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The Western Australian *Government Gazette* is published by the Government Printer for the State of Western Australia on Tuesday and Friday of each week unless disrupted by Public Holidays or unforeseen circumstances.

Special *Government Gazettes* containing notices of an urgent or particular nature are published periodically.

The following guidelines should be followed to ensure publication in the *Government Gazette*—

- Material submitted to the Executive Council prior to gazettal will require a copy of the signed Executive Council Minute Paper.
- Copy must be lodged with the Publications Officer, Department of the Premier and Cabinet no later than 12 noon on Wednesday (Friday edition) or 12 noon on Friday (Tuesday edition)—

Email address:

gazette@dpc.wa.gov.au

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ADVERTISING RATES AND PAYMENTS

EFFECTIVE FROM 1 JULY 2023 (Prices include GST)

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Clients without an account will need to supply credit card details at the time of lodging the notice.

COMMUNITY AND CHILD SERVICES

CN401

ADOPTION ACT 1994

I, Diane Scarle, Director Adoption Services, Out of Home Care, Statewide Services, Department of Communities, issue the following person with a licence to act as a Contact and Mediation Licensee under Sections 105 and 106 of the *Adoption Act 1994* and subject to the *Adoption Regulations 1995*, the *Code of Practice 1995*, and conditions as stipulated for a period of five years—

Jennifer Anne Newbould
301 Railway Parade
Maylands WA 6051

Dated this 28th day of March 2024.

DIANE SCARLE, Direction Adoption Services and Special Guardianship Support Team.
Out of Home Care, Statewide Services, Department of Communities.

EDUCATION

ED401

CURTIN UNIVERSITY ACT 1966

KALGOORLIE CAMPUS COUNCIL (APPOINTMENT OF MEMBER) INSTRUMENT 2024

Made by the Minister for Education under section 21M(1)(b) of the *Curtin University Act 1966*.

Citation

This is the *Kalgoorlie Campus Council (Appointment of Member) Instrument 2024*.

Appointment of Members

Ms Sarah Fletcher is appointed under section 21M(1)(b) as a member of the Kalgoorlie Campus Council for a three-year term of office commencing on the date below.

Dated 12th day of February 2024.

Dr. TONY BUTI, MLA, Minister for Education.

ELECTORAL

EL401

ELECTORAL ACT 1907

REGISTRATION OF POLITICAL PARTIES—WESTERN AUSTRALIA

Notice of Application (Sections 62E and 62G)

Shooters, Fishers and Farmers

An application has been made by the Shooters, Fishers and Farmers for the political party to be entered into the register of political parties kept by the Electoral Commissioner under section 62D of the *Electoral Act 1907*.

The following information was included in the application—

- (a) Name for the political party—
Shooters, Fishers and Farmers
- (b) Abbreviation of the political party name for use on ballot papers—
Shooters, Fishers and Farmers
- (c) Name and address of the secretary of the political party:
Clinton Thomas
PO Box 605
Gosnells WA 6990

Any elector who believes that the application—

- (i) is not in accordance with section 62E of the *Electoral Act 1907*; or
- (ii) should be refused under section 62J of the *Electoral Act 1907*

is invited to submit to the Electoral Commissioner by Monday, 6 May 2024, a statement that—

- (a) sets out in detail the grounds for the elector's belief in respect to (i) or (ii) above;
- (b) sets out the elector's residential address and postal address; and
- (c) is signed by the elector.

Written submissions—

Senior Electoral Liaison Officer
Western Australian Electoral Commission
GPO Box F316
Perth WA 6841
Email: fad@waec.wa.gov.au

Any statement submitted will be available for public inspection by appointment and without fee at the Western Australian Electoral Commission, Level 2, 66 St Georges Terrace, Perth WA 6000.

Enquiries can be made to the Senior Electoral Liaison Officer, phone (08) 9214 0414 or email fad@waec.wa.gov.au.

Dated 26 March 2024.

ROBERT KENNEDY, Electoral Commissioner.

JUSTICE

JU401

COURT SECURITY AND CUSTODIAL SERVICES ACT 1999

PERMIT DETAILS ISSUED

The following permits have been issued pursuant to Section 51 of the *Court Security and Custodial Services Act 1999*—

Surname	First Name(s)	Permit Number
Clarkson	Peter Michael	240301

Dated 21 March 2024.

BRAD ROYCE APM, Commissioner.

Surname	First Name(s)	Permit Number
Alone	Dannielle Patricia	243011
Goodyear	Ryan John	243012
Amin	Muhammad Fahad	243013
Tonu	Anastasia Olivia Ana-Seini	243014

Dated 25 March 2024.

BRAD ROYCE APM, Commissioner.

LOCAL GOVERNMENT

LG401

LOCAL GOVERNMENT ACT 1995

City of Rockingham

BASIS OF RATES

I, Tim Fraser, being delegated by the Minister of the Crown to whom the administration of the *Local Government Act 1995* is committed by the Governor, and acting pursuant to section 6.28(1) of that Act, hereby, and with effect from 23 February 2024 determined that the method of valuation to be used by the City of Rockingham as the basis for a rate in respect of the land referred to in the Schedule is to be the gross rental value of the land—

Schedule

	Designated Land
UV to GRV	<ul style="list-style-type: none"> All those portions of land being Lot 334, Lot 335, Lots 345 to 357 inclusive, Lots 701 to 705 inclusive, Lots 723 to 730 inclusive, Lot 749, Lot 750, Lot 774, Lot 776, Lot 790 and Lot 795 as shown on Deposited Plan 424541.

TIM FRASER, Executive Director Local Government,
Department of Local Government, Sport and Cultural Industries.

LG402

LOCAL GOVERNMENT ACT 1995

Town of Victoria Park

VEHICLE MANAGEMENT AMENDMENT LOCAL LAW 2024

Under the powers conferred by the *Local Government Act 1995* and by all other powers, the Council of the Town of Victoria Park resolved on 19 March 2024 to make the following local law.

1. Citation

This local law may be cited as the *Town of Victoria Park Amendment Local Law 2024*.

2. Commencement

This local law comes into operation 14 days after the date of its publication in the *Government Gazette*.

3. Vehicle Management Local Law amended

This local law amends the *Town of Victoria Park Vehicle Management Local Law 2021*, as published in the *Government Gazette* on 21 May 2021, as follows.

4. Clause 6 amended

In Clause 6(1) delete the definition of “Council”.

5. Clause 9 amended

In Clause 9 delete the words “, by resolution,”.

6. Clause 10 amended

In Clause 10 delete the words “, by resolution,”.

7. Clause 27 amended

In Clause 27(1) delete subclauses (a) and (b) and replace with—

- The driver stops in a parking space and the driver is permitted to stop in the parking space under this local law; or
- The driver is dropping off, or picking up, passengers and shall not remain for longer than 2 minutes; and
- The driver is the owner or occupier of the premises that abuts the crossover or is a person permitted by the owner or occupier of the premises.

8. Clause 46 amended

In Clause 46 delete the words “, by resolution,”.

9. Clause 47 amended

9.1 In Clause 47 delete subclause (1) and replace with—

- A person shall not stop a vehicle in a loading zone—
 - unless it is a commercial vehicle continuously engaged in the picking up or setting down of goods; or
 - for longer than a time indicated on the ‘loading zone’ sign; or
 - for longer than 30 minutes (if no time is indicated on the sign).

9.2 In Clause 47(2) delete the words “48(1)(a)” and insert “47(1)”.

10. Clause 54 amended

In Clause 54 delete the words “, by resolution,”.

11. Clause 62 amended

11.1 In Clause 62(2)(a) delete the words “written”.

11.2 In Clause 62, delete subclause (3) and replace with—

(3) A person shall not park or stop a vehicle in a parking space set aside under this clause unless a permit has been issued with respect to the vehicle.

11.3 In Clause 62 delete subclause (4).

12. Clause 63 amended

12.1 In Clause 63 delete the definition of “parking payment machine” and replace with— **Parking payment machine** means a machine or device, which upon payment of the appropriate fee, allows a person to stop or park their vehicle in the paid parking space and includes any such machine where payment of a fee may not be required for a specified period.

12.2 In Clause 63 delete the definition of “payment system”.

13. Clause 65 amended

13.1 In Clause 65(1) delete the words “Council, by resolution,” and replace with “local government”.

13.2 In Clause 65(2) delete the words “Council in its resolution” and replace with “local government”.

13.3 In Clause 65(3) delete the words “Council makes a resolution” and replace with “local government makes a determination”.

14. Clause 66 amended

In Clause 66(2) delete the word “tendered” and replace with “paid”.

15. Clause 70 amended

In Clause 70 delete the words “Council, by resolution,” and replace with “local government”.

16. Clause 74 amended

16.1 In Clause 74(1) delete the words “Council, by resolution,” and replace with “local government”.

16.2 In Clause 74(2) delete the words “Council, by resolution,” and replace with “local government”.

17. Clause 75 amended

In Clause 75(1) in the definition of “eligible person” delete the words “Council” and replace with “local government”.

18. Clause 77 amended

In Clause 77, renumber the subclauses to be sequential.

19. Clause 78 amended

In Clause 78(a) delete the words “of a period of one (1) year from and including the date on which it is issued” and replace with “date”.

Dated 19 March 2024.

The Common Seal of the Town of Victoria Park was affixed by authority of a resolution of the Council in the presence of—

KAREN VERNON, Mayor.
ANTHONY VULETTA, Chief Executive Officer.

LG403

LOCAL GOVERNMENT ACT 1995

City of Busselton

BASIS OF RATES

I, Tim Fraser, being delegated by the Minister of the Crown to whom the administration of the *Local Government Act 1995* is committed by the Governor, and acting pursuant to section 6.28 (1) of that Act, hereby, and with effect from 28 March 2024, determined that the method of valuation to be used by the City of Busselton as the basis for a rate in respect of the land referred to in the Schedule is to be the gross rental value of the land—

Schedule

	Designated Land
UV to GRV	All those portions of land being Lots 1803 to 1810 inclusive, Lots 1818 to 1828 inclusive and Lots 1831 to 1841 inclusive as shown on Deposited Plan 424535.

TIM FRASER, Executive Director Local Government,
Department of Local Government, Sport and Cultural Industries.

LG404**LOCAL GOVERNMENT ACT 1995***City of Swan***BASIS OF RATES**

I, Tim Fraser, being delegated by the Minister of the Crown to whom the administration of the *Local Government Act 1995* is committed by the Governor, and acting pursuant to section 6.28 (1) of that Act, hereby, and with effect from 26 March 2024, determined that the method of valuation to be used by the City of Swan as the basis for a rate in respect of the land referred to in the Schedule is to be the gross rental value of the land—

Schedule

	Designated Land
UV to GRV	All that portion of land being Lot 55 as shown on Plan 2746.

TIM FRASER, Executive Director Local Government,
Department of Local Government, Sport and Cultural Industries.

LG405**LOCAL GOVERNMENT ACT 1995***City of Wanneroo***BASIS OF RATES**

I, Tim Fraser, being delegated by the Minister of the Crown to whom the administration of the *Local Government Act 1995* is committed by the Governor, and acting pursuant to section 6.28 (1) of that Act, hereby, and with effect from 26 March 2024, determined that the method of valuation to be used by the City of Wanneroo as the basis for a rate in respect of the land referred to in the Schedule is to be the gross rental value of the land—

Schedule

	Designated Land
UV to GRV	All those portions of land being Lots 154 to 166 inclusive as shown on Deposited Plan 425203.

TIM FRASER, Executive Director Local Government,
Department of Local Government, Sport and Cultural Industries.

MINERALS AND PETROLEUM

MP401**MINING ACT 1978**

Section 19

INSTRUMENT OF VARIATION TO EXEMPTION OF LAND

I, Kristian Hartley Dawson, Executive Director Resource Tenure, pursuant to section 19 of the *Mining Act 1978*, hereby varies the exemption of land originally declared on 01 June 2001 and published in the *Government Gazette* dated 22 June 2001 by varying the description to that as described hereunder (not being private land or land that is the subject of a mining tenement or an application for a mining tenement) exempt from Divisions 1 to 5 of Part IV of the *Mining Act 1978*. The exemption will expire on 31 May 2025.

Locality

Mileura

Description of Land

Land designated S19/157 in the TENGRAPH electronic plan of the Department of Mines, Industry Regulation and Safety. A geospatial description is filed in the Department of Mines, Industry Regulation and Safety electronic file number A0822/201801, document ID A74464359 & A74464361.

Area of Land

2,215,637 hectares

Dated at Perth this 27th day of March 2024.

KRISTIAN HARTLEY DAWSON, Executive Director, Resource Tenure.

MP402

MINING ACT 1978
APPLICATION FOR AN ORDER FOR FORFEITURE

Department of Energy, Mines, Industry Regulation and Safety,
 Leonora WA 6438.

In accordance with Regulation 49(2)(c) of the *Mining Regulations 1981*, notice is hereby given that the following licences are liable for forfeiture under the provision of Section 96(1)(a) of the *Mining Act 1978* for late payment of rent.

WARDEN A. MAUGHAN.
 19 March 2024.

To be heard by the Warden at Leonora on 21 May 2024.

MT MARGARET MINERAL FIELD

Miscellaneous Licences

L 39/278 APA Operations Pty Limited

MP403

MINING ACT 1978
APPLICATION FOR AN ORDER FOR FORFEITURE

Department of Energy, Mines, Industry Regulation and Safety,
 Leonora WA 6438.

In accordance with Regulation 49(2)(c) of the *Mining Regulations 1981*, notice is hereby given that the following licences are liable to forfeiture under the provision of Section 96(1)(a) of the *Mining Act 1978* for breach of covenant, being failure to comply with the prescribed expenditure conditions and/or non-compliance with the reporting provisions.

WARDEN A. MAUGHAN.

To be heard by the Warden in Leonora on 21 May 2024.

MT MARGARET MINERAL FIELD

Prospecting Licences

P 37/9346 Dixon, Trevor John
 P 38/4169 Harris, Chad Anthony

PARLIAMENT

PA401

PARLIAMENT OF WESTERN AUSTRALIA

Royal Assent to Bills

It is hereby notified for public information that the Governor has Assented in the name and on behalf of His Majesty the King, on the dates shown, to the undermentioned Acts passed by the Legislative Council and the Legislative Assembly during the First Session of the Forty First Parliament.

Title of Act	Date of Assent	Act No.
Sentence Administration Amendment (Monitoring Equipment) Act 2024	26 March 2024	6 of 2024
Rail Safety National Law Application Act 2024	26 March 2024	7 of 2024
Vocational Education and Training Amendment Act 2024	26 March 2024	8 of 2024
Land Tax Assessment Amendment (Residential Construction Exemptions) Act 2024	26 March 2024	9 of 2024

Dated 27 March 2024.

SAM HASTINGS, Clerk of the Parliaments.

PLANNING

PL401

PLANNING AND DEVELOPMENT ACT 2005
APPROVED TOWN PLANNING SCHEME AMENDMENT
City of Rockingham
 Town Planning Scheme No. 2—Amendment No. 182

Ref: TPS/2851

It is hereby notified for public information, in accordance with section 87 of the *Planning and Development Act 2005* that the Minister for Planning approved the City of Rockingham Town Planning Scheme amendment on 26 February 2024 for the purpose of—

1. Rezone Lots 151 and 152 Mandurah Road, Baldivis from 'Rural' to 'Special Rural'.
2. Amending Schedule No. 4—Special Rural Zones 'Portions of Planning Unit 4 of the Rural Land Strategy' to amend plan reference 4(v), to include 'Lots 151 and Lot 152 Mandurah Road, Baldivis'.

PLAN REFERENCE	DESCRIPTION OF LOCATION
4(v)	Lot 50 Pike Road, Baldivis, Portion of Lot 8 Mandurah Road, Baldivis, Lot 151 and Lot 152 Mandurah Road, Baldivis

3. Amend Plan No. 4 Special Rural Zones (North) to include Lots 151 and 152, and
4. Amend the scheme map accordingly.

D. HAMBLIN, Mayor.
 M. PARKER, Chief Executive Officer.

PL402

PLANNING AND DEVELOPMENT ACT 2005
APPROVED TOWN PLANNING SCHEME AMENDMENT
City of Rockingham
 Town Planning Scheme No. 2—Amendment No. 192

Ref: TPS/3039

It is hereby notified for public information, in accordance with section 87 of the *Planning and Development Act 2005* that the Minister for Planning approved the City of Rockingham Town Planning Scheme amendment on 12 February 2024 for the purpose of—

1. Amending Schedule 4—Special Rural Zones 'Portions of Planning Unit 7 of the Rural Land Strategy' to amend plan reference 7(vii), to include 'Lot 15 (No. 442) St. Albans Road, Baldivis'.
2. Amend clause 29 as follows—
 - a. All lots within Location 7 (vi) and 7 (vii) are to be connected to reticulated water.
3. Amend Plan No. 4 Special Rural Zones (North) to include Lot 15 (No. 442) St. Albans Road, Baldivis.
4. Amend the Scheme Maps by rezoning Lot 15 (No. 442) St. Albans Road, Baldivis, from 'Rural' to 'Special Rural'.

D. HAMBLIN, Mayor.
 M. PARKER, Chief Executive Officer.

PL403

PLANNING AND DEVELOPMENT ACT 2005
APPROVED LOCAL PLANNING SCHEME AMENDMENT*City of Perth*

Local Planning Scheme No. 26—Amendment No. 5

File: TPS/2945

It is hereby notified for public information, in accordance with section 87 of the *Planning and Development Act 2005* that the Minister for Planning approved the abovementioned amendment to the City of Perth Local Planning Scheme No. 5 on 18 January 2024 for the purpose of—

1. Amending clause 1.6.2 as follows—

‘Where a provision of this Scheme is inconsistent with a provision of the City of Planning Scheme, the provision of this Scheme prevails, except where development is located within Special Control Area No. 33 Royal Perth Hospital Flight Path Protection.’

B. ZEMPILAS, Mayor.
M. REYNOLDS, Chief Executive Officer.

WORKCOVER

WC401

WORKERS COMPENSATION AND INJURY MANAGEMENT ACT 2023
WORKERS COMPENSATION (APPROVED PERMANENT IMPAIRMENT ASSESSOR)
FEES ORDER 2024

In accordance with section 195 of the *Workers Compensation and Injury Management Act 2023*, and on the recommendation of WorkCover WA, I hereby make the *Workers Compensation (Approved Permanent Impairment Assessor) Fees Order 2024*.

Dated 27 March 2024.

Hon. SIMONE McGURK, MLA, Minister for Industrial Relations.

1. Citation

This Order is the *Workers Compensation (Approved Permanent Impairment Assessor) Fees Order 2024*.

2. General

This Order fixes scales of fees and charges for permanent impairment assessment services provided by approved permanent impairment assessors under the *Workers Compensation and Injury Management Act 2023*.

3. Commencement

This Order commences on 1 July 2024.

4. Application of Order

This Order applies to impairment assessment services provided by approved permanent impairment assessors on or after 1 July 2024, whether or not those services relate to an injury from employment suffered before, on, or after that date.

5. Definitions

In this Order—

Act means the *Workers Compensation and Injury Management Act 2023*.

Approved Permanent Impairment Assessor or APIA means a medical practitioner approved by WorkCover WA as a permanent impairment assessor for the purposes of the Act.

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

6. Effect of GST

An amount fixed by this Order is exclusive of any GST that may be imposed due to the nature of the provision of the service or the service provider.

If GST is payable on a service listed in this Order, the fee for the service is the applicable fee increased by 10%.

An injured worker's entitlement to the payment of a permanent impairment assessment as a miscellaneous expense under section 91 of the Act is to be calculated using the net cost of the service, without deducting any GST component.

7. Requirement for Invoices

Invoices for APIA services must include service codes and fees relevant to the service or services provided.

8. APIA service fees

Schedule 1 sets out scales of fees and charges for permanent impairment assessment services provided by APIA.

Schedule 1—APIA Service Fees

CODE	ITEM / SERVICE	FEE
PIA01	1. Examination and provision of report and certificate—straightforward assessment—other than a service mentioned in item 4, 5, 6 or 8.	\$1,494.25 (or, if an interpreter is present at the examination, \$1,867.80 excluding any fee payable to the interpreter)
PIA02	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.	\$1,867.80 (or, if an interpreter is present at the examination, \$2,241.35 excluding any fee payable to the interpreter)
PIA03	3. Examination and provision of report and certificate—complex assessment (e.g. multiple injuries; severe impairment such as spinal cord injury or head injury)—other than a service mentioned in item 4, 5, 6 or 8.	\$2,241.35 (or, if an interpreter is present at the examination, \$2,614.70 excluding any fee payable to the interpreter)
PIA04	4. Examination of any of ear, nose and throat only, including hearing tests, and provision of report and certificate—other than a service mentioned in item 8.	\$1,494.25 (or, if an interpreter is present at the examination, \$1,867.80 excluding any fee payable to the interpreter)
PIA05	5. Examination and provision of report and certificate—psychiatric—standard assessment—other than a service mentioned in item 8.	\$2,241.35 (or, if an interpreter is present at the examination, \$2,614.70 excluding any fee payable to the interpreter)
PIA06	6. Examination and provision of report and certificate—psychiatric—complex assessment (e.g. reviewing significant documented prior psychiatric history)—other than a service mentioned in item 8	\$3,735.25 (or, if an interpreter is present at the examination, \$4,108.75 excluding any fee payable to the interpreter)
PIA07	7. Consolidation of written assessments from multiple assessors.	\$747.05
PIA08	8. Re-examination and provision of report and certificate.	\$1,120.60 (or, if an interpreter is present at the examination, \$1,494.25 excluding any fee payable to the interpreter)
PIA09	9. Provision of supplementary report and certificate.	\$373.60
PIA10	10. If a worker who is required to submit to an examination by an approved permanent impairment assessor 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 assessor, with less than one working days' notice.	\$747.05

WC402**WORKERS COMPENSATION AND INJURY MANAGEMENT ACT 2023****WORKERS COMPENSATION (WORKPLACE REHABILITATION SERVICES) FEES ORDER 2024**

In accordance with section 94 of the *Workers Compensation and Injury Management Act 2023*, and on the recommendation of WorkCover WA, I hereby make the *Workers Compensation (Workplace Rehabilitation Services) Fees Order 2024*.

Dated 27 March 2024.

Hon. SIMONE MCGURK, MLA, Minister for Industrial Relations.

1. Citation

This Order is the *Workers Compensation (Workplace Rehabilitation Services) Fees Order 2024*.

2. General

This Order fixes the maximum amount of compensation payable for a workplace rehabilitation expense, incurred or to be incurred, for a workplace rehabilitation service as a result of a worker's injury from employment under the *Workers Compensation and Injury Management Act 2023*.

This Order fixes the maximum amount by reference to a scale of fees and charges for workplace rehabilitation services provided by approved workplace rehabilitation providers.

The amount of a workplace rehabilitation expense must be in accordance with the scale of fees and charges fixed by this Order.

Hourly rates for workplace rehabilitation services must be applied pro rata.

3. Commencement

This order commences on 1 July 2024.

4. Application of Order

This Order applies to a workplace rehabilitation service provided on or after 1 July 2024, whether it relates to an injury from employment suffered before, on, or after that date.

5. Definitions

In this Order—

Act means the *Workers Compensation and Injury Management Act 2023*.

Approved workplace rehabilitation provider means a workplace rehabilitation provider granted approval under section 173(1) of the Act.

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

Insurer means an insurer or a self-insurer licensed under the *Workers Compensation and Injury Management Act 2023*.

Regulations means the *Workers Compensation and Injury Management Regulations 2024*.

Workplace rehabilitation service means a workplace rehabilitation service that may be provided under regulation 38 of the *Workers Compensation and Injury Management Regulations 2024*.

Note: the workplace rehabilitation services listed in the Table to regulation 38 are reproduced in this Order with the corresponding fee for the service.

6. Effect of GST

An amount fixed by this Order is exclusive of any GST that may be imposed due to the nature of the provision of the service or the service provider.

If GST is payable on a service listed in this Order, the fee for the service is the applicable fee increased by 10%.

An injured worker's entitlement to workplace rehabilitation expenses compensation is to be calculated using the net cost of the service, without deducting any GST component.

7. Requirement for Invoices

Invoices for workplace rehabilitation services must include service codes and fees relevant to the service or services provided.

8. Scale of fees and charges—workplace rehabilitation services

Schedule 1 sets out the scale of fees and charges for workplace rehabilitation services provided by approved workplace rehabilitation providers.

The following applies with respect to travel fees and charges in Schedule 1 item 14 (WRP14).

Travel must be calculated from the workplace rehabilitation provider's normal business or service location to the place being attended for the workplace rehabilitation service and may include return travel.

Travel time and fees must be apportioned if—

1. Workplace rehabilitation services are provided to more than one case at a single location.
or
2. Workplace rehabilitation services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case.

All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.

Travel time in excess of one hour must be pre-approved by the insurer.

Schedule 1—Scale of fees: Workplace Rehabilitation Services

CODE	ITEM—SERVICE	DESCRIPTION OF SERVICE	FEE
WRP01	1. Support counselling	Activities focused on—(a) assisting a worker to adjust to an injury and return to work; or (b) family counselling related to workplace rehabilitation; or (c) progress counselling related to the progress of, and problems with, the worker's return to work.	\$209.35 per hour
WRP02	2. Vocational counselling	Activities focused on problems a worker has in selecting and preparing for vocational change.	\$209.35 per hour
WRP03	3. Purchase of aids and appliances	Advising and assisting a worker with the purchase of aids and appliances.	\$209.35 per hour
WRP04	4. Case management	Activities associated with the management of a worker's return to work, including—(a) liaising and negotiating with the parties; and (b) developing, coordinating, managing and reviewing the service delivery plan; and (c) arranging for interpreter services.	\$209.35 per hour
WRP05	5. Training and education	Assisting a worker to develop their skills and knowledge, which may include providing training courses or other aspects of injury management.	\$209.35 per hour
WRP06	6. Workplace activities	Activities involving—(a) analysis of work behaviour; and (b) analysis and design of job duties.	\$209.35 per hour
WRP07	7. Placement activities	Activities focused on obtaining a new job for a worker, which may include—(a) assistance with the preparation of a résumé; and (b) preparation for an interview; and (c) research and other assistance in finding a job.	\$209.35 per hour
WRP08	8. Assessment of functional capacity	Activities associated with assessing a worker's functional capacity, which may include preparing a report.	\$209.35 per hour
WRP09	9. Vocational assessment	Activities associated with assessing a worker's vocational and retraining options, which may include preparing a report.	\$209.35 per hour
WRP10	10. Ergonomic assessment	Activities associated with assessing how a particular work environment may affect a worker, which may include preparing a report.	\$209.35 per hour
WRP11	11. Assessment of job demands	Activities associated with identifying and assessing the physical and cognitive demands of a job, which may include preparing a report.	\$209.35 per hour
WRP12	12. Workplace assessment	Activities associated with assessing the suitability of various workplace alternatives and other job options, which may include preparing a report.	\$209.35 per hour
WRP13	13. Aids and appliances assessment	Activities associated with developing recommendations for aids and appliances to assist a worker, which may include preparing a report.	\$209.35 per hour
WRP14	14. Travel	Travel that is directly associated with providing a workplace rehabilitation service.	\$209.35 per hour
WRP15	15. Medical	Discussion with specialists and other medical practitioners about workplace rehabilitation, which may include preparing a report.	\$209.35 per hour
WRP16	16. Return to work case conference	Activities associated with arranging, attending or participating in a worker's return to work case conference, which may include preparing a report.	\$209.35 per hour
WRP17	17. Reports	Status reports relating to workplace rehabilitation.	\$209.35 per hour

WC403

WORKERS COMPENSATION AND INJURY MANAGEMENT ACT 2023

WORKERS COMPENSATION (MEDICAL SERVICES) FEES ORDER 2024

In accordance with section 73 of the *Workers Compensation and Injury Management Act 2023*, and on the recommendation of WorkCover WA, I hereby make the *Workers Compensation (Medical Services) Fees Order 2024*.

Dated 27 March 2024.

Hon. SIMONE McGURK, MLA, Minister for Industrial Relations.

1. Citation

This Order is the *Workers Compensation (Medical Services) Fees Order 2024*.

2. General

This Order fixes the maximum amount of compensation payable for a medical expense, incurred or to be incurred, for a medical service as a result of a worker's injury from employment under the *Workers Compensation and Injury Management Act 2023*.

This Order fixes the maximum amount by reference to—

1. The specified fee for a medical expense for a medical service as set out in the AMA Fees List, except where otherwise specified in this Order.
2. The specified fee for a medical expense for a medical service relating to the provision of a workers compensation ancillary service by a medical practitioner or medical specialist as set out in this Order.
3. The specified fee for a medical expense for a medical service relating to the provision of a diagnostic imaging service as set out in this Order.

3. Commencement

This Order commences on 1 July 2024.

4. Application of Order

This Order applies to a medical service provided on or after 1 July 2024, whether or not it relates to an injury from employment suffered before, on, or after that date.

5. Definitions

In this Order—

Act means the *Workers Compensation and Injury Management Act 2023*.

AMA Fees List means the document entitled *List of Medical Services and Fees* published by the Australian Medical Association on the AMA website, as amended or replaced from time to time, that is the current edition at the date of service delivery.

Approved workplace rehabilitation provider means a workplace rehabilitation provider granted approval under section 173(1) of the Act.

Certificate of capacity means a certificate issued in accordance with section 169 of the Act.

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

Health professional means—

- (a) a person registered under the *Health Practitioner Regulation National Law (Western Australia)* to practice a health profession (other than as a student); or
- (b) a person who is not resident in a State but who is recognised as a health professional for the purposes of the Act by WorkCover WA.

Insurer means an insurer or a self-insurer licensed under the *Workers Compensation and Injury Management Act 2023*.

MBS item number means the item number corresponding to a service described in the Medicare Benefits Schedule published by the Commonwealth, as amended or replaced from time to time, that is the current edition at the date of service delivery.

Medical practitioner means—

- (a) a person registered under the *Health Practitioner Regulation National Law (Western Australia)* in the medical profession; or
- (b) a person who is not resident in a State but who is recognised as a medical practitioner for the purposes of the Act by WorkCover WA.

Medical specialist means—

- (a) a medical practitioner whose name is contained in a register of specialists kept by the Medical Board of Australia under the *Health Practitioner Regulation National Law (Western Australia)* section 223; or
- (a) a medical practitioner who is not resident in a State but who is recognised as a medical specialist for the purposes of the Act by WorkCover WA.

Return to work case conference means a return to work case conference convened under section 165 of the Act.

Return to work program means a return to work program established under section 160(2) of the Act.

Treating medical practitioner means the medical practitioner who is the worker's treating medical practitioner under section 170 of the Act.

6. Effect of GST

An amount fixed by this Order is exclusive of any GST that may be imposed due to the nature of the provision of the service or the service provider.

If GST is payable on a service listed in this Order, the fee for the service is the applicable fee increased by 10%.

An injured worker's entitlement to medical expenses compensation is to be calculated using the net cost of the medical service, without deducting any GST component.

7. Requirement for invoices

Invoices for medical services must include service codes and fees relevant to the service or services provided.

8. Medical service fees—AMA Fees List

The maximum fee or charge payable for a medical expense for a medical service is the amount specified in the AMA Fees List, except for services covered in items 9 and 10 of this order.

For the purposes of section 73(3)(d) of the Act, the conditions that apply to the charging for the provision of a medical service as set out in the AMA Fees List are—

1. To bill for an AMA item, a medical practitioner must have fulfilled the service requirements as specified in the item descriptor in the AMA Fees List.
2. Medical specialists must utilise AMA item numbers relevant to the type of consultation/service provided. Where a comprehensive item is used, separate items must not be claimed for any of the individual items included in the comprehensive service (e.g. a dually qualified pain medicine specialist/anaesthetist cannot bill time based anaesthetic item numbers where pain medicine consultations/services apply).
3. In relation to surgical procedures where only one service is rendered, only one item should be billed. Where more than one service is rendered on one occasion of service, the appropriate item for each discrete service may be billed, provided that each item fully meets the item descriptor.
4. Where an operation comprises a combination of procedures, which are commonly performed together, and for which there is an AMA Fees List item that specifically describes the combination of procedures, then only that item should be billed. Where a comprehensive item is used, separate items must not be claimed for any of the individual items included in the comprehensive service. The invoice should cover the total episode of treatment.
5. The Multiple Operations Rule referred to in the AMA Fees List applies to surgical operations performed on a patient on the one occasion.

9. Medical service fees—workers compensation ancillary services

Schedule 1 sets out the maximum fee or charge payable for each expense relating to the provision of workers compensation ancillary services by medical practitioners and medical specialists.

10. Medical service fees—diagnostic imaging

Schedule 2 sets out the maximum fee or charge payable for each expense relating to the provision of the following diagnostic imaging services—

- Magnetic resonance imaging
- Ultrasound
- Computed tomography—examination and report
- Diagnostic radiology.

For diagnostic imaging service descriptors, refer to mbsonline.gov.au

Schedule 1—Medical Service Fees: Workers Compensation Ancillary Services

CODE	SERVICE DESCRIPTION	FEE	
N/A	Certificate of capacity Issuing a certificate of capacity.	Medical Practitioner	To be charged and billed as part of a time-based or content based AMA Fees List consultation item.
WS001		Medical Specialist	\$48.65 per 6 mins
WG010	Return to work case conference Preparation for and attendance at a return to work case conference arranged by the worker's employer, the employer's insurer, the worker's treating medical practitioner or an approved workplace rehabilitation provider for the purpose of supporting the worker's recovery and enhancing opportunities for the worker's return to work.	Medical Practitioner	\$32.80 per 6 mins
WS010		Medical Specialist	\$48.65 per 6 mins
WG020	Medical report Any requested or required report other than a certificate of capacity that provides information about any or all of the following— <ul style="list-style-type: none"> • the worker's diagnosis and present condition • any medical co-morbidities that are likely to impact on the management of the worker's condition • treatment/management services provided, and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required • the worker's capacity for work. 	Medical Practitioner	\$32.80 per 6 mins
WS020		Medical Specialist	\$48.65 per 6 mins
WG030	Return to work program Activities associated with a worker's treating medical practitioner recommending a return to work program be established for the worker.	Medical Practitioner	\$32.80 per 6 mins
WS030		Medical Specialist	\$48.65 per 6 mins
WG040	Services additional to usual medical management Activities associated with time spent by the medical practitioner (in addition to usual medical management) relating to— <ul style="list-style-type: none"> • discussions with a worker, an employer, insurer, approved workplace rehabilitation provider, medical practitioner, medical specialist, or other health professional about the treatment of an injured worker, a worker's capacity for work or strategies to overcome barriers to return to work. • visiting work sites • providing additional reports, documents or records that are requested or required by an insurer. 	Medical Practitioner	\$32.80 per 6 mins
WS040		Medical Specialist	\$48.65 per 6 mins

Schedule 2—Medical Service Fees: Diagnostic Imaging Services

Ultrasound

MBS Item Number	Fee	MBS Item Number	Fee
55028	\$243.80	55700	\$133.90
55029	\$84.55	55703	\$78.25
55030	\$243.80	55704	\$156.40
55031	\$84.55	55705	\$78.25
55032	\$243.80	55706	\$223.35
55033	\$84.55	55707	\$156.40
55036	\$248.50	55708	\$78.25
55037	\$84.55	55709	\$84.90
55038	\$243.80	55712	\$256.95
55039	\$84.55	55715	\$89.40
55048	\$243.80	55718	\$223.35
55049	\$84.55	55721	\$256.95
55054	\$243.80	55723	\$84.90
55070	\$219.45	55725	\$89.40
55073	\$76.05	55729	\$60.90
55076	\$243.80	55736	\$283.60
55079	\$84.55	55739	\$127.25
55084	\$219.45	55759	\$335.15
55085	\$76.05	55762	\$133.90
55118	\$615.35	55764	\$357.40
55130	\$379.90	55766	\$145.10
55135	\$789.90	55768	\$335.15
55238	\$378.60	55770	\$133.90
55244	\$378.60	55772	\$357.40
55246	\$378.60	55774	\$145.10
55248	\$378.60	55812	\$243.80
55252	\$378.60	55814	\$84.55
55274	\$378.60	55844	\$195.10
55276	\$378.60	55846	\$84.55
55278	\$378.60	55848	\$243.80
55280	\$378.60	55850	\$341.45
55282	\$378.60	55852	\$243.80
55284	\$378.60	55854	\$84.55
55292	\$378.60		
55294	\$378.60		
55296	\$248.10		
55600	\$243.80		
55603	\$243.80		

Nuclear Medicine Imaging

MBS Item Number	Fee	MBS Item Number	Fee
61310	\$670.30	61413	\$412.30
61313	\$553.70	61421	\$875.65
61314	\$766.45	61425	\$1,096.30
61328	\$415.50	61426	\$1,012.50
61340	\$461.75	61429	\$990.95
61348	\$809.20	61430	\$1,203.55
61353	\$705.45	61433	\$907.05
61356	\$716.85	61434	\$1,123.10
61360	\$736.20	61438	\$1,228.20
61361	\$842.15	61441	\$893.70
61364	\$907.05	61442	\$1,373.10
61368	\$407.25	61445	\$523.35
61369	\$3,678.75	61446	\$608.85
61372	\$407.25	61449	\$832.50
61373	\$893.70	61450	\$725.50
61376	\$261.65	61453	\$939.35
61381	\$1,048.15	61454	\$635.20
61383	\$1,140.40	61457	\$858.55
61384	\$1,255.05	61461	\$963.20
61386	\$606.90	61462	\$237.80
61387	\$786.20	61469	\$635.20
61389	\$676.25	61473	\$320.05
61390	\$748.25	61480	\$706.10
61393	\$1,105.05	61485	\$1,823.60
61397	\$450.45	61495	\$407.25
61402	\$1,104.25	61499	\$461.75
61409	\$1,594.30		

Computed tomography—examination and report

MBS Item Number	Fee	MBS Item Number	Fee
56001	\$400.05	56233	\$492.45
56007	\$512.90	56234	\$720.95
56010	\$517.20	56237	\$492.45
56013	\$512.90	56238	\$720.95
56016	\$594.95	56301	\$605.30
56022	\$461.65	56307	\$820.50
56028	\$691.10	56401	\$512.90
56030	\$461.65	56407	\$738.55
56036	\$691.10	56409	\$512.90
56101	\$472.05	56412	\$738.55
56107	\$697.75	56501	\$789.90
56219	\$669.35	56507	\$984.75
56220	\$492.45	56801	\$957.35
56221	\$492.45	56807	\$1,149.05
56223	\$492.45	57001	\$957.55
56224	\$720.95	57007	\$1,164.85
56225	\$720.95	57201	\$318.35
56226	\$720.95	57341	\$964.35

Diagnostic Radiology

MBS Item Number	Fee	MBS Item Number	Fee
57506	\$70.40	58112	\$230.45
57509	\$94.20	58115	\$314.80
57512	\$96.00	58300	\$95.05
57515	\$127.85	58306	\$211.65
57518	\$76.85	58500	\$83.75
57521	\$102.80	58503	\$111.75
57524	\$117.10	58506	\$144.20
57527	\$155.90	58509	\$94.20
57700	\$96.00	58521	\$102.80
57703	\$127.85	58524	\$133.85
57706	\$76.85	58527	\$164.35
57709	\$102.80	58700	\$109.30
57712	\$111.75	58706	\$374.05
57715	\$144.45	58715	\$359.10
57721	\$235.15	58718	\$299.00
57901	\$152.75	58721	\$327.60
57902	\$152.75	58900	\$84.55
57915	\$111.75	58903	\$112.70
57918	\$111.75	58909	\$213.00
57921	\$111.75	58912	\$261.25
57924	\$111.75	58915	\$187.00
57927	\$117.45	58916	\$328.15
57930	\$78.00	58921	\$320.50
57933	\$185.40	58927	\$181.10
57939	\$152.75	58933	\$487.20
57942	\$117.45	58936	\$464.35
57945	\$102.80	58939	\$330.00
57960	\$112.40	59103	\$50.55
57963	\$112.40	59300	\$212.10
57966	\$112.40	59303	\$127.75
57969	\$112.40	59312	\$206.15
58100	\$159.00	59314	\$124.30
58103	\$130.55	59318	\$111.50
58106	\$182.40	59700	\$228.75
58108	\$314.80	59703	\$179.95
58109	\$111.45	59712	\$269.40

MBS Item Number	Fee	MBS Item Number	Fee
59715	\$340.15	60039	\$1,959.90
59718	\$319.05	60042	\$2,786.65
59724	\$536.65	60045	\$3,261.15
59733	\$255.15	60048	\$1,336.40
59739	\$175.00	60051	\$1,959.90
59751	\$329.70	60054	\$2,786.65
59754	\$519.70	60057	\$3,261.15
59763	\$317.30	60060	\$1,336.40
59970	\$398.85	60063	\$1,959.90
60000	\$1,336.40	60066	\$2,786.65
60003	\$1,959.90	60069	\$3,261.15
60006	\$2,786.65	60072	\$114.15
60009	\$3,261.15	60075	\$227.75
60012	\$1,336.40	60078	\$341.65
60015	\$1,959.90	60500	\$102.80
60018	\$2,786.65	60503	\$70.40
60021	\$3,261.15	60506	\$151.20
60024	\$1,336.40	60509	\$234.30
60027	\$1,959.90	60918	\$111.75
60030	\$2,786.65	60927	\$90.25
60033	\$3,261.15	61109	\$613.45
60036	\$1,336.40		

Magnetic Resonance Imaging

MBS Item Number	Fee
63000-63200	\$1,188.45
63201	\$1,782.60
63204	\$1,782.60
63219-63243	\$1,782.60
63271-63473	\$1,188.45
63491-63494	\$135.90
63497	\$407.90

WC404

WORKERS COMPENSATION AND INJURY MANAGEMENT ACT 2023

WORKERS COMPENSATION (HEALTH SERVICES) FEES ORDER 2024

In accordance with section 73 of the *Workers Compensation and Injury Management Act 2023*, and on the recommendation of WorkCover WA, I hereby make the *Workers Compensation (Health Services) Fees Order 2024*.

Dated 27 March 2024.

Hon. SIMONE McGURK, MLA, Minister for Industrial Relations.

1. Citation

This Order is the *Workers Compensation (Health Services) Fees Order 2024*.

2. General

This Order fixes the maximum amount of compensation payable for a health expense, incurred or to be incurred, for a health service as a result of a worker's injury from employment under the *Workers Compensation and Injury Management Act 2023*.

This Order fixes the maximum amount by reference to a specified fee for a health expense for each of the health services listed below:

1. Acupuncture
2. Chiropractic
3. Clinical psychology
4. Counselling psychology
5. Exercise program
6. Mental health social work
7. Occupational therapy
8. Osteopathy
9. Psychology
10. Physiotherapy
11. Speech Pathology

If an hourly rate applies to a fee, a health practitioner must apply the hourly rate pro rata and may not exceed any time limits as specified in this Order.

3. Commencement

This Order commences on 1 July 2024.

4. Application of Order

This Order applies to a health service provided on or after 1 July 2024, whether or not it relates to an injury from employment suffered before, on, or after that date.

5. Definitions

In this Order—

Act means *the Workers Compensation and Injury Management Act 2023*.

Approved workplace rehabilitation provider means a workplace rehabilitation provider granted approval under section 173(1) of the Act.

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

Health practitioner means a person who satisfies the provider eligibility requirements for the relevant prescribed health service as specified in regulation 32 of the *Workers Compensation and Injury Management Regulations 2024*.

Health service means a prescribed health service under regulation 32 of the *Workers Compensation and Injury Management Regulations 2024*.

Insurer means an insurer or a self-insurer licensed under the *Workers Compensation and Injury Management Act 2023*.

Regulations means the *Workers Compensation and Injury Management Regulations 2024*.

6. Effect of GST

An amount fixed by this Order is exclusive of any GST that may be imposed due to the nature of the provision of the service or the service provider.

If GST is payable on a service listed in this Order, the fee for the service is the applicable fee increased by 10%.

An injured worker's entitlement to health expenses compensation is to be calculated using the net cost of the health service, without deducting any GST component.

7. Requirement for invoices

Invoices for health services must include service codes and fees relevant to the service or services provided.

8. Health service fees—acupuncture

Schedule 1 sets out the maximum specified fee for each expense relating to the provision of acupuncture services.

Note: Regulation 32 of the Regulations requires that a person providing acupuncture services must be—

- (a) a person whose name is entered on the Register of Chinese Medicine Practitioners kept under the Health Practitioner Regulation National Law (Western Australia) in the Division of acupuncturist; or
- (b) a health practitioner registered under the Health Practitioner Regulation National Law (Western Australia) whose registration is endorsed as being qualified to practise as an acupuncturist.

9. Health service fees—chiropractic

Schedule 2 sets out the maximum specified fee for each expense relating to the provision of chiropractic services.

Note: Regulation 32 of the Regulations requires that a person providing chiropractic services must be registered as a chiropractor with the Australian Health Practitioner Regulation Agency.

10. Health service fees—clinical psychology

Schedule 3 sets out the maximum specified fee for each expense relating to the provision of clinical psychology services.

Note: Regulation 32 of the Regulations requires that a person providing clinical psychology services must be person registered as a psychologist with the Australian Health Practitioner Regulation Agency with an area of practice endorsement in clinical psychology.

11. Health service fees—counselling psychology

Schedule 4 sets out the maximum specified fee for each expense relating to the provision of counselling psychology services.

Note: Regulation 32 of the Regulations requires that a person providing counselling psychology services must be person registered as a psychologist with the Australian Health Practitioner Regulation Agency with an area of practice endorsement in counselling psychology.

12. Health service fees—exercise program

Schedule 5, Part 1, sets out the maximum specified fee for each expense relating to the provision of exercise program services by an exercise physiologist.

Schedule 5, Part 2, sets out the maximum specified fee for each expense relating to the provision of exercise program services by a physiotherapist.

Note: Regulation 32 of the Regulations requires that a person providing exercise program services must be—

- (a) an exercise physiologist accredited by Exercise and Sports Science Australia Ltd (ABN 14 053 849 460); or
- (b) a person registered as a physiotherapist with the Australian Health Practitioner Regulation Agency.

13. Health service fees—mental health social work

Schedule 6 sets out the maximum specified fee for each expense relating to the provision of mental health social work services.

Note: Regulation 32 of the Regulations requires that a person providing mental health social work services must be accredited as a mental health social worker by the Australian Association of Social Workers Limited (ABN 93 008 576 010).

14. Health service fees—occupational therapy

Schedule 7 sets out the maximum specified fee for each expense relating to the provision of occupational therapy services.

Note: Regulation 32 of the Regulations requires that a person providing occupational therapy services must be registered as an occupational therapist with the Australian Health Practitioner Regulation Agency.

15. Health service fees—osteopathy

Schedule 8 sets out the maximum specified fee for each expense relating to the provision of osteopathy services.

Note: Regulation 32 of the Regulations requires that a person providing osteopathy services must be registered as an osteopath with the Australian Health Practitioner Regulation Agency.

16. Health service fees—psychology

Schedule 9 sets out the maximum specified fee for each expense relating to the provision of psychology services.

Note: Regulation 32 of the Regulations requires that a person providing psychology services must be registered as a psychologist with the Australian Health Practitioner Regulation Agency.

17. Health service fees—physiotherapy

Schedule 10 sets out the maximum specified fee for each expense relating to the provision of physiotherapy services.

Note: Regulation 32 of the Regulations requires that a person providing physiotherapy services must be registered as a physiotherapist with the Australian Health Practitioner Regulation Agency.

18. Health service fees—speech pathology

Schedule 11 sets out the maximum specified fee for each expense relating to the provision of speech pathology.

Note: Regulation 32 of the Regulations requires that a person providing speech pathology services must be a certified practicing member of Speech Pathology Australia.

Schedule 1—Health Service Fees: Acupuncture

ACUPUNCTURE		
CODE	SERVICE DESCRIPTION	FEE
ACU01	Initial consultation	\$114
ACU02	Subsequent consultation	\$91
ACU03	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable)—</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$111
ACU04	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker.</p> <p>Note—</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$22.20 per 6 mins
ACU05	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the acupuncturist/ Chinese medicine practitioner and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$22.20 per 6 mins
ACU06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if—</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$177.35 per hour

Schedule 2—Health Service Fees: Chiropractic

CHIROPRACTIC		
CODE	SERVICE DESCRIPTION	FEE
CHR01	Initial consultation	\$101.00
CHR02	Subsequent consultation	\$65.00
CHR03	X-rays	Market rate
CHR04	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable)—</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$111.00
CHR05	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker. Note—</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$22.20 per 6 mins
CHR06	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the chiropractor and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$22.20 per 6 mins
CHR07	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if—</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$177.35 per hour

Schedule 3—Health Service Fees: Clinical Psychology

CLINICAL PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
CLN01	Initial consultation	\$303.00 per hour
CLN02	Subsequent consultation	\$303.00 per hour
CLN03	<p>Report Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable)—</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$303.00 per hour
CLN04	<p>Communication Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker. Note—</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$22.20 per 6 mins
CLN05	<p>Health service case conference Any requested or required face-to-face, video or audio conference involving the clinical psychologist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$22.20 per 6 mins
CLN06	<p>Travel Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker. Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel. Travel time and fees must be apportioned if—</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service. Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$177.35 per hour

Schedule 4—Health Service Fees: Counselling Psychology

COUNSELLING PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
COU01	Initial consultation	\$303.00 per hour
COU02	Subsequent consultation	\$303.00 per hour
COU03	<p>Report Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable)—</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$303.00 per hour
COU04	<p>Communication Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker. Note—</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$22.20 per 6 mins
COU05	<p>Health service case conference Any requested or required face-to-face, video or audio conference involving the counselling psychologist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$22.20 per 6 mins
COU06	<p>Travel Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker. Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel. Travel time and fees must be apportioned if—</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service. Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$177.35 per hour

Schedule 5—Health Service Fees: Exercise Programs

Part 1 Exercise Physiologists

EXERCISE PROGRAMS

CODE	SERVICE DESCRIPTION	FEE
EPE20	<p>Initial consultation</p> <p>Includes—</p> <ul style="list-style-type: none"> • review of current medical and vocational status • communication/liaison with relevant parties • physiological assessment/testing • screening questionnaires relating to worker's level of function. • program design based on above. • exercise facility/equipment coordination (pool or gym based). <p>Provider to patient ratio must be 1:1 for the duration of the consultation</p>	\$221.50 per hour to a maximum of 2 hours
EPE21	<p>Subsequent consultation</p> <p>Includes—</p> <ul style="list-style-type: none"> • program implementation—prescription and provision of exercises (land or pool based) • program monitoring • post program screening questionnaire relating to worker's level of function • psychosocial reassessment • communication/liaison with relevant parties. 	\$221.50 per hour to a maximum of one hour
EPE02	<p>Initial report</p> <p>Includes—</p> <ul style="list-style-type: none"> • initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan • current status as per medical certification and proposed outcome status • detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval. 	\$221.50 per hour to a maximum of one hour
EPE03	<p>Subsequent report</p> <p>Progress report to be provided at the request of the referrer.</p>	\$221.50 per hour to a maximum of 30 minutes
EPE04	<p>Final report</p> <p>Comprehensive report to be provided at the end of the service delivery detailing—</p> <ul style="list-style-type: none"> • physiological testing results pre and post program • worker attendance/programme compliance. 	\$221.50 per hour to a maximum of 30 minutes
EPE05	<p>Gym fees</p> <p>Includes direct cost of membership (pool or gym). Prior approval from insurer required.</p>	Market rates
EPE06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if—</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$177.35 per hour

EPE08	<p>Communication Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or workplace rehabilitation provider relating to the treatment of an injured worker. Note—</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$22.20 per 6 mins
EPE09	<p>Health service case conference Any requested or required face-to-face, video or audio conference involving the exercise physiologist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$22.20 per 6 mins

**Schedule 5—Health Service Fees: Exercise Programs
Part 2—Physiotherapists**

EXERCISE PROGRAMS		
CODE	SERVICE DESCRIPTION	FEE
EXE20	<p>Initial consultation Includes—</p> <ul style="list-style-type: none"> • review of current medical and vocational status • communication/liaison with relevant parties • physiological Assessment/testing • screening questionnaires relating to worker's level of function • program design based on above • exercise facility/equipment coordination (pool or gym based). <p>Provider to patient ratio must be 1:1 for the duration of the consultation</p>	\$221.50 per hour to a maximum of 2 hours
EXE21	<p>Subsequent consultation Includes—</p> <ul style="list-style-type: none"> • program implementation—prescription and provision of exercises (land or pool based) • program monitoring • post program screening questionnaire relating to worker's level of function • psychosocial reassessment • communication/liaison with relevant parties. 	\$221.50 per hour to a maximum of one hour
EXE02	<p>Initial report Includes—</p> <ul style="list-style-type: none"> • initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan • current status as per medical certification and proposed outcome status • detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval. 	\$221.50 per hour to a maximum of one hour
EXE03	<p>Subsequent report Progress report to be provided at the request of the referrer.</p>	\$221.50 per hour to a maximum of 30 minutes
EXE04	<p>Final report Comprehensive report to be provided at the end of the service delivery detailing—</p> <ul style="list-style-type: none"> • physiological testing results pre and post program • worker attendance/programme compliance. 	\$221.50 per hour to a maximum of 30 minutes
EXE05	<p>Gym fees Includes direct cost of membership (pool or gym). Prior approval from insurer required.</p>	Market rates

EXE06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if—</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$177.35 per hour
EXE08	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker.</p> <p>Note—</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$22.20 per 6 mins
EXE09	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the physiotherapist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$22.20 per 6 mins

Schedule 6—Health Service Fees: Mental Health Social Work

MENTAL HEALTH SOCIAL WORK

CODE	SERVICE DESCRIPTION	FEE
MHS01	Initial consultation	\$223.00 per hour
MHS02	Subsequent consultation	\$223.00 per hour
MHS03	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable)—</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$223.00 per hour
MHS04	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker.</p> <p>Note—</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$22.20 per 6 mins

MHS05	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the mental health social worker and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$22.20 per 6 mins
MHS06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if—</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$177.35 per hour

Schedule 7—Health Service Fees: Occupational Therapy

OCCUPATIONAL THERAPY		
CODE	SERVICE DESCRIPTION	FEE
OCC01	Initial consultation	\$148.00
OCC02	Subsequent consultation	\$115.00
OCC03	Extended consultation (45mins to < 1 hour)	\$164.25
OCC04	Extended consultation (≥ 1 hour)	\$219.25
OCC05	Standard group consultation (30mins)	\$72.00 per person
OCC06	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable)—</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports or Treatment Management Plans (OCC07) is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$111.00
OCC07	<p>Treatment management plan</p> <p>Provision of a completed Treatment Management Plan.</p> <p>A maximum combined total of 3 Treatment Management Plans or reports (OCC06) permitted without prior approval from insurer. Additional Treatment Management Plans require prior approval from insurer.</p> <p>Note: Treatment Management Plan templates are available at www.workcover.wa.gov.au</p>	\$111.00
OCC08	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker.</p> <p>Note—</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$22.20 per 6 mins

OCCUPATIONAL THERAPY		
CODE	SERVICE DESCRIPTION	FEE
OCC09	<p>Health service case conference Any requested or required face-to-face, video or audio conference involving the occupational therapist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$22.20 per 6 mins
OCC10	<p>Travel Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker. Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel. Travel time and fees must be apportioned if—</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service. Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$177.35 per hour

Schedule 8—Health Service Fees: Osteopathy

OSTEOPATHY		
CODE	SERVICE DESCRIPTION	FEE
OST01	Initial consultation	\$123.00
OST02	Subsequent consultation	\$103.00
OST03	<p>Report Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable)—</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$111.00
OST04	<p>Communication Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker. Note—</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$22.20 per 6 mins
OST05	<p>Health service case conference Any requested or required face-to-face, video or audio conference involving the osteopath and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$22.20 per 6 mins

OST06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if—</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$177.35 per hour
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Schedule 9—Health Service Fees: Psychology

PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
PSY01	Initial consultation	\$223.00 per hour
PSY02	Subsequent consultation	\$223.00 per hour
PSY03	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable)—</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$223.00 per hour
PSY04	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker.</p> <p>Note—</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$22.20 per 6 mins
PSY05	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the psychologist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$22.20 per 6 mins
PSY06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if—</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location 	\$177.35 per hour

PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
	<ul style="list-style-type: none"> Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	

Schedule 10—Health Service Fees: Physiotherapy

PHYSIOTHERAPY		
CODE	SERVICE DESCRIPTION	FEE
PA001	<p>Initial consultation</p> <p>A consultation with the physiotherapist including the following elements—</p> <p>Subjective assessment—of the following points as required— Major symptoms and lifestyle dysfunction; current history and treatment; past history and treatment; pain, 24-hour behaviour, aggravating and relieving factors; general health, medication, risk factors.</p> <p>Objective assessment—of the following points as required— Movement—active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated.</p> <p>Appropriate initial management, treatment or advice—based on assessment findings that could include the following as required— Provisional diagnosis; goals of treatment; treatment plan. Discussion with the patient regarding working hypothesis and treatment goals and expected outcomes; initial treatment and response; advice regarding home care including any exercise programs to be followed.</p> <p>Documentation of consultation—as required that could include— The assessment findings, physiotherapy intervention(s), evaluation of intervention(s), plan for future treatment and results of other relevant tests and warnings (if applicable).</p> <p>Includes—</p> <ul style="list-style-type: none"> Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours. Courtesy communication by the physiotherapist with the medical practitioner such as acknowledgement of referral. The physiotherapist's notes of the consultation. <p>Does not include—</p> <ul style="list-style-type: none"> Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer, workplace rehabilitation provider (other than courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001). The physiotherapist's involvement in a health service case conference. This service has a specific item number in this Table (PQ001). 	\$111.00
PB001	<p>Subsequent consultation</p> <p>Consultation for one body area or condition including the following elements—</p> <ul style="list-style-type: none"> Subjective re-assessment; Objective re-assessment; Appropriate management, intervention or advice; Documentation of consultation. <p>Includes—</p> <ul style="list-style-type: none"> Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours. Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner. 	\$90.00

PHYSIOTHERAPY		
CODE	SERVICE DESCRIPTION	FEE
	<p>Does not include—</p> <ul style="list-style-type: none"> • Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001). • The physiotherapist's involvement in allied health case conferences. This service has a specific item number in this Table (PQ001). 	
PC001	<p>2 distinct areas of treatment per visit Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions</p>	\$118.00
PG001	<p>Group consultation Includes non-individualised services provided to more than one individual whether—</p> <ul style="list-style-type: none"> • In rooms, home or hospital; • Hydrotherapy treatment; • Extended treatments; • Services provided outside of normal business hours. 	Cost per participant \$34.00
PE001	<p>Worksite visit Prior approval from insurer required. 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. Does not include reports or travel.</p>	Hourly rate \$221.50
PR001	<p>Reports (standard/progress) A report relating to a specific worker that is provided to a medical specialist, medical practitioner, employer, insurer or approved workplace rehabilitation provider that contains (where applicable)—</p> <ul style="list-style-type: none"> • A summary of assessment findings; • Treatment/management services provided and results obtained; • Recommendations for further treatment/management; • Functional and objective improvements; • Perceived treatment duration required; • Return to work recommendation; • Perceived barriers to return to work; • Questionnaire results and implications. <p>A maximum combined total of 3 reports or Treatment Management Plans (PR003) permitted without prior approval from insurer. Additional reports require prior approval from insurer.</p> <p>Does not include— Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner.</p>	\$111.00
PR002	<p>Comprehensive report 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>	\$221.50 per hour
PR003	<p>Treatment management plan Provision of a completed Treatment Management Plan. A maximum combined total of 3 Treatment Management Plans or reports (PR001) permitted without prior approval from insurer. Additional Treatment Management Plans require prior approval from insurer. Note: Treatment Management Plan templates are available at www.workcover.wa.gov.au</p>	\$111.00

PHYSIOTHERAPY		
CODE	SERVICE DESCRIPTION	FEE
PT001	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if—</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$177.35 per hour
PQ001	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the physiotherapist and one or more of the following: medical practitioner, worker, employer, insurer, workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$22.20 per 6 minute block
PK001	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or workplace rehabilitation provider relating to the treatment of an injured worker. Note—</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$22.20 per 6 minute block
PS001	<p>Specific physiotherapy assessment</p> <p>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>	\$221.50 per hour
PW001	<p>Specific physiotherapy intervention</p> <p>Prior approval from insurer required.</p> <p>Includes treatments not classified elsewhere in these scales required by the insurer which physiotherapists may undertake (e.g. treatment of severe multiple area trauma, burns, neurologically injured patients and patients with severe spinal injuries, ergonomic corrections of workplace, specialised real-time ultrasound imaging, short consultations).</p>	\$221.50 per hour 2 hours max duration of service provision

Schedule 11—Health Service Fees: Speech Pathology

SPEECH PATHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
SPE01	Initial consultation	\$261.00
SPE02	Subsequent consultation	\$153.00
SPE03	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable)—</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$111.00
SPE04	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker. Note—</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$22.20 per 6 mins
SPE05	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the speech pathologist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$22.20 per 6 mins
SPE06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if—</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$177.35 per hour

PUBLIC NOTICES

ZZ401**TRUSTEES ACT 1962****DECEASED ESTATES**

Notice to Creditors and Claimants

Notice to Creditors and Claimants and other persons having claims (to which Section 63 of the *Trustees Act 1962* relates), in respect of the Estate of Peter Robert Ransome late of Unit 1, 18 Caledonian Avenue, Maylands in the State of Western Australia who died on 6 November 2023, are required by the Trustees, Heidi June Ransome and Donna Marie Whitburn, to send to Solicitors for the Trustees, Templar Legal Pty Ltd, P.O. Box 8243, Subiaco WA 6008, particulars of such claims within 30 days of this notice. After such date, the Trustees may convey or distribute the assets of the Estate having regard only to the claims of which the Trustees then have notice.

ZZ402**TRUSTEES ACT 1962****DECEASED ESTATES**

Notice to Creditors and Claimants

Rodney Ian King late of 67 Mermaid Avenue, Emu Point, Western Australia, deceased.

Creditors and other persons having claims (to which Section 63 of the *Trustees Act 1962* relates) in respect of the estate of the deceased, who died on 7 November 2023, are required by the trustee of the late Rodney Ian King of care of Philip Wyatt Lawyers, PO Box 1026, Albany, Western Australia 6331 to send particulars of their claims to them within one (1) month from the date of publication of this notice, after which date the trustee may convey or distribute the assets, having regard only to the claims of which it then has notice.

Dated this 27th day of March 2024.

PHILIP WYATT LAWYERS.

ZZ403**TRUSTEES ACT 1962****DECEASED ESTATES**

Notice to Creditors and Claimants

In the estate of Brian Marshall Boardley formerly of 16 Buckley Street, Denmark, in the State of Western Australia, Cabinet Maker, deceased.

Creditors and other persons having claims (to which Section 63 of the *Trustees Act 1962* (WA) relates) in respect of the estate of the deceased, who died on 18 December 2022, are required by the executor, Neil Phillip Warham, c/- HFM Legal, PO Box 1 Maddington, WA 6989, to send particulars of their claims to him/her at HFM Legal of PO Box 1 Maddington, WA 6989, by the date being one month following the publication of this notice, after which date the Executor may convey or distribute the assets, having regard only to claims of which he then has notice.

ZZ404**TRUSTEES ACT 1962****DECEASED ESTATES**

Notice to Creditors and Claimants

John Christopher Browner late of 3 Phillips Court, Kiara, Western Australia, deceased.

Creditors and other persons having claims (to which Section 63 of the *Trustees Act 1962* relates) in respect of the estate of the deceased, who died on 02/07/2023, are required by the personal representative Shelley Diane Browner to send particulars of their claims to her by the 06/05/2024, after which date the personal representative may convey or distribute the assets of the estate, having regard only to the claims of which she then has notice.

ZZ405**TRUSTEES ACT 1962**
DECEASED ESTATES

Notice to Creditors and Claimants

In the matter of the Estate of Desmond Michael McSweeney, late of 13 Glencoe Road, Ardross, Western Australia, Retired, deceased.

Creditors and other persons having claims (to which Section 63 of the *Trustees Act 1962*, relates) in respect of the estate of the deceased, who died on 9 August 2023, are required by the Executor Suzanne Nora Maddy of 95 Forest Road, Trevallyn, Tasmania 7250, to send the particulars of their claims to the executor by one month from the publication of this notice after which date the Personal Representative may convey or distribute the assets, having regard only to the claims of which she then has notice.

ZZ406**TRUSTEES ACT 1962**
DECEASED ESTATES

Notice to Creditors and Claimants

In the estate of Helen Christina Gladys Dellworth MacQuarrie, late of Bedingfeld Lodge, 4 Bedingfeld Road, Pinjarra WA 6208 and formerly of 7 Apricot Street, Pinjarra WA 6208, deceased.

Creditors and other persons having claims (to which Section 63 of the *Trustees Act 1962* relates) in respect of the estate of the above-named deceased, who died on the 24th December 2023, are required by the Executor, Frances Helen Bennett, to send the particulars of their claims to Frances Helen Bennett of 4246 South West Highway, North Dandalup WA 6207, within one (1) month of the date of publication of this notice after which date the Administrator may convey or distribute the assets, having regard only to the claims of which they then have notice.

ZZ407**TRUSTEES ACT 1962**
DECEASED ESTATES

Notice to Creditors and Claimants

Mifanwy Evelyn Mignon Faull, late of 220 Preston Point Road, Bicton, Western Australia, deceased.

Creditors and other persons having claims (to which Section 63 of the *Trustees Act 1962* relates) in respect of the estate of the deceased, who died on 18 June 2023, are required by the Executors being Hugh Stephen Cahill and Bruce Richard Byrnes c/- Sunstone Legal, PO Box 1157, Bibra Lake DC, WA 6965, to send particulars of their claims to them within one (1) month of the date of publication of this notice after which date the Executors may convey or distribute the assets having regard only to the claims of which they then have had notice.

SUNSTONE LEGAL as solicitors for the Executors.

ZZ408**TRUSTEES ACT 1962**
DECEASED ESTATES

Notice to Creditors and Claimants

Shirley Veronica McGuigan late of SwanCare Waminda, 1 Adie Court, Bentley, Western Australia, deceased.

Creditors and other persons having claims (to which Section 63 of the *Trustees Act 1962* relates) in respect of the estate of the deceased, who died on 30 November 2023, are required by the Executors, Anthea Eileen McGuigan and Jacqueline Mary McGuigan, care of PO Box 564, West Perth, WA 6872 to send particulars of their claim by Tuesday 7 May 2024, after which date the Executors may convey or distribute the assets, having regard only to the claims of which they then have notice.

ZZ409

TRUSTEES ACT 1962**DECEASED ESTATES**

Notice to Creditors and Claimants

George Dobra late of 20 Leake Street, Esperance, Western Australia, deceased.

Creditors and other persons having claims (to which Section 63 of the *Trustees Act 1962* relates) in respect of the estate of the deceased, George Dobra, who died on 2 September 2023, are required by the administrator, George Roko Dobra, to send particulars of their claims to him care of EW Gray Lawyer, Post Office Box 317, Esperance WA 6450 on or before the expiration of one (1) month from the date of publication of this notice, after which date the administrator may convey or distribute the respective assets, having regard only to the claims of which he then has notice.

E.W. GRAY LAWYER.

ZZ410

TRUSTEES ACT 1962**DECEASED ESTATES**

Notice to Creditors and Claimants

Creditors and other persons having claims (to which Section 63 of the *Trustees Act 1962* relates) in respect of the Estates of the undermentioned deceased persons are required to send particulars of their claims to me on or before 6 May 2024 after which date I may convey or distribute the assets, having regard only to the claims of which I then have notice.

Carter, Elizabeth Mary Teresa, late of Unit 1, 7 Tarun Court, Cannington, who died on 4 February 2024 (DE20010155 EM37).

Lamond, Patrick Ewan, late of RAAFA Merriwa Estate, 19 Hughie Edwards Drive, Merriwa, who died on 21 August 2023 (DE19730995 EM26).

Sherry, Dominic Peter, late of 6 Ohio Place, Marangaroo, who died on 15 December 2023 (DE 33077704 EM13).

BRIAN ROCHE, Public Trustee,
553 Hay Street, Perth WA 6000.
Telephone: 1300 746 212.