

PERTH, THURSDAY, 21 DECEMBER 2000 No. 278 SPECIAL

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WORKERS' COMPENSATION AND REHABILITATION ACT 1981

WORKERS' COMPENSATION
AND REHABILITATION
(SCALES OF FEES)
AMENDMENT REGULATIONS
2000

Workers' Compensation and Rehabilitation Act 1981

Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2000

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

1. Citation

These regulations may be cited as the Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2000.

2. The regulations amended

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

[* Published in Gazette 13 October 1998, pp. 5711-25. For amendments to 29 November 2000 see 1999 Index to Legislation of Western Australia, Table 4, p. 344.]

3. Regulation 6 amended

Regulation 6 is amended by deleting "\$135.50" and inserting —

" \$138.65 ".

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4. Regulation 8 amended

Regulation 8 is amended by deleting "\$100.00" and inserting — " \$102.30 ".

5. Schedule 1 amended

(1) Schedule 1 Part 1 is amended by deleting from the start of that Part to the end of the Specialists item headed "ANAESTHETISTS" and inserting —

| 6 | 4 | |
|---|---|--|
| | | |

| Type of service/by whom | Fee |
|---------------------------------|--------|
| | \$ |
| GENERAL PRACTITIONER | |
| CONSULTATIONS | |
| Surgery Consultation: In Hours | |
| Content based | \$ |
| Minor Service (Level A) | 17.90 |
| Specific Service (Level B) | 37.95 |
| Extended Service (Level C) | 67.55 |
| Comprehensive Service (Level D) | 97.20 |
| Time based | \$ |
| up to 5 mins | 26.10 |
| 5-15 mins | 33.25 |
| 15-30 mins | 64.45 |
| 30-45 mins | 96.20 |
| 45-60 mins | 130.95 |

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

| Cont | ent based | \$ |
|--------|-------------------------------------|--------|
| | Minor Service (Level A) | 27.45 |
| | Specific Service (Level B) | 56.90 |
| | Extended Service (Level C) | 101.30 |
| | Comprehensive Service (Level D) | 147.35 |
| Time | based | \$ |
| | up to 5 mins | 47.10 |
| | 5-15 mins | 55.25 |
| | 15-30 mins | 84.95 |
| | 30 + mins | 116.65 |
| VISITS | S | |
| Consi | ultations at a place other than the | |
| Consu | ulting Rooms | \$ |
| in hou | ırs | |
| | Minor Service (Level A) | 45.35 |
| | Specific Service (Level B) | 65.40 |
| | Extended Service (Level C) | 94.15 |
| | Comprehensive Service (Level D) | 122.80 |
| out of | hours | \$ |
| | Minor Service (Level A) | 54.85 |
| | Specific Service (Level B) | 83.30 |
| | Extended Service (Level C) | 126.85 |
| | Comprehensive Service (Level D) | 173.95 |
| TELEP | PHONE CONSULTATIONS | |
| Time | based | \$ |
| | up to 5 mins | 15.05 |
| | 5-15 mins | 18.80 |
| | 15-30 mins | 39.30 |
| | 30 + mins | 58.95 |
| | | |

118.05

Workers' Compensation and Rehabilitation (Scales of Fees) Amendment Regulations 2000

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CASE CONFEDENCES discussions with appleven

| CASE CONFERENCES, discussions with employers/insurer rehabilitation providers, workplace assessments etc | rs, |
|----------------------------------------------------------------------------------------------------------|----------|
| per hour | \$169.20 |
| TRAVELLING FEES | |
| Outside the metropolitan area | |
| Rate per kilometre | \$3.00 |
| PHYSICIANS, OCCUPATIONAL & REHABILITATION PHYSICIANS | |
| PHYSICIANS | |
| CONSULTATIONS | |
| Professional attendance at consulting rooms | |
| and issue of certificate (if required) et al | \$ |
| first attendance | 170.75 |
| subsequent attendances | 85.45 |
| VISITS | |
| Professional attendance at a place other than | |
| consulting rooms and issue of certificate (if | |
| required) et al | \$ |
| first attendance | 202.45 |

subsequent attendances

r. 5 REHABILITATION PHYSICIANS **CONSULTATIONS** Professional attendance at consulting rooms and issue of certificate (if required) et al \$ first attendance 170.75 subsequent attendances 85.45 **VISITS** Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al \$ first attendance 204.50 118.05 subsequent attendances **OCCUPATIONAL PHYSICIANS CONSULTATIONS** Professional attendance at consulting rooms and issue of certificate (if required) et al \$ first attendance 170.75 subsequent attendances 85.45 **VISITS** Professional attendance at a place other than consulting rooms and issue of certificate (if \$ required) et al first attendance 170.75 subsequent attendances 85.45

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| TELEPHONE CONSULTATIONS | |
|---------------------------------------------------------------------------------------------------|-----------|
| Time based | \$ |
| up to 5 mins | 22.35 |
| 5 to 15 mins | 27.65 |
| 15-30 mins | 57.80 |
| 30 + mins | 87.30 |
| CASE CONFERENCES, discussions with employers, rehabilitation providers, workplace assessments etc | insurers, |
| per hour | \$250.80 |
| TRAVELLING FEES | |
| Outside the metropolitan area | |
| Rate per kilometre | \$3.00 |
| CONSULTANT PSYCHIATRISTS | |
| CONSULTATIONS | |
| Professional attendance at consulting rooms | |
| and issue of certificate (if required) et al | \$ |
| Time based | |
| up to 15 mins | 50.10 |
| 15-30 mins | 99.95 |
| 30-45 mins | 149.70 |
| 45-60 mins | 200.30 |
| 60-75 mins | 226.70 |
| 75 + mins | 253.00 |
| | |

r. 5 **VISITS** Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al \$ Time based 82.25 up to 15 mins 15-30 mins 132.80 30-45 mins 181.35 45-75 mins 231.95 75 + mins279.40 TELEPHONE CONSULTATIONS Time based \$ up to 45 mins 68.55 45 + mins149.70 CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments etc \$250.80 per hour TRAVELLING FEES Outside the metropolitan area Rate per kilometre \$3.00

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SPECIALISTS

SURGEONS

| CONSULTATIONS | |
|-----------------------------------------------|--------|
| Professional attendance at consulting rooms | |
| and issue of certificate (if required) et al | \$ |
| | |
| first attendance | 97.10 |
| subsequent attendances | 50.65 |
| VISITS | |
| Professional attendance at a place other than | |
| consulting rooms and issue of certificate (if | |
| required) et al | \$ |
| | |
| first attendance | 130.95 |
| subsequent attendances | 83.40 |
| | |
| DERMATOLOGISTS | |
| | |
| CONSULTATIONS | |
| Professional attendance at consulting rooms | |
| and issue of certificate (if required) et al | \$ |
| , | |
| first attendance | 97.00 |
| subsequent attendances | 50.65 |

r. 5 **VISITS** Professional attendance at a place other than consulting rooms and issue of certificate (if \$ required) et al first attendance 130.75 subsequent attendances 83.30 TELEPHONE CONSULTATIONS Time based \$ up to 5 mins 22.35 27.65 5-15 mins 15-30 mins 57.80 30 + mins87.30 CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments etc per hour \$250.80 TRAVELLING FEES Country Rate per kilometre \$3.00 **ANAESTHETISTS CONSULTATIONS** \$ Standard pre-anaesthesia 61.85 Referred pre-anaesthesia initial attendance 123.70 subsequent attendance 61.85

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- (2) Schedule 1 Part 1 is amended before the heading to Part A, under the heading "\$ VALUE PER UNIT", by deleting "\$30.23" and inserting instead
 - " \$30.95 ".
- (3) Schedule 1 Parts 2 and 3 are deleted and the following Parts are inserted instead —

"

Part 2 — Medical procedures

| Type of procedure | Fee |
|-----------------------------------------|--------|
| | \$ |
| GENERAL | |
| | |
| Localised burns | 37.35 |
| Localised burns, including | |
| dressing of, under general anaesthetic | 106.40 |
| Extensive burns | 64.45 |
| Extensive burns, including dressing of, | |
| under general anaesthetic | 225.10 |
| Dressing of wounds, under general | |
| anaesthetic | 106.40 |
| Acupuncture, including consultation | 49.65 |

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DISLOCATIONS

'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 is to apply] | \$ |
| Elbow, by closed reduction | 200.55 |
| Elbow, by open reduction | 266.00 |
| Interphalangeal joint, by closed reduction | 85.95 |
| Interphalangeal joint, by open reduction | 114.60 |
| Mandible, by closed reduction | 71.65 |
| Clavicle, by closed reduction | 84.95 |
| Clavicle, by open reduction | 171.90 |
| Shoulder, not requiring general | |
| anaesthetic | 84.95 |
| Shoulder, by open reduction, with | |
| general anaesthetic | 342.75 |
| Shoulder, other, with general anaesthetic | 169.85 |

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| Metacarpophalangeal joint, by closed | |
|---------------------------------------|--------|
| reduction | 114.60 |
| Metacarpophalangeal joint, by open | |
| reduction | 153.45 |
| | |
| Patella, by closed reduction | 128.90 |
| Patella, by open reduction | 171.90 |
| | |
| Radioulnar joint, by closed reduction | 200.55 |
| Radioulnar joint, by open reduction | 266.00 |
| | |
| Toe, by closed reduction | 71.65 |
| Toe by open reduction | 95.15 |
| | |
| REMOVAL OF FOREIGN BODIES — | |
| | \$ |
| as independent procedure | 31.20 |
| superficial | 139.15 |
| deep tissue or muscle | 388.75 |
| ear, other than by syringing | 100.25 |
| nose, other than by simple probing | 100.25 |
| cornea or sclera, embedded | 102.30 |

FRACTURES

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

^{&#}x27;open reduction' means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the fracture including internal or external fixation

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| '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 is to apply] | \$ |
| Distal phalanx of finger or thumb | |
| fracture, by closed reduction | 128.90 |
| fracture, intra-articular, by closed | |
| reduction | 149.40 |
| fracture, by open reduction | 171.90 |
| fracture, intra-articular, by open | |
| reduction | 214.85 |
| Middle phalanx of finger | |
| fracture, by closed reduction | 194.40 |
| fracture, intra-articular, by closed | |
| reduction | 219.95 |
| fracture, by open reduction | 255.75 |
| fracture, intra-articular, by open | |
| reduction | 322.25 |
| Proximal phalanx of finger or thumb | |
| fracture, by closed reduction | 255.75 |
| fracture, intra-articular, by closed | 233.13 |
| reduction | 301.80 |
| fracture, by open reduction | 342.75 |
| fracture, intra-articular, by open | J74.13 |
| reduction | 429.70 |
| reduction | 727.10 |

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| Metacarpal | |
|----------------------------------------|--------|
| fracture, by closed reduction | 255.75 |
| fracture, intra-articular, by closed | |
| reduction | 301.80 |
| fracture, by open reduction | 342.75 |
| fracture, intra-articular, by open | |
| reduction | 429.70 |
| | |
| Carpal Scaphoid, by open reduction | 572.90 |
| Carpal Scaphoid, other | 255.75 |
| Carpus (excluding Scaphoid), by open | |
| reduction | 358.05 |
| Carpus (excluding Scaphoid), other | 143.25 |
| curpus (viiviusing souprists), suite | 1.0.20 |
| Radius | |
| by closed management | 286.45 |
| by open management | 572.90 |
| Radius or Ulnar, distal end, (Colies', | |
| Smith's or Barton's) | |
| by closed reduction | 429.70 |
| by open reduction | 572.90 |
| | |
| Ribs (1 or more), each attendance | 65.50 |
| | |
| Tibia, plateau of, medial or lateral | 516.65 |
| by closed reduction by open reduction | 516.65 |
| | 685.45 |

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| Through thigh, at knee or below knee | 664.95 |
|--------------------------------------|--------|
| Hand, forearm or arm | 450.15 |
| At hip | 936.05 |

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 \$128.90, whichever is greater.

USE OF PRIVATE THEATRES

A theatre fee of \$77.75 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

| Radiographic Examination and Report | Fee |
|----------------------------------------------------|-------|
| (with or without fluoroscopy) | \$ |
| HANDS AND FEET | |
| | |
| Digits or phalanges - all or any of either hand or | |
| either foot | 75.70 |
| Hand, wrist, forearm, elbow or arm (elbow to | |
| shoulder) | 75.70 |

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| Palato-Pharyngeal studies with fluoroscopic | |
|------------------------------------------------|--------|
| screening | 114.60 |
| Palato-Pharyngeal studies without fluoroscopic | |
| screening | 92.10 |
| Larynx | 81.85 |
| SPINE | |
| | \$ |
| Spine - cervical | 120.75 |
| Spine - thoracic | 101.30 |
| Spine - lumbo-sacral | 141.20 |
| Spine - sacro-coccygeal | 84.95 |
| Spine - functional views of one area | 37.85 |
| BONE AGE & SKELETAL SURVEYS | |
| | \$ |
| Skeletal survey involving four or more regions | 167.80 |
| THORACIC | |
| | \$ |
| Chest (lung fields) by direct radiography | 92.10 |
| Chest (lung fields) by direct radiography with | |
| fluoroscopic screening | 114.60 |
| Thoracic inlet or trachea | 92.10 |
| Chest by miniature radiography | 41.95 |
| Cardiac examination (including barium | |
| swallow) | 114.60 |
| Sternum or ribs on one side | 92.10 |
| Sternum and ribs on one side, or ribs on both | |
| sides | 114.60 |
| Sternum and ribs on both sides | 141.20 |
| | |

r. 5 URINARY TRACT \$ Plain renal only 92.10 Drip infusion pyelography 250.65 Intravenous pyelography, including preliminary plain film 225.10 Intravenous pyelography, including preliminary plain film with delayed examination for cystouretic reflex 281.35 Antegrade and retrograde pyelography unilateral including preliminary plain film 184.15 Retrograde cystography or retrograde urethrography 124.85 Retrograde micturating cysto-urethrography 151.40 Retro-Peritoneal pneumogram 98.25 ALIMENTARY TRACT & BILIARY **SYSTEM** \$ 92.10 Plain abdominal only Oesophagus, with or without examination for foreign body or barium swallow 128.90 Barium or other opaque meal of oesophagus, stomach and duodenum, with or without screening of chest 173.95 Barium or other opaque meal of oesophagus, stomach, duodenum and follow through to colon, with or without screening of chest 202.55 Barium or other opaque meal - small bowel series only 151.40 Opaque enema 173.95 Opaque enema, including air contrast study 202.55 Graham's Test (Cholecystography) 137.10 Cholegraphy, operative or post operative 147.35 Cholegraphy - intravenous 202.55 Cholegraphy - percutaneous transhepatic 147.35

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| Cholegraphy - drip infusion | 250.65 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Cholegraphy - drip initusion | 230.0. |
| FOR LOCALIZATION OF FOREIGN | |
| BODIES | \$ |
| Foreign body in eye (special method, Sweet's or | Ф |
| other) | 124.83 |
| Foreign body, localization of and report, not | |
| covered by any other item in this Part | 37.85 |
| TOMOGRAPHY | |
| | \$ |
| Tomography of any part and report | 114.60 |
| STEREOSCOPIC EXAMINATIONS | |
| | \$ |
| Stereoscopic examination and report | 23.03 |
| FLUOROSCOPIC EXAMINATION AND REPORT (Fluoroscopic examination and Report not covered by any other item in this Part - where radiograph is not taken) | |
| not taken) | \$ |
| Examination with general anaesthesia | 81.83 |
| Examination without general anaesthesia | 52.20 |
| WITH OPAQUE OR CONTRAST MEDIA | |
| (Selective coronary arteriography) | |
| | |
| | \$ |
| Discography - one disc | |
| | 124.83 |
| Dacryocystography | \$ 124.85 92.10 214.85 |
| Dacryocystography Encephalography Cerebral venticulography | 124.85 92.10 214.85 |
| Dacryocystography Encephalography Cerebral venticulography Hysterosalpingography | 124.83 92.10 |
| Discography - one disc Dacryocystography Encephalography Cerebral venticulography Hysterosalpingography Bronchography - one side | 124.83 92.10 214.83 167.80 |

| Phlebography - one side | 190.30 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Splenography | 225.10 |
| Myelography - one region | 128.90 |
| Sialography - one gland | 128.90 |
| Vasoepididymography - one side | 41.95 |
| Sinuses and fistulae | 92.10 |
| Pneumoarthrography | 92.10 |
| Contrast arthrography | 151.40 |
| Double contrast arthrography | |
| Lymphangiography, including follow up | 124.85 |
| radiography | 216.90 |
| Peritoneogram (herniography) | |
| 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 | 296.70 |
| Cerebral angiography - percutaneous, one side | 230.20 |
| Cerebral angiography - catheter or open | |
| .1 | 220.20 |
| exposure, one side | 230.20 |
| exposure, one side Cerebral ventriculography | |
| • | 296.70 |
| Cerebral ventriculography | 296.70 75.70 |
| Cerebral ventriculography Dacryocystography - one side | 296.70 75.70 114.60 |
| Cerebral ventriculography Dacryocystography - one side Bronchography - one or both sides | 296.70 75.70 114.60 114.60 |
| Cerebral ventriculography Dacryocystography - one side Bronchography - one or both sides Aortography | 296.70 75.70 114.60 114.60 116.65 |
| Cerebral ventriculography Dacryocystography - one side Bronchography - one or both sides Aortography Arteriography - peripheral, one artery | 296.70 75.70 114.60 114.60 116.65 92.10 |
| Cerebral ventriculography Dacryocystography - one side Bronchography - one or both sides Aortography Arteriography - peripheral, one artery Splenography | 230.20 296.70 75.70 114.60 116.65 92.10 92.10 |
| Cerebral ventriculography Dacryocystography - one side Bronchography - one or both sides Aortography Arteriography - peripheral, one artery Splenography Retroperitoneal pneumogram | 296.70 75.70 114.60 114.65 92.10 92.10 |

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| lysterosalpingography | 114.60 |
|---------------------------------------------------------------------------------------|---------|
| Orip-infusion pyelography or cholegraphy | 56.30 |
| Discography - one disc | 75.70 |
| ntra-osseous venography | 75.70 |
| 1 yelography | 225.10 |
| Cisternal puncture | 151.40 |
| inus or fistula, injection into | 37.85 |
| ymphangiography - one side | 225.10 |
| aryngography | 114.60 |
| ercutaneous transhepatic cholegram | |
| (Cholangiogram) | 225.10 |
| Magnetic Resonance Imaging | |
| 6. 1. 6. 1. 6.1. | \$ |
| Magnetic Resonance Study of one region of the ody or 2 contiguous regions of the body | 709.80 |
| Magnetic Resonance Study of 3 or more ontiguous regions of the body, or 2 or more | |
| eparate regions of the body | 1419.45 |
| Jse of gadolinium | 84.40 |

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6. Schedules 2, 3, 4 and 5 replaced

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

"

Schedule 2

(regulation 3)

Scale of fees — physiotherapists

| | Type of service | Fee |
|-----|-----------------------------------------------------|---------|
| 1. | Standard consultation — Rooms | \$34.55 |
| 2. | Standard consultation — Home | \$51.85 |
| 3. | Standard consultation — Hospital | \$43.20 |
| 4. | Initial (comprehensive) consultation — Rooms | \$43.20 |
| 5. | Initial (comprehensive) consultation — Home | \$60.50 |
| 6. | Initial (comprehensive) consultation — Hospital | \$51.85 |
| 7. | Two distinct areas of treatment per visit | \$51.85 |
| 8. | Three or more distinct areas of treatment per visit | \$69.05 |
| 9. | Consultation in Rooms outside normal hours | \$43.20 |
| 10. | Consultation in Hospital outside normal hours | \$51.85 |
| 11. | Consultation in Home outside normal hours | \$69.05 |
| 12. | Extended Home visit | \$69.05 |
| 13. | Worksite visit (per hour) | \$98.25 |
| 14. | Solicitors reports | \$69.05 |
| 15. | Travel (per kilometre) | \$00.60 |
| 16. | Classes | |

| Max. No. of People | 1hr | 2hrs |
|--------------------|---------|----------------------|
| 2 | \$49.10 | \$98.25 (per person) |
| 4 | \$24.55 | \$49.10 (per person) |
| 6 | \$16.40 | \$32.75 (per person) |
| 8 | \$12.30 | \$24.55 (per person) |

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| 17. | Hydrotherapy | |
|-----|--------------------------------------------|---------|
| | Individual treatment (one to one) | \$34.55 |
| | Group treatment | \$25.90 |
| | (up to 6 patients - individual programmes) | |
| | Class treatment | \$17.30 |
| | (maximum 10 patients - similar programmes) | |
| 18. | Specialist consultations | |
| | Initial (comprehensive) consultation | \$98.25 |
| | Standard consultation | \$69.05 |

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

^{*}Excluding public holidays

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Schedule 3

(regulation 4)

${\bf Scale\ of\ fees--chiropractors}$

| | Type of service | Fee |
|----|----------------------------------------------|----------|
| 1. | First consultation and examination — Rooms | \$40.85 |
| 2. | Standard consultation — Rooms | \$34.10 |
| 3. | Standard consultation — Home | \$50.95 |
| 4. | Standard consultation — Rooms (out of hours) | \$40.85 |
| 5. | Travel (per kilometre) | \$00.60 |
| 6. | Fees for X-Ray | |
| | (and report when requested) | |
| | Spine | |
| | 1 region | \$78.40 |
| | 2 regions | \$120.10 |
| | 3 regions | \$149.05 |
| | Spot films | \$30.10 |
| | up to 18cm x 24cm | \$24.15 |
| | 35cm x 43cm | \$36.05 |
| | 35cm x 90cm | \$60.15 |

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Schedule 4

(regulation 5)

Scale of fees — occupational therapists

| | Type of service | Fee |
|----|----------------------------------------------------------------------------------------------|--------------------|
| 1. | Initial comprehensive consultation (up to ½ hour) | \$62.25 |
| 2. | Initial comprehensive consultation (½ to 1 hour) | \$119.70 |
| 3. | Short consultation (up to ½ hour) | \$26.60 |
| 4. | Standard consultation (½ hour to ¾ hour) | \$53.20 |
| 5. | Extended consultation (¾ hour to 1 hour) | \$79.80 |
| 6. | Extended consultation (1 hour or more) | \$106.40 |
| 7. | Standard group consultations (1/2 hour) | |
| | 2 people | \$53.20 per person |
| | 3 people | \$37.25 per person |
| | 4 people | \$26.60 per person |
| | More than 4 people | \$21.30 per person |
| 8. | Travel costs are to be calculated at the hourly rate by the length of time spent travelling. | |

 $\underline{\text{NOTE:}}$ 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

| | Type of service | Fee |
|----|--------------------------------------------------------------|----------|
| 1. | Initial consultation/assessment (up to and including 1 hour) | \$92.80 |
| 2. | Initial consultation/assessment (exceeding 1 hour) | \$130.05 |
| 3. | Subsequent consultation (1 hour) | \$74.60 |
| 4. | Subsequent consultation (¾ hour) | \$56.50 |
| 5. | Subsequent consultation (1/2 hour) | \$37.35. |
| | | ** |

Recommended by the Workers' Compensation and Rehabilitation Commission on the 14th day of November 2000.

| The common seal of the |) | |
|---------------------------|---|------------------------|
| |) | |
| Workers' Compensation and |) | L.S. |
| |) | |
| Rehabilitation Commission |) | |
| | | BRIAN BRADLEY Chairman |

By Command of the Governor,

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

