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 acknowledgment of referral and brief updates to the medical practitioner. Maximum time allowable per communication of 30 minutes.	\$20.45 per 6 minute block
EPE09	Attendance at Medical Case Conferences Insurer approval must be obtained prior to undertaking the service.	\$203.90 per hour**

Note for this Schedule:

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**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.	\$1 375.60 (or, if an interpreter is present at the examination, \$1 719.50 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.	\$1 719.50 (or, if an interpreter is present at the examination, \$2 063.40 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.	\$2 063.40 (or, if an interpreter is present at the examination, \$2 407.20 excluding any fee payable to the interpreter)
4. Examination of any ear, nose and throat only, including audiometric testing and provision of report and certificate — other than a service mentioned in item 8.	\$1 375.60 (or, if an interpreter is present at the examination, \$1 719.50 excluding any fee payable to the interpreter)

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Description of assessment	Maximum fee**
5. Examination and provision of report and certificate — psychiatric — standard assessment — other than a service mentioned in item 8.	\$2 063.40 (or, if an interpreter is present at the examination, \$2 407.20 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.	\$3 438.80 (or, if an interpreter is present at the examination, \$3 782.65 excluding any fee payable to the interpreter)
7. Consolidation of written assessments from multiple medical practitioners.	\$687.75
8. Re-examination and provision of report and certificate.	\$1 031.65 (or, if an interpreter is present at the examination, \$1 375.60 excluding any fee payable to the interpreter)
9. Provision of supplementary report and certificate.	\$343.95

Part 2 — Attempted assessments

Description of circumstances	Maximum fee**
1. If a worker who is required under Part VII Division 2 of the Act to submit to an examination by an approved medical specialist does not attend, in a case in which —	\$687.75
(a) no prior arrangements to cancel the examination are made; or	

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Description of circumstances	Maximum fee**
(b) the examination is cancelled, otherwise than at the request of the approved medical specialist, with less than one working day's notice.	

Note for this Schedule:

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

V. MOLAN, Clerk of the Executive Council.
