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

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

Workers' Compensation and Injury Management Act 1981

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

Made by the Governor in Executive Council, on the recommendation of WorkCover WA, under section 292 of the Act.

1. Citation

These regulations are the *Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations (No. 3) 2006*.

2. The regulations amended

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

[* Reprinted as at 24 May 2002.

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

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

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

“ disabilities ”.

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Table

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r. 3(1)	r. 7
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4. Regulation 6 replaced

Regulation 6 is repealed and the following regulations are inserted instead —

“

6. Scale of fees — clinical psychologists

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

6A. Scale of fees — counselling psychology

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

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

”

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5. Regulation 7A replaced

Regulation 7A is repealed and the following regulation is inserted instead —

“

7A. Scale of fees — osteopaths

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

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

”

6. Regulation 8 amended

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

“ \$128.35 ”.

7. Schedule 1 amended

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

“

GENERAL PRACTITIONER

CONSULTATIONS

Surgery Consultation

in hours

Content based

Minor or Specific Service (Level A or B)

\$

53.45

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

Surgery Consultations

out of hours

For attendances between the hours of 6 p.m. and 8 a.m. on a weekday or between 12 noon on Saturday and 8 a.m. on the following Monday and Public Holiday.

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

VISITS

Consultations at a place other than the Consulting Rooms

in hours	\$
Minor Service (Level A)	66.85
Specific Service (Level B)	91.45
Extended Service (Level C)	135.70
Comprehensive Service (Level D)	189.15

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

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	17.85
more than 5 mins to 15 mins	22.35
more than 15 mins to 30 mins	46.70
more than 30 mins	70.05

CASE CONFERENCES, discussions with employers/insurers, rehabilitation providers, workplace assessments etc.	\$
per hour	201.05

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

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

CONSULTATIONS

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

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VISITS

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

REHABILITATION PHYSICIANS

CONSULTATIONS

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

VISITS

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

OCCUPATIONAL PHYSICIANS

CONSULTATIONS

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

VISITS

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

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	26.60
more than 5 mins to 15 mins	32.85

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

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

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

CONSULTANT PSYCHIATRISTS

CONSULTATIONS

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

Time based	\$
up to 15 mins	59.55
more than 15 mins to 30 mins	118.80
more than 30 mins to 45 mins	177.90
more than 45 mins to 60 mins	238.05
more than 60 mins to 75 mins	269.35
more than 75 mins	300.65

VISITS

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

Visits include both attendance at hospitals and home visits

Time based	\$
up to 15 mins	97.75
more than 15 mins to 30 mins	157.85
more than 30 mins to 45 mins	215.45
more than 45 mins to 75 mins	275.60
more than 75 mins	332.05

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TELEPHONE CONSULTATIONS

Time based	\$
up to 45 mins	78.95
more than 45 mins	172.45

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

TRAVELLING FEES

Outside the metropolitan area	\$
Rate per kilometre	3.56

SPECIALISTS

SURGEONS

CONSULTATIONS

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

VISITS

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

DERMATOLOGISTS

CONSULTATIONS

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

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VISITS

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

TELEPHONE CONSULTATIONS

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

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

TRAVELLING FEES

Outside the metropolitan area	\$
Rate per kilometre	3.55

”.

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

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

”.

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

“

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

”

and inserting instead —

“

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

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Anaesthesia for percutaneous procedures on an intra-abdominal organ in the upper abdomen	6
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”

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

“

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

”

and inserting instead —

“

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

”

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

- (a) by deleting —

“

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

”

and inserting instead —

“

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

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practitioner extends beyond the first hour. Derived fee being 8 units for the first hour plus one unit for each additional 15 minutes or part thereof	no	no	0	”.
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(b) by deleting —

“

Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, where continuous after hours attendance by a medical practitioner extends beyond the first hour, add one unit for each 15 minutes of the first hour for a patient in labour	no	no	0	”
---	----	----	---	---

and inserting instead —

“

Intrathecal, or epidural or injection, (initial or commencement of infusion) of a therapeutic substance, where continuous after hours attendance by a medical practitioner extends beyond the first hour for a patient in labour. Derived fee being 15 units for the first hour plus one unit for each additional 15 minutes or part thereof	no	no	0	”.
---	----	----	---	----

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

“

Part 2 — Medical procedures

Type of procedure	Fee \$
GENERAL	
Localised burns	44.55

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Type of procedure	Fee \$
Localised burns, including dressing of, under general anaesthetic	126.85
Extensive burns	76.85
Extensive burns, including dressing of, under general anaesthetic	268.35
Dressing of wounds, under general anaesthetic	126.85
Acupuncture, including consultation	59.15
DISLOCATIONS	
<p>“closed reduction” means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.</p> <p>“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.</p> <p>“other” means treatment by any other method and includes the use of external splintage.</p>	
[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	239.10
Elbow, by open reduction	317.05
Interphalangeal joint, by closed reduction	102.50
Interphalangeal joint, by open reduction	136.65
Mandible, by closed reduction	85.45
Clavicle, by closed reduction	101.30
Clavicle, by open reduction	204.95
Shoulder, not requiring general anaesthetic	114.00
Shoulder, by open reduction, with general anaesthetic	408.65
Shoulder, other, with general anaesthetic	202.45
Metacarpophalangeal joint, by closed reduction	136.65
Metacarpophalangeal joint, by open reduction	183.00
Patella, by closed reduction	153.65
Patella, by open reduction	204.95
Radioulnar joint, by closed reduction	239.10
Radioulnar joint, by open reduction	317.05

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

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

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

ASSISTANCE AT OPERATIONS

The fee for assistance at any operation (or series or combination of operations) is to be related to the fee listed for the operation (or series or combination of operations) itself.

The fee is 20% of the total fee or the minimum sum of \$153.65, whichever is greater.

USE OF PRIVATE THEATRES

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

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Part 3 — Diagnostic Imaging Services

ULTRASOUND

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

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

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MBS item number <i>(1 November 2005)</i>	Fee \$
55772	219.05
55774	88.95
55800	149.40
55802	51.80
55804	149.40
55806	51.80
55808	149.40
55810	51.80
55812	149.40
55814	51.80
55816	149.40
55818	51.80
55820	149.40
55822	51.80
55824	149.40
55826	51.80
55828	149.40
55830	51.80
55832	149.40
55834	51.80
55836	149.40
55838	51.80
55840	149.40
55842	51.80
55844	119.60
55846	51.80
55848	149.40
55850	209.25
55852	149.40
55854	51.80

**COMPUTED TOMOGRAPHY —
EXAMINATION AND REPORT**

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

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MBS item number <i>(1 November 2005)</i>	Fee \$
56010	316.95
56013	314.40
56016	364.70
56022	282.95
56028	423.50
56030	282.95
56036	423.50
56041	124.20
56047	158.60
56050	161.25
56053	161.25
56056	195.40
56062	142.25
56068	211.75
56070	142.25
56076	211.75
56101	289.25
56107	427.60
56141	146.40
56147	215.80
56219	410.15
56220	301.85
56221	301.85
56223	301.85
56224	441.90
56225	441.90
56226	441.90
56227	154.05
56228	154.05
56229	154.05
56230	223.15
56231	223.15
56232	223.15
56233	301.85
56234	441.90
56235	154.00
56236	223.15

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MBS item number <i>(1 November 2005)</i>	Fee \$
56237	301.85
56238	441.90
56239	154.00
56240	223.15
56259	207.25
56301	370.95
56307	502.95
56341	187.95
56347	254.00
56401	314.40
56407	452.65
56409	314.40
56412	452.65
56441	159.40
56447	228.20
56449	159.40
56452	228.20
56501	484.15
56507	603.60
56541	242.90
56547	306.50
56549	484.15
56551	484.15
56619	276.65
56625	420.80
56659	140.95
56665	210.50
56801	586.70
56807	704.15
56841	293.45
56847	356.95
57001	586.80
57007	713.95
57041	293.50
57047	357.00
57201	195.15
57247	97.50

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MBS item number <i>(1 November 2005)</i>	Fee \$
57341	591.00
57345	303.80
57350	641.30
57351	641.30
57355	332.15
57356	332.15

DIAGNOSTIC RADIOLOGY

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

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57933	113.65
57939	93.65
57942	72.05
57945	63.00
57960	68.85
57963	68.85
57966	68.85
57969	68.85
58100	97.50
58103	80.00
58106	111.80
58108	193.00
58109	68.25
58112	141.25
58115	193.00
58300	58.25
58306	129.85
58500	51.35
58503	68.45
58506	88.25
58509	57.70
58521	63.00
58524	82.05
58527	100.80
58700	66.90
58706	229.30
58715	220.10
58718	183.15
58721	200.75
58900	51.80
58903	69.10
58909	130.60
58912	160.10
58915	114.60
58916	201.10
58921	196.40
58924	122.05
58927	111.05

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

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

NUCLEAR MEDICINE IMAGING

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

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

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

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

MAGNETIC RESONANCE IMAGING

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

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

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

Schedule 2 — Scale of fees — physiotherapists

[r. 3]

Part 1 — General

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

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

Objective assessment

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

Appropriate initial management, treatment or advice

Provisional diagnosis; goals of treatment; treatment plan. Discussion with the patient regarding working hypothesis and treatment goals and expected outcomes; initial treatment and response; advice regarding home care including any exercise programs to be followed.

Documentation of consultation

Recording all of the above in the clinical record of the patient, as well as: x-ray and results of other relevant tests and warnings (if applicable).

Includes individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.

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

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

Does not include any verbal or written communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer relating to the treatment or rehabilitation of a specific worker (such as suitable work duties).

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Communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer has a specific item number in this table (PK001).

Does not include the physiotherapist's involvement in case conferences. The physiotherapist's involvement in case conferences has a specific item number in this table (PQ001).

PB001	Standard Consultation	Set Fee
	<p>Consultation for one body area or condition including the following elements —</p> <p>Subjective re-assessment</p> <p>Objective re-assessment</p> <p>Appropriate management, treatment or advice</p> <p>Documentation of consultation</p> <p>Includes individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.</p> <p>Includes courtesy communication by the physiotherapist such as brief verbal and/or written updates to the medical practitioner.</p> <p>Does not include any verbal or written communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer relating to the treatment or rehabilitation of a specific worker (such as suitable work duties).</p> <p>Communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer has a specific item number in this table (PK001).</p>	\$47.80

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

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

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PK001	Communication Any verbal communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer relating to the treatment or rehabilitation of a specific worker (such as suitable work duties). Does not include unsolicited communication from the physiotherapist.	\$13.60 Calculated per 6 minute block.
	<u>Maximum time allowable per communication of 30 minutes.</u>	
PS001	Specific Physiotherapy Assessment – Prior approval from insurer required Includes specific types of assessments not classified elsewhere in the table/ <i>Gazette</i> required by the insurer which physiotherapists may undertake (eg. diagnostic ultrasound imaging, Functional Capacity Assessments (FCE's), seating and wheelchair assessments).	Hourly Rate** \$135.80 Max duration of service provision 2 hours
PW001	Specific Physiotherapy Intervention – Prior approval from insurer required (*replaces PD001) Includes treatments not classified elsewhere in the table/ <i>Gazette</i> required by the insurer which physiotherapists may undertake (eg. treatment of severe multiple area trauma, burns, neurologically injured patients and patients with severe spinal injuries, ergonomic corrections of workplace, specialised real-time ultrasound imaging, short consultations).	Hourly Rate** \$135.80 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
<p>1. Initial Consultation/Assessment The following services are included in the initial consultation fee —</p> <ul style="list-style-type: none"> Assessment of the worker Physiological testing Program design Communication with relevant persons (other than reports) <p>Physiotherapist to patient ratio must be 1:1 for the duration of the consultation.</p>	<p>\$135.80 per hour, total fee not to exceed \$271.60</p> <p>Where a session is for a fraction of one hour, the amount chargeable is to be calculated as that fraction of the maximum amount chargeable.</p>
<p>2. Subsequent Exercise Consultation/Assessment Subsequent consultation/assessments for the provision or prescription of an exercise-based program up to a maximum of one hour including —</p> <ul style="list-style-type: none"> Provision/prescription of exercises Program development, coordination Communication with relevant persons (other than reports) 	<p>\$135.80 per hour</p> <p>Where a session is for a fraction of one hour, the amount chargeable is to be calculated as that fraction of the maximum amount chargeable.</p>
3. Initial report	\$59.80
4. Subsequent reports	\$48.00 per report
5. Final report	\$48.00
6. Gym membership/Entry fees (Prior approval from insurer/self-insurer is required)	Market rates
7. Travel, within metropolitan area	\$33.85 per journey to a venue

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

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

Schedule 3 — Scale of fees — chiropractors

[r. 4]

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

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

[r. 5]

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

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Schedule 5 — Scale of fees — speech pathologists

[r. 7]

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

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

[r. 9]

Part 1 — Assessments

	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	\$915.75 (or, if an interpreter is present at the examination, \$1 144.65 excluding any fee payable to the interpreter)
2.	Examination and provision of report and certificate — moderately complex assessment (eg. reviewing multiple questions and reports; impairment involving more complex assessments; more than one body system involved) — other than a service mentioned in item 4, 5, 6 or 8	\$1 144.65 (or, if an interpreter is present at the examination, \$1 373.60 excluding any fee payable to the interpreter)
3.	Examination and provision of report and certificate — complex assessment (eg. multiple injuries; severe impairment such as spinal cord injury or head injury) — other than a service mentioned in item 4, 5, 6 or 8	\$1 373.60 (or, if an interpreter is present at the examination, \$1 602.50 excluding any fee payable to the interpreter)

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

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Part 2 — Attempted assessments

	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 — (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	\$457.85

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

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

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 WorkCover WA) L.S.
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A. WARNER.

ELIZABETH ROSARIO.

By Command of the Governor,

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

