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WORKERS' COMPENSATION AND INJURY MANAGEMENT  
ACT 1981

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**WORKERS' COMPENSATION  
AND INJURY MANAGEMENT  
(SCALES OF FEES)  
AMENDMENT  
REGULATIONS 2007**



Workers' Compensation and Injury Management Act 1981

## **Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2007**

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 2007*.

**2. Commencement**

These regulations come into operation as follows:

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

**3. The regulations amended**

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

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**4. Regulation 2 amended**

- (1) Regulation 2(1) is amended by deleting “disabilities” and inserting instead —  
“ injuries ”.
- (2) Regulation 2(2) is amended as follows:
  - (a) in the definition of “MBS item number” by deleting “2003;” and inserting instead —  
“ 2006. ”;
  - (b) by deleting the definition of “metropolitan area”.

**5. Regulation 3 amended**

- (1) Regulation 3(1) is amended by deleting “disabilities” and inserting instead —  
“ injuries ”.
- (2) Regulation 3(2) is repealed.

**6. Regulation 4 amended**

Regulation 4 is amended by deleting “disabilities” and inserting instead —  
“ injuries ”.

**7. Regulation 5 amended**

Regulation 5 is amended by deleting “disabilities” and inserting instead —  
“ injuries ”.

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**8. Regulation 6 amended**

Regulation 6(1) is amended as follows:

- (a) by deleting "\$171.90" and inserting instead —  
" \$179.15 ";
- (b) by deleting "disabilities" and inserting instead —  
" injuries ".

**9. Regulation 6A amended**

Regulation 6A is amended as follows:

- (a) by deleting "\$171.90" and inserting instead —  
" \$179.15 ";
- (b) by deleting "disabilities" and inserting instead —  
" injuries ".

**10. Regulation 7 amended**

Regulation 7 is amended by deleting "disabilities" and inserting instead —

" injuries ".

**11. Regulation 7A amended**

Regulation 7A is amended as follows:

- (a) by deleting "\$54.40" and inserting instead —  
" \$56.70 ";
- (b) by deleting "disabilities" and inserting instead —  
" injuries ".

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**12. Regulation 8 amended**

Regulation 8 is amended by deleting "\$128.35" and inserting instead —

“ \$133.80 ”.

**13. Regulation 10 inserted**

After regulation 9 the following regulation is inserted —

“

**10. Effect of GST**

(1) In this regulation —

“**GST**” has the meaning given in *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.

(2) An amount fixed by these regulations is a net figure that does not include any GST that may be imposed due to the nature of the provision of the service or the service provider.

(3) If GST is payable on a service listed in these regulations, the fee for the service is the applicable fee increased by 10%.

(4) An injured worker's prescribed entitlements are to be calculated using the net cost of the treatment or service, without deducting any GST component.

”.

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**14. 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

<b>Content based</b>	<b>\$</b>
Minor or Specific Service (Level A or B)	55.70
Extended Service (Level C)	101.80
Comprehensive Service (Level D)	156.40
<b>Time based</b>	<b>\$</b>
up to 5 minutes	33.20
more than 5 minutes to 15 minutes	43.35
more than 15 minutes to 30 minutes	83.60
more than 30 minutes to 45 minutes	126.45
more than 45 minutes to 60 minutes	171.40

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.

<b>Content based</b>	<b>\$</b>
Minor Service (Level A)	41.80
Specific Service (Level B)	83.60
Extended Service (Level C)	152.20
Comprehensive Service (Level D)	235.70

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<b>Time based</b>	<b>\$</b>
up to 5 minutes	66.20
more than 5 minutes to 15 minutes	71.80
more than 15 minutes to 30 minutes	111.40
more than 30 minutes	152.20

**VISITS**

Consultations at a place other than the Consulting Rooms

in hours	<b>\$</b>
Minor Service (Level A)	69.70
Specific Service (Level B)	95.30
Extended Service (Level C)	141.45
Comprehensive Service (Level D)	197.15
out of hours	<b>\$</b>
Minor Service (Level A)	83.60
Specific Service (Level B)	124.30
Extended Service (Level C)	190.75
Comprehensive Service (Level D)	278.60

**TELEPHONE CONSULTATIONS**

<b>Time based</b>	<b>\$</b>
up to 5 minutes	18.60
more than 5 minutes to 15 minutes	23.30
more than 15 minutes to 30 minutes	48.70
more than 30 minutes	73.00

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

per hour	\$209.55
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**TRAVELLING FEES**

Rate per kilometre	\$3.70
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***PHYSICIANS, OCCUPATIONAL & REHABILITATION PHYSICIANS***

***PHYSICIANS***

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	211.55
subsequent attendances	105.85

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	253.40
subsequent attendances	146.20

***REHABILITATION PHYSICIANS***

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	211.55
subsequent attendances	105.85

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	253.40
subsequent attendances	146.20

***OCCUPATIONAL PHYSICIANS***

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	215.05
subsequent attendances	105.85

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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	253.40
subsequent attendances	146.20

TELEPHONE CONSULTATIONS

<b>Time based</b>	<b>\$</b>
up to 5 minutes	27.75
more than 5 minutes to 15 minutes	34.25
more than 15 minutes to 30 minutes	71.60
more than 30 minutes	108.10

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

per hour	\$310.70
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TRAVELLING FEES

Rate per kilometre	\$3.70
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***CONSULTANT PSYCHIATRISTS***

CONSULTATIONS

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

<b>Time based</b>	<b>\$</b>
up to 15 minutes	62.05
more than 15 minutes to 30 minutes	123.85
more than 30 minutes to 45 minutes	185.45
more than 45 minutes to 60 minutes	248.10
more than 60 minutes to 75 minutes	280.75
more than 75 minutes	313.35

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**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

<b>Time based</b>	<b>\$</b>
up to 15 minutes	101.90
more than 15 minutes to 30 minutes	164.55
more than 30 minutes to 45 minutes	224.55
more than 45 minutes to 75 minutes	287.25
more than 75 minutes	346.10

**TELEPHONE CONSULTATIONS**

<b>Time based</b>	<b>\$</b>
up to 45 minutes	82.30
more than 45 minutes	179.75

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

per hour	\$310.70
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**TRAVELLING FEES**

Rate per kilometre	\$3.70
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***SPECIALISTS***

***SURGEONS***

**CONSULTATIONS**

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	<b>\$</b>
first attendance	120.30
subsequent attendances	62.75

**VISITS**

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	<b>\$</b>
first attendance	162.15
subsequent attendances	103.30

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***DERMATOLOGISTS***

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	120.30
subsequent attendances	62.75

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	161.85
subsequent attendances	103.15

TELEPHONE CONSULTATIONS

<b>Time based</b>	\$
up to 5 minutes	27.75
more than 5 minutes to 15 minutes	34.25
more than 15 minutes to 30 minutes	71.60
more than 30 minutes	108.10

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

per hour	\$310.70
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TRAVELLING FEES

Rate per kilometre	\$3.70
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- (2) Schedule 1 Part 1 is amended in the item headed "ANAESTHETISTS" before the heading "CONSULTATIONS AND ATTENDANCES" by deleting "\$60.00" as the \$ value per unit and inserting instead —

“ \$62.55 ”.

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- (3) 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	46.45
Localised burns, including dressing of, under general anaesthetic	132.20
Extensive burns	80.10
Extensive burns, including dressing of, under general anaesthetic	279.70
Dressing of wounds, under general anaesthetic	132.20
Acupuncture, including consultation	61.65
DISLOCATIONS	
<p>“<b>closed reduction</b>” means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.</p> <p>“<b>open reduction</b>” means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation.</p> <p>“<b>other</b>” means treatment by any other method and includes the use of external splintage.</p>	
<p><b>[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]</b></p>	
Elbow, by closed reduction	249.20
Elbow, by open reduction	330.45
Interphalangeal joint, by closed reduction	106.85
Interphalangeal joint, by open reduction	142.45
Mandible, by closed reduction	89.05
Clavicle, by closed reduction	105.60
Clavicle, by open reduction	213.60
Shoulder, not requiring general anaesthetic	118.80

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Type of procedure	Fee \$
Shoulder, by open reduction, with general anaesthetic	425.95
Shoulder, other, with general anaesthetic	211.00
Metacarpophalangeal joint, by closed reduction	142.45
Metacarpophalangeal joint, by open reduction	190.75
Patella, by closed reduction	160.15
Patella, by open reduction	213.60
Radioulnar joint, by closed reduction	249.20
Radioulnar joint, by open reduction	330.45
Toe, by closed reduction	89.05
Toe, by open reduction	118.25
<b>REMOVAL OF FOREIGN BODIES —</b>	
as independent procedure	38.75
superficial	172.85
deep tissue or muscle	483.15
ear, other than by syringing	124.55
nose, other than by simple probing	124.55
cornea or sclera, embedded	127.10
<b>FRACTURES</b>	
<p>“<b>closed reduction</b>” means non-operative reduction of the fracture, and included percutaneous fixation and/or external splintage by cast or splint.</p> <p>“<b>open reduction</b>” means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the fracture including internal or external fixation.</p> <p>“<b>other</b>” means treatment by any other method and includes the use of external splintage.</p>	
<p><b>[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply.]</b></p>	
<b>Distal phalanx of finger or thumb</b>	
fracture, by closed reduction	160.15
fracture, intra-articular, by closed reduction	185.65
fracture, by open reduction	213.60
fracture, intra-articular, by open reduction	267.00

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Type of procedure	Fee \$
Middle phalanx of finger	
fracture, by closed reduction	241.55
fracture, intra-articular, by closed reduction	273.30
fracture, by open reduction	317.80
fracture, intra-articular, by open reduction	400.40
Proximal phalanx of finger or thumb	
fracture, by closed reduction	317.80
fracture, intra-articular, by closed reduction	374.95
fracture, by open reduction	425.95
fracture, intra-articular, by open reduction	533.95
Metacarpal	
fracture, by closed reduction	317.80
fracture, intra-articular, by closed reduction	374.95
fracture, by open reduction	425.95
fracture, intra-articular, by open reduction	533.95
Carpal Scaphoid, by open reduction	711.90
Carpal Scaphoid, other	317.80
Carpus (excluding Scaphoid), by open reduction	444.90
Carpus (excluding Scaphoid), other	177.95
Radius	
by closed management	355.90
by open management	711.90
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	533.95
by open reduction	711.90
Ribs (1 or more), each attendance	81.45
Tibia, plateau of, medial or lateral	
by closed reduction	642.00
by open reduction	851.70

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Type of procedure	Fee \$
Tibia, plateau of, medial and lateral	
by closed reduction	1 067.80
by open reduction	1 430.10
SUTURES	
face or neck, less than 7 cm, superficial	127.10
face or neck, less than 7 cm, deep	193.20
face or neck, more than 7 cm, superficial	193.20
face or neck, more than 7 cm, deep	330.45
except face or neck, less than 7 cm, superficial	96.60
except face or neck, less than 7 cm, deep	144.90
except face or neck, more than 7 cm, superficial	144.90
except face or neck, more than 7 cm, deep	317.80
AMPUTATIONS	
Hand, midcarpal or transmetacarpal	483.15
Hand, forearm or through arm	559.35
At shoulder	947.00
Interscapulothoracic	1 881.30
One digit of foot	254.15
Two digits of one foot	381.35
Three digits of one foot	514.85
Four digits of one foot	642.00
Five digits of one foot	769.10
Toe including metatarsal or part of metatarsal — each toe	300.10
Foot, at ankle	559.35
Foot, midtarsal or transmetatarsal	483.15
Through thigh, at knee or below knee	826.35
At hip	1 163.05



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Type of procedure	Fee \$
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**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 \$160.15, whichever is greater.**

**USE OF PRIVATE THEATRES**

A theatre fee of **\$96.60** will be paid to practitioners for the use of their private theatre, but this fee may only be charged if the patient would otherwise have been sent to hospital.

**Part 3 — Diagnostic Imaging Services**

**ULTRASOUND**

MBS item number <i>(1 November 2006)</i>	Fee \$
55028	155.70
55029	54.00
55030	155.70
55031	54.00
55032	155.70
55033	54.00
55036	158.80
55037	54.00
55038	155.70
55039	54.00
55044	158.80
55045	54.00
55048	155.70
55049	54.00
55054	155.70
55070	140.20
55073	48.55

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<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
55076	155.70
55079	54.00
55084	140.20
55085	48.55
55113	329.15
55114	329.15
55115	329.15
55116	366.00
55117	366.00
55118	393.10
55130	242.65
55135	504.65
55238	241.85
55244	241.85
55246	241.85
55248	241.85
55252	241.85
55274	241.85
55276	241.85
55278	241.85
55280	241.85
55282	241.85
55284	241.85
55292	241.85
55294	241.85
55296	158.50
55600	155.70
55603	155.70
55700	85.55
55703	49.95
55704	99.90
55705	49.95
55706	142.75
55707	99.90
55708	49.95
55709	54.25
55712	164.10

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<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
55715	57.05
55718	142.75
55721	164.10
55723	54.25
55725	57.05
55728	142.75
55729	38.90
55731	139.90
55733	49.95
55736	181.20
55739	81.30
55759	214.05
55762	85.55
55764	228.30
55766	92.70
55768	214.05
55770	85.55
55772	228.30
55774	92.70
55800	155.70
55802	54.00
55804	155.70
55806	54.00
55808	155.70
55810	54.00
55812	155.70
55814	54.00
55816	155.70
55818	54.00
55820	155.70
55822	54.00
55824	155.70
55826	54.00
55828	155.70
55830	54.00
55832	155.70
55834	54.00

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<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
55836	155.70
55838	54.00
55840	155.70
55842	54.00
55844	124.65
55846	54.00
55848	155.70
55850	218.10
55852	155.70
55854	54.00

**COMPUTED TOMOGRAPHY —  
EXAMINATION AND REPORT**

<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
56001	255.60
56007	327.70
56010	330.35
56013	327.70
56016	380.15
56022	294.90
56028	441.40
56030	294.90
56036	441.40
56041	129.45
56047	165.30
56050	168.05
56053	168.05
56056	203.65
56062	148.25
56068	220.70
56070	148.25
56076	220.70
56101	301.50
56107	445.70
56141	152.60
56147	224.95

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<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
56219	427.50
56220	314.60
56221	314.60
56223	314.60
56224	460.60
56225	460.60
56226	460.60
56227	160.55
56228	160.55
56229	160.55
56230	232.60
56231	232.60
56232	232.60
56233	314.60
56234	460.60
56235	160.50
56236	232.60
56237	314.60
56238	460.60
56239	160.50
56240	232.60
56259	216.00
56301	386.65
56307	524.20
56341	195.90
56347	264.75
56401	327.70
56407	471.80
56409	327.70
56412	471.80
56441	166.15
56447	237.85
56449	166.15
56452	237.85
56501	504.65
56507	629.15
56541	253.15

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<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
56547	319.45
56549	504.65
56551	504.65
56619	288.35
56625	438.60
56659	146.90
56665	219.40
56801	611.50
56807	733.95
56841	305.85
56847	372.05
57001	611.60
57007	744.15
57041	305.90
57047	372.10
57201	203.40
57247	101.60
57341	616.00
57345	316.65
57350	668.45
57351	668.45
57355	346.20
57356	346.20

**DIAGNOSTIC RADIOLOGY**

<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
57506	45.05
57509	60.15
57512	61.30
57515	81.70
57518	49.20
57521	65.65
57524	74.85
57527	99.55
57700	61.30
57703	81.70
57706	49.20

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<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
57709	65.65
57712	71.35
57715	92.20
57721	150.20
57901	97.60
57902	97.60
57903	71.60
57906	97.60
57909	97.60
57912	71.35
57915	71.35
57918	71.35
57921	71.35
57924	71.35
57927	75.10
57930	49.75
57933	118.45
57939	97.60
57942	75.10
57945	65.65
57960	71.75
57963	71.75
57966	71.75
57969	71.75
58100	101.60
58103	83.40
58106	116.55
58108	201.15
58109	71.15
58112	147.20
58115	201.15
58300	60.70
58306	135.35
58500	53.50
58503	71.35
58506	92.00
58509	60.15
58521	65.65

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<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
58524	85.50
58527	105.05
58700	69.75
58706	239.00
58715	229.40
58718	190.90
58721	209.25
58900	54.00
58903	72.00
58909	136.10
58912	166.85
58915	119.45
58916	209.60
58921	204.70
58924	127.20
58927	115.75
58933	311.20
58936	296.60
58939	210.85
59103	32.25
59300	135.45
59303	81.65
59306	151.85
59309	303.55
59312	131.70
59314	79.40
59318	71.20
59503	135.35
59700	146.15
59703	114.85
59712	172.10
59715	217.30
59718	203.85
59724	342.80
59733	163.00
59736	93.85
59739	111.70
59751	210.65



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<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
59754	332.00
59760	174.25
59763	202.70
59903	173.40
59912	461.95
59925	548.55
59970	254.80
59971	86.70
59972	230.95
59973	274.35
59974	127.40
60000	853.65
60003	1 251.90
60006	1 780.15
60009	2 083.20
60012	853.65
60015	1 251.90
60018	1 780.15
60021	2 083.20
60024	853.65
60027	1 251.90
60030	1 780.15
60033	2 083.20
60036	853.65
60039	1 251.90
60042	1 780.15
60045	2 083.20
60048	853.65
60051	1 251.90
60054	1 780.15
60057	2 083.20
60060	853.65
60063	1 251.90
60066	1 780.15
60069	2 083.20
60072	72.85
60075	145.45
60078	218.30

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<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
60100	92.00
60500	65.65
60503	45.05
60506	96.50
60509	149.65
60918	71.35
60927	57.60
61109	391.85

**NUCLEAR MEDICINE IMAGING**

<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
61302	523.35
61303	659.05
61306	827.35
61307	973.40
61310	428.25
61313	353.70
61314	489.65
61316	444.45
61317	574.05
61320	266.90
61328	265.40
61340	294.95
61348	516.90
61352	302.35
61353	450.70
61356	457.95
61360	470.25
61361	537.95
61364	579.40
61368	260.10
61369	2 350.00
61372	260.10
61373	570.85
61376	167.15
61381	669.55
61383	728.55

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<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
61384	801.75
61386	387.65
61387	502.20
61389	432.00
61390	477.95
61393	705.90
61397	287.80
61401	189.25
61402	705.45
61405	403.35
61409	1 018.35
61413	263.40
61417	138.55
61421	559.40
61425	700.30
61426	646.80
61429	633.05
61430	768.80
61433	579.40
61434	717.45
61437	632.85
61438	784.60
61441	570.85
61442	877.15
61445	334.30
61446	388.90
61449	531.85
61450	463.45
61453	600.05
61454	405.80
61457	548.45
61458	462.75
61461	615.35
61462	151.90
61465	309.50
61469	405.80
61473	204.45
61480	451.00

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<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
61484	1 027.00
61485	1 164.85
61495	260.10
61499	294.95
61650	1 024.40

**MAGNETIC RESONANCE IMAGING**

<b>MBS item number</b> <i>(1 November 2006)</i>	<b>Fee</b> <b>\$</b>
63000-63200	759.15
63201	1 138.70
63202-63203	759.15
63204	1 138.70
63219-63243	1 138.70
63271-63473	759.15
63491-63494	86.75
63497	260.55

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**15. Schedules 2, 3, 4, 5 and 6 replaced**

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

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**Schedule 2 — Scale of fees — physiotherapists**

[r. 3]

**Part 1 — General**

<b>Service Code</b>	<b>Service</b>	<b>Set Fee</b>
PA001	<p><b>Initial Consultation</b></p> <p>A consultation with the physiotherapist including the following elements —</p> <p><b>Subjective assessment</b> — 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><b>Objective assessment</b> — 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> <p><b>Appropriate initial management, treatment or advice</b> — based on assessment findings that could include the following as required:</p> <p>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.</p>	<p>\$62.05</p>

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Service Code	Service
	<p><b>Documentation of consultation</b> — as required that could include:</p> <p>The assessment findings, physiotherapy intervention(s), evaluation of interventions, plan for future treatment and results of other relevant tests and warnings (if applicable).</p> <p><b><u>Includes:</u></b></p> <ul style="list-style-type: none"> <li>• Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.</li> <li>• Courtesy communication by the physiotherapist with the medical practitioner such as acknowledgement of referral.</li> <li>• The physiotherapist's brief communication with the medical practitioner regarding the injured worker's management.</li> </ul> <p><b><u>Does not include</u></b></p> <ul style="list-style-type: none"> <li>• Any oral or written communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer relating to the treatment or rehabilitation of a specific worker (such as suitable work duties).</li> <li>• Communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer. This service has a specific item number in this Table (PK001).</li> <li>• Physiotherapist's involvement in case conferences. The physiotherapist's involvement in case conferences has a specific item number in this Table (PQ001).</li> </ul>

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<b>Service Code</b>	<b>Service</b>	<b>Set Fee</b>
PB001	<p><b>Standard Consultation</b></p> <p>Consultation for one body area or condition including the following elements —</p> <ul style="list-style-type: none"> <li>• subjective re-assessment;</li> <li>• objective re-assessment;</li> <li>• appropriate management, intervention or advice;</li> <li>• documentation of consultation.</li> </ul> <p><b><u>Includes</u></b></p> <ul style="list-style-type: none"> <li>• Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours.</li> <li>• Courtesy communication by the physiotherapist such as brief oral and/or written updates to the medical practitioner.</li> </ul> <p><b><u>Does not include</u></b></p> <ul style="list-style-type: none"> <li>• Any oral or written communication by the physiotherapist with a third party initiated by or requested by the insurer and/or the employer relating to the treatment or rehabilitation of a specific worker (such as suitable work duties).</li> <li>• 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).</li> <li>• The physiotherapist's involvement in case conferences. The physiotherapist's involvement in case conferences has a specific item number in this Table (PQ001).</li> </ul>	\$49.80
PC001	<p><b>Two distinct areas of treatment per visit</b></p> <p>Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions.</p>	\$63.00

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<b>Service Code</b>	<b>Service</b>	
PG001	<p><b>Group Consultation — per person</b></p> <p>Includes non-individualised services provided to more than one individual whether —</p> <ul style="list-style-type: none"> <li>• in rooms, home or hospital;</li> <li>• hydrotherapy treatment;</li> <li>• extended treatments;</li> <li>• services provided outside of normal business hours.</li> </ul>	<p><b>Cost per participant</b> \$15.30</p>
PE001	<p><b>Worksite Visit</b> — 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><b>Hourly rate**</b> \$141.55</p>
PR001	<p><b>Reports</b></p> <p>Any report relating to a specific worker required by or requested by —</p> <ul style="list-style-type: none"> <li>• medical specialist;</li> <li>• medical practitioner;</li> <li>• employer;</li> <li>• insurer.</li> </ul> <p>Excludes courtesy communication such as acknowledgement of referral and brief updates to the medical practitioner.</p> <p><b>Progress/Standard report</b></p> <p>Report should contain summarised information or assessment findings, treatment services provided, results obtained with specific recommendations for further management and return to work if applicable.</p>	<p><b>Set Fee</b> \$62.05</p>



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<b>Service Code</b>	<b>Service</b>	
	<p><b>Comprehensive report</b> As above for progress/standard report and contains information relating to more detailed assessments and interventions performed. 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><b>Hourly rate**</b> \$141.55</p>
PT001	<p><b>Travel</b> Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice. The insurer must provide pre-approval for travel in excess of one hour. If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.</p>	<p><b>Hourly Rate**</b> \$113.24</p>
PQ001	<p><b>Case Conferences</b> Face-to-face or telephone communication involving the physiotherapist with one or more of the following — doctor, employer, insurer/claims manager, rehabilitation providers and worker. The aim of the case conference is to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	<p>\$14.20 per 6 minute block</p>
PK001	<p><b>Communication</b> Any requested or required oral communication by the physiotherapist with relevant parties (treating medical practitioners, employers and insurers) relating to the treatment or rehabilitation of a specific worker. Excludes courtesy communication such as acknowledgement of referral and brief updates to the medical practitioner. Maximum time allowable per communication of 30 minutes.</p>	<p>\$14.20 per 6 minute block</p>

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<b>Service Code</b>	<b>Service</b>	<b>Hourly Rate**</b>
PS001	<p><b>Specific Physiotherapy Assessment</b> — 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 (FCE's), seating and wheelchair assessments).</p>	\$141.55
PW001	<p><b>Specific Physiotherapy Intervention</b> — prior approval from insurer required (*replaces PD001).</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>	<p><b>Hourly Rate**</b></p> <p>\$141.55</p> <p>Max duration of service provision 2 hours</p>

\*\* 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**

	<b>Type of service</b>	<b>Fee</b>
EXE20	<p><b>Initial Consultation/Assessment</b></p> <p>Insurer approval must be obtained prior to undertaking the service.</p> <ul style="list-style-type: none"> <li>• Review of current medical and vocational status.</li> <li>• Communication/Liaison with relevant parties.</li> <li>• Physiological Assessment/testing.</li> <li>• Screening Questionnaires relating to worker's level of function.</li> <li>• Program design based on above.</li> <li>• Exercise facility/equipment coordination (pool or gym based).</li> </ul> <p>Provider to patient ratio must be 1:1 for the duration of the consultation.</p>	<p>\$141.55 per hour to a maximum of 2 hours**</p>
EXE21	<p><b>Subsequent Exercise Consultation/Assessment</b></p> <p>Includes —</p> <ul style="list-style-type: none"> <li>• program implementation — prescription and provision of exercises (land or pool based);</li> <li>• program monitoring;</li> <li>• post program screening questionnaire relating to worker's level of function;</li> <li>• psychosocial reassessment;</li> <li>• communication/liaison with relevant parties.</li> </ul>	<p>\$141.55 per hour to a maximum of one hour**</p>

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	<b>Type of service</b>	<b>Fee</b>
EXE02	<p><b>Initial report</b> Includes —</p> <ul style="list-style-type: none"> <li>• initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan;</li> <li>• current status as per medical certification and proposed outcome status;</li> <li>• detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval.</li> </ul>	\$141.55 per hour to a maximum of one hour**
EXE03	<p><b>Subsequent reports</b> Progress report to be provided at the request of the referrer.</p>	\$141.55 per hour to a maximum of 30 minutes**
EXE04	<p><b>Final report</b> Comprehensive report to be provided at the end of the service delivery detailing —</p> <ul style="list-style-type: none"> <li>• physiological testing results pre and post program;</li> <li>• worker attendance/programme compliance.</li> </ul>	\$141.55 per hour to a maximum of 30 minutes**
EXE05	<p><b>Gym membership/Entry fees</b> Includes direct cost of membership (pool or gym). Prior approval from insurer required.</p>	Market rates
EXE06	<p><b>Travel</b> Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice. The insurer must provide pre-approval for travel in excess of one hour. If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.</p>	\$113.24 per hour **

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	<b>Type of service</b>	<b>Fee</b>
EXE08	<b>Communication</b> Any requested or required oral communication with relevant parties (treating medical practitioners, employers and insurers) relating to the treatment of a specific worker.  Excludes courtesy communication such as acknowledgement of referral and brief updates to the medical practitioner.  Maximum time allowable per communication of 30 minutes.	\$14.20 per 6 minute block
EXE09	<b>Attendance at Medical Case Conferences</b> Prior insurer approval must be obtained prior to undertaking the service.	\$141.55 per hour **

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

**Schedule 3 — Scale of fees — chiropractors**

[r. 4]

	<b>Type of service</b>	<b>Fee</b> <b>\$</b>
1.	Initial consultation and examination	49.10
2.	Subsequent consultation	40.95
3.	Spinal x-ray, one region	97.50
4.	Spinal x-ray, 2 or more regions	146.40
5.	Travel (per kilometre)	0.70

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

[r. 5]

<b>Type of Service</b>	<b>Fee \$</b>
1. Brief consultation (< 15 minutes)	21.20
2. Short consultation (15 minutes to < 30 minutes)	42.45
3. Standard consultation (30 minutes to < 45 minutes)	70.00
4. Extended consultation (45 minutes to < one hour)	105.00
5. Extended consultation ( $\geq$ one hour)	140.00
6. Standard group consultation (30 minutes) per person	45.95
7. Travel costs are to be calculated at the hourly rate by the length of time spent travelling.	

**Schedule 5 — Scale of fees — speech pathologists**

[r. 7]

<b>Type of service</b>	<b>Fee \$</b>
1. Initial consultation/assessment (up to and including one hour)	129.35
2. Initial consultation/assessment (exceeding one hour)	167.55
3. Subsequent consultation (<½ hour)	56.50
4. Subsequent consultation (½ hour – one hour)	73.25
5. Subsequent consultation (>one hour)	98.90

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

[r. 9]

**Part 1 — Assessments**

	<b>Description of assessment</b>	<b>Maximum fee**</b>
1.	Examination and provision of report and certificate — straightforward assessment — other than a service mentioned in item 4, 5, 6 or 8.	\$954.50 (or, if an interpreter is present at the examination, \$1 193.05 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.	\$1 193.05 (or, if an interpreter is present at the examination, \$1 431.70 excluding any fee payable to the interpreter)
3.	Examination and provision of report and certificate — complex assessment (e.g. multiple injuries; severe impairment such as spinal cord injury or head injury) — other than a service mentioned in item 4, 5, 6 or 8.	\$1 431.70 (or, if an interpreter is present at the examination, \$1 670.30 excluding any fee payable to the interpreter)
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.	\$954.50 (or, if an interpreter is present at the examination, \$1 193.05 excluding any fee payable to the interpreter)

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	<b>Description of assessment</b>	<b>Maximum fee**</b>
5.	Examination and provision of report and certificate — psychiatric — standard assessment — other than a service mentioned in item 8.	\$1 431.70 (or, if an interpreter is present at the examination, \$1 670.30 excluding any fee payable to the interpreter)
6.	Examination and provision of report and certificate — psychiatric — complex assessment (e.g. reviewing significant documented prior psychiatric history) — other than a service mentioned in item 8.	\$2 386.15 (or, if an interpreter is present at the examination, \$2 624.75 excluding any fee payable to the interpreter)
7.	Consolidation of written assessments from multiple assessors.	\$477.20
8.	Re-examination and provision of report and certificate.	\$715.85 (or, if an interpreter is present at the examination, \$954.50 excluding any fee payable to the interpreter)
9.	Provision of supplementary report and certificate.	\$238.65

**Part 2 — Attempted assessments**

	<b>Description of circumstances</b>	<b>Maximum fee**</b>
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	\$477.20



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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.	

\*\* 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 22nd day of November 2007.

The common seal of )  
WorkCover WA )  
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L.S

A. WARNER

C. B. TILBURY

By Command of the Governor,

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