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WORKERS' COMPENSATION AND INJURY
MANAGEMENT ACT 1981

**WORKERS' COMPENSATION
AND INJURY MANAGEMENT
(SCALES OF FEES)
AMENDMENT
REGULATIONS 2006**

Workers' Compensation and Injury Management Act 1981

Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2006

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

1. Citation

These regulations are the *Workers' Compensation and Injury Management (Scales of Fees) Amendment Regulations 2006*.

2. The regulations amended

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

[* Reprinted as at 24 May 2002.

For amendments to 9 December 2005 see *Western Australian Legislation Information Tables for 2004, Table 4, p. 462-3, and Gazette 1 and 11 November 2005.*]

3. Regulation 6 amended

Regulation 6 is amended by deleting "\$159.20" and inserting instead —

“ \$165.20 ”.

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4. Regulation 7A amended

Regulation 7A is amended by deleting "\$50.40" and inserting instead —

“ \$52.30 ”.

5. Regulation 8 amended

Regulation 8 is amended by deleting "\$118.85" and inserting instead —

“ \$123.35 ”.

6. Schedule 1 amended

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

“

GENERAL PRACTITIONER

CONSULTATIONS

Surgery Consultation

in hours

Content based	\$
Minor or Specific Service (Level A or B)	51.35
Extended Service (Level C)	93.85
Comprehensive Service (Level D)	144.20
Time based	\$
up to 5 mins	30.60
more than 5 mins to 15 mins	40.00
more than 15 mins to 30 mins	77.05
more than 30 mins to 45 mins	116.55
more than 45 mins to 60 mins	158.05

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Surgery Consultations

out of hours

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

Content based	\$
Minor Service (Level A)	38.55
Specific Service (Level B)	77.05
Extended Service (Level C)	140.30
Comprehensive Service (Level D)	217.35
Time based	\$
up to 5 mins	61.00
more than 5 mins to 15 mins	66.20
more than 15 mins to 30 mins	102.75
more than 30 mins to 45 mins	140.30

VISITS

Consultations at a place other than the Consulting Rooms

in hours	\$
Minor Service (Level A)	64.25
Specific Service (Level B)	87.90
Extended Service (Level C)	130.40
Comprehensive Service (Level D)	181.75
out of hours	\$
Minor Service (Level A)	77.05
Specific Service (Level B)	114.60
Extended Service (Level C)	175.85
Comprehensive Service (Level D)	256.85

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	17.15

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more than 5 mins to 15 mins	21.50
more than 15 mins to 30 mins	44.90
more than 30 mins	67.30

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

per hour	193.20
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TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	3.42
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PHYSICIANS, OCCUPATIONAL & REHABILITATION PHYSICIANS

PHYSICIANS

CONSULTATIONS

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

\$

first attendance	195.05
subsequent attendances	97.60

VISITS

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

\$

first attendance	233.60
subsequent attendances	134.80

REHABILITATION PHYSICIANS

CONSULTATIONS

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

\$

first attendance	195.05
subsequent attendances	97.60

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VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	233.60
subsequent attendances	134.80

OCCUPATIONAL PHYSICIANS

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	198.25
subsequent attendances	97.60

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	233.60
subsequent attendances	134.80

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	25.55
more than 5 mins to 15 mins	31.55
more than 15 mins to 30 mins	66.00
more than 30 mins	99.65

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

per hour	286.45
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TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	3.42
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CONSULTANT PSYCHIATRISTS

CONSULTATIONS

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

Time based	\$
up to 15 mins	57.25
more than 15 mins to 30 mins	114.15
more than 30 mins to 45 mins	170.95
more than 45 mins to 60 mins	228.75
more than 60 mins to 75 mins	258.85
more than 75 mins	288.90

VISITS

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

Visits include both attendance at hospitals and home visits

Time based	\$
up to 15 mins	93.95
more than 15 mins to 30 mins	151.70
more than 30 mins to 45 mins	207.05
more than 45 mins to 75 mins	264.85
more than 75 mins	319.10

TELEPHONE CONSULTATIONS

Time based	\$
up to 45 mins	75.85
more than 45 mins	165.70

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

per hour	286.45
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TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	3.42
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SPECIALISTS

SURGEONS

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	110.90
subsequent attendances	57.85

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	149.50
subsequent attendances	95.25

DERMATOLOGISTS

CONSULTATIONS

<u>Professional attendance at consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	110.90
subsequent attendances	57.85

VISITS

<u>Professional attendance at a place other than consulting rooms and issue of certificate (if required) et al</u>	\$
first attendance	149.25
subsequent attendances	95.10

TELEPHONE CONSULTATIONS

Time based	\$
up to 5 mins	25.55
more than 5 mins to 15 mins	31.55
more than 15 mins to 30 mins	66.00
more than 30 mins	99.65

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

per hour	286.45
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TRAVELLING FEES

Outside the metropolitan area

Rate per kilometre	3.42	”
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(2) Schedule 1 Part 1 is amended in the item headed “ANAESTHETISTS” as follows:

(a) before the heading “CONSULTATIONS AND ATTENDANCES” by deleting “\$34.15” as the \$ value per unit and inserting instead —

“ \$35.45 ”;

(b) in Part A, in the item heading “Upper abdomen” after the entry “Anaesthesia for upper gastrointestinal endoscopic procedures”, by inserting the following entry —

“	Anaesthesia for upper gastrointestinal endoscopic procedures in association with imaging techniques including fluoroscopy and ultrasound	6	”;
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(c) in Part A, in the item heading “Perineum” by deleting “pineal” and inserting instead —

“ perineal ”;

(d) in Part A, in the item heading “Perineum” before the subentry commencing “— correction of inverted uterus” by inserting the following entry —

“	Anaesthesia for endometrial ablation or resection in association with hysteroscopy	5	”;
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(e) in Part B, in the item heading “Description of service, etc.” after the entry commencing “Double lumen

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endobronchial tube or bronchial blocker, insertion of, when performed in association with the administration of anaesthesia” by inserting the following entry —

“

Monitoring of depth of anaesthesia, incorporating continuous measurement of the EEG during anaesthesia for the diagnosis of awareness	no	no	3
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”;

- (f) in Part B, in the item heading “Description of service, etc.” after the entry commencing “Invasive pressure monitoring, not otherwise listed” by inserting the following entry —

“

Measurement of the mechanical or gas exchange function of the respiration system, or of respiratory muscle function, or of ventilatory control mechanisms, using measurements of parameters including pressures, volumes, flow, gas concentrations in inspired or expired air, alveolar gas or blood and incorporating serial arterial blood gas analysis and a written record of the results, when performed in association with the administration of anaesthesia	no	no	7
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”;

- (g) in Part B, in the item heading “Description of service, etc.” before the entry commencing “Skin testing for allergy to anaesthetic agents” by inserting the following entries —

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“

The use of two-dimensional imaging ultrasound guidance to assist percutaneous major vascular access involving catheterisation of the jugular, subclavian or femoral vein	no	no	3
The use of two-dimensional imaging ultrasound guidance to assist percutaneous neural blockade involving the brachial plexus, or femoral and/or sciatic nerve	no	no	3

”

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

“

Part 2 — Medical procedures

Type of procedure	Fee \$
GENERAL	
Localised burns	42.80
Localised burns, including dressing of, under general anaesthetic	121.90
Extensive burns	73.85
Extensive burns, including dressing of, under general anaesthetic	257.90
Dressing of wounds, under general anaesthetic	121.90
Acupuncture, including consultation	56.85
DISLOCATIONS	

“**closed reduction**” means non-operative reduction of the dislocation, and included percutaneous fixation and/or external splintage by cast or splint.

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Type of procedure	Fee \$
<p>“open reduction” means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the dislocation including internal or external fixation.</p> <p>“other” means treatment by any other method and includes the use of external splintage.</p> <p>[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply]</p>	
Elbow, by closed reduction	229.75
Elbow, by open reduction	304.70
Interphalangeal joint, by closed reduction	98.50
Interphalangeal joint, by open reduction	131.30
Mandible, by closed reduction	82.10
Clavicle, by closed reduction	97.35
Clavicle, by open reduction	196.95
Shoulder, not requiring general anaesthetic	109.55
Shoulder, by open reduction, with general anaesthetic	392.70
Shoulder, other, with general anaesthetic	194.55
Metacarpophalangeal joint, by closed reduction	131.30
Metacarpophalangeal joint, by open reduction	175.85
Patella, by closed reduction	147.65
Patella, by open reduction	196.95
Radioulnar joint, by closed reduction	229.75
Radioulnar joint, by open reduction	304.70
Toe, by closed reduction	82.10
Toe, by open reduction	109.00
 REMOVAL OF FOREIGN BODIES —	
as independent procedure	35.75
superficial	159.40
deep tissue or muscle	445.45
ear, other than by syringing	114.85
nose, other than by simple probing	114.85
cornea or sclera, embedded	117.20

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Type of procedure	Fee \$
FRACTURES	
<p>“closed reduction” means non-operative reduction of the fracture, and included percutaneous fixation and/or external splintage by cast or splint.</p> <p>“open reduction” means treatment by either closed reduction and intra-medullary fixation or treatment by operative exposure of the fracture including internal or external fixation.</p> <p>“other” means treatment by any other method and includes the use of external splintage.</p>	
[Where injuries are associated with a compound (open) wound, an additional fee of 50% of the fee listed is to apply]	
Distal phalanx of finger or thumb	
fracture, by closed reduction	147.65
fracture, intra-articular, by closed reduction	171.15
fracture, by open reduction	196.95
fracture, intra-articular, by open reduction	246.15
Middle phalanx of finger	
fracture, by closed reduction	222.70
fracture, intra-articular, by closed reduction	251.95
fracture, by open reduction	293.00
fracture, intra-articular, by open reduction	369.15
Proximal phalanx of finger or thumb	
fracture, by closed reduction	293.00
fracture, intra-articular, by closed reduction	345.70
fracture, by open reduction	392.70
fracture, intra-articular, by open reduction	492.30
Metacarpal	
fracture, by closed reduction	293.00
fracture, intra-articular, by closed reduction	345.70
fracture, by open reduction	392.70
fracture, intra-articular, by open reduction	492.30
Carpal Scaphoid, by open reduction	656.35
Carpal Scaphoid, other	293.00
Carpus (excluding Scaphoid), by open reduction	410.20
Carpus (excluding Scaphoid), other	164.10

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Type of procedure	Fee \$
Radius	
by closed management	328.15
by open management	656.35
Radius or Ulnar, distal end, (Colies', Smith's or Barton's)	
by closed reduction	492.30
by open reduction	656.35
Ribs (1 or more), each attendance	75.10
Tibia, plateau of, medial or lateral	
by closed reduction	591.90
by open reduction	785.25
Tibia, plateau of, medial and lateral	
by closed reduction	984.50
by open reduction	1 318.50
 SUTURES	
face or neck, less than 7 cm, superficial	117.20
face or neck, less than 7 cm, deep	178.10
face or neck, more than 7 cm, superficial	178.10
face or neck, more than 7 cm, deep	304.70
except face or neck, less than 7 cm, superficial	89.10
except face or neck, less than 7 cm, deep	133.60
except face or neck, more than 7 cm, superficial	133.60
except face or neck, more than 7 cm, deep	293.00
 AMPUTATIONS	
Hand, midcarpal or transmetacarpal	445.45
Hand, forearm or through arm	515.70
At shoulder	873.10
Interscapulothoracic	1 734.55
One digit of foot	234.35
Two digits of one foot	351.60
Three digits of one foot	474.70
Four digits of one foot	591.90
Five digits of one foot	709.10

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Type of procedure	Fee \$
Toe including metatarsal or part of metatarsal	276.65
Foot, at ankle	515.70
Foot, midtarsal or transmetatarsal	445.45
Through thigh, at knee or below knee	761.85
At hip	1 072.30

ASSISTANCE AT OPERATIONS

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

The fee is 20% of the total fee or the minimum sum of \$147.65, whichever is greater.

USE OF PRIVATE THEATRES

A theatre fee of **\$89.10** will be paid to practitioners for the use of their private theatre, but this fee may only be charged if the patient would otherwise have been sent to hospital.

Part 3 — Diagnostic Imaging Services

ULTRASOUND

MBS item number <i>(1 November 2005)</i>	Fee \$
55028	143.55
55029	49.80
55030	143.55
55031	49.80
55032	143.55
55033	49.80
55036	146.40
55037	49.80
55038	143.55
55039	49.80

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MBS item number <i>(1 November 2005)</i>	Fee \$
55044	146.40
55045	49.80
55048	143.55
55049	49.80
55054	143.55
55070	129.25
55073	44.80
55076	143.55
55079	49.80
55084	129.25
55085	44.80
55113	303.50
55114	303.50
55115	303.50
55116	337.45
55117	337.45
55118	362.45
55130	223.70
55135	465.25
55238	223.00
55244	223.00
55246	223.00
55248	223.00
55252	223.00
55274	223.00
55276	223.00
55278	223.00
55280	223.00
55282	223.00
55284	223.00
55292	223.00
55294	223.00
55296	146.10
55600	143.55
55603	143.55
55700	78.90
55703	46.05

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MBS item number <i>(1 November 2005)</i>	Fee \$
55704	92.10
55705	46.05
55706	131.60
55707	92.10
55708	46.05
55709	50.00
55712	151.30
55715	52.60
55718	131.60
55721	151.30
55723	50.00
55725	52.60
55728	131.60
55729	35.85
55731	128.95
55733	46.05
55736	167.05
55739	74.95
55759	197.35
55762	78.90
55764	210.50
55766	85.50
55768	197.35
55770	78.90
55772	210.50
55774	85.50
55800	143.55
55802	49.80
55804	143.55
55806	49.80
55808	143.55
55810	49.80
55812	143.55
55814	49.80
55816	143.55
55818	49.80
55820	143.55

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MBS item number <i>(1 November 2005)</i>	Fee \$
55822	49.80
55824	143.55
55826	49.80
55828	143.55
55830	49.80
55832	143.55
55834	49.80
55836	143.55
55838	49.80
55840	143.55
55842	49.80
55844	114.95
55846	49.80
55848	143.55
55850	201.10
55852	143.55
55854	49.80

**COMPUTED TOMOGRAPHY —
EXAMINATION AND REPORT**

MBS item number <i>(1 November 2005)</i>	Fee \$
56001	235.70
56007	302.15
56010	304.60
56013	302.15
56016	350.45
56022	271.90
56028	407.00
56030	271.90
56036	407.00
56041	119.35
56047	152.40
56050	154.95
56053	154.95
56056	187.80

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MBS item number <i>(1 November 2005)</i>	Fee \$
56062	136.70
56068	203.50
56070	136.70
56076	203.50
56101	277.95
56107	410.90
56141	140.70
56147	207.40
56219	394.15
56220	290.05
56221	290.05
56223	290.05
56224	424.65
56225	424.65
56226	424.65
56227	148.05
56228	148.05
56229	148.05
56230	214.45
56231	214.45
56232	214.45
56233	290.05
56234	424.65
56235	148.00
56236	214.45
56237	290.05
56238	424.65
56239	148.00
56240	214.45
56259	199.15
56301	356.50
56307	483.35
56341	180.60
56347	244.10
56401	302.15
56407	435.00
56409	302.15

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MBS item number <i>(1 November 2005)</i>	Fee \$
56412	435.00
56441	153.20
56447	219.30
56449	153.20
56452	219.30
56501	465.25
56507	580.05
56541	233.40
56547	294.55
56549	465.25
56551	465.25
56619	265.85
56625	404.40
56659	135.45
56665	202.30
56801	563.80
56807	676.70
56841	282.00
56847	343.00
57001	563.90
57007	686.10
57041	282.05
57047	343.05
57201	187.55
57247	93.70
57341	567.95
57345	291.95
57350	616.30
57351	616.30
57355	319.20
57356	319.20

DIAGNOSTIC RADIOLOGY

MBS item number <i>(1 November 2005)</i>	Fee \$
57506	41.50
57509	55.45

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MBS item number <i>(1 November 2005)</i>	Fee \$
57512	56.50
57515	75.35
57518	45.35
57521	60.55
57524	380.25
57527	91.75
57700	56.50
57703	75.35
57706	45.35
57709	60.55
57712	65.80
57715	85.00
57721	138.50
57901	90.00
57902	90.00
57903	66.00
57906	90.00
57909	90.00
57912	65.80
57915	65.80
57918	65.80
57921	65.80
57924	65.80
57927	69.25
57930	45.90
57933	109.20
57939	90.00
57942	69.25
57945	60.55
57960	66.15
57963	66.15
57966	66.15
57969	66.15
58100	93.70
58103	76.90
58106	107.45
58108	185.45

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MBS item number <i>(1 November 2005)</i>	Fee \$
58109	65.60
58112	135.75
58115	185.45
58300	56.00
58306	124.80
58500	49.35
58503	65.80
58506	84.80
58509	55.45
58521	60.55
58524	78.85
58527	96.85
58700	64.30
58706	220.35
58715	211.50
58718	176.00
58721	192.90
58900	49.80
58903	66.40
58909	125.50
58912	153.85
58915	110.15
58916	193.25
58921	188.75
58924	117.30
58927	106.70
58933	286.90
58936	273.45
58939	194.40
59103	29.75
59300	124.90
59303	75.30
59306	140.00
59309	279.90
59312	121.40
59314	73.25
59318	65.65

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MBS item number <i>(1 November 2005)</i>	Fee \$
59503	124.80
59700	134.75
59703	105.90
59712	158.65
59715	200.35
59718	187.95
59724	316.05
59733	150.30
59736	86.55
59739	102.95
59751	194.20
59754	306.10
59760	160.70
59763	186.85
59903	159.85
59912	425.90
59925	505.75
59970	234.90
59971	79.95
59972	212.95
59973	252.95
59974	117.50
60000	787.05
60003	1 154.25
60006	1 641.25
60009	1 920.65
60012	787.05
60015	1 154.25
60018	1 641.25
60021	1 920.65
60024	787.05
60027	1 154.25
60030	1 641.25
60033	1 920.65
60036	787.05
60039	1 154.25
60042	1 641.25

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MBS item number <i>(1 November 2005)</i>	Fee \$
60045	1 920.65
60048	787.05
60051	1 154.25
60054	1 641.25
60057	1 920.65
60060	787.05
60063	1 154.25
60066	1 641.25
60069	1 920.65
60072	67.15
60075	134.10
60078	201.30
60100	84.80
60500	60.55
60503	41.50
60506	89.00
60509	138.00
60918	65.80
60927	53.10
61109	361.30

NUCLEAR MEDICINE IMAGING

MBS item number <i>(1 November 2005)</i>	Fee \$
61302	482.50
61303	607.65
61306	762.80
61307	897.45
61310	394.80
61313	326.10
61314	451.45
61316	409.75
61317	529.25
61320	246.05
61328	244.70
61340	271.95
61348	476.55

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MBS item number <i>(1 November 2005)</i>	Fee \$
61352	278.80
61353	415.55
61356	422.20
61360	433.55
61361	495.95
61364	534.20
61368	239.80
61369	2 166.70
61372	239.80
61373	526.35
61376	154.10
61381	617.35
61383	671.75
61384	739.20
61386	357.40
61387	463.00
61389	398.30
61390	440.65
61393	650.85
61397	265.35
61401	174.45
61402	650.40
61405	371.90
61409	938.90
61413	242.85
61417	127.75
61421	515.75
61425	645.70
61426	596.35
61429	583.65
61430	708.80
61433	534.20
61434	661.50
61437	583.45
61438	723.40
61441	526.35
61442	808.70

**Workers' Compensation and Injury Management (Scales of Fees)
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MBS item number <i>(1 November 2005)</i>	Fee \$
61445	308.25
61446	358.55
61449	490.35
61450	427.30
61453	553.25
61454	374.15
61457	505.65
61458	426.65
61461	567.35
61462	140.05
61465	285.35
61469	374.15
61473	188.50
61480	415.80
61484	946.85
61485	1 074.00
61495	239.80
61499	271.95
61650	944.50

MAGNETIC RESONANCE IMAGING

MBS item number <i>(1 November 2003)</i>	Fee \$
63000 — 63497	526.75

7. Schedules 2, 3, 4 and 5 replaced

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

“

Schedule 2 — Scale of fees — physiotherapists

[r. 3]

Part 1 — General

**Workers' Compensation and Injury Management (Scales of Fees)
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r. 7

Type of service	Fee \$
1. Initial consultation (Includes individual initial services provided in rooms, home or hospital; hydrotherapy treatment; specialist consultations; extended treatments; and services provided outside normal business hours)	57.25
2. Standard consultation (Includes individual subsequent services provided in rooms, home or hospital; hydrotherapy treatment; specialist consultations; extended treatments; and services provided outside normal business hours)	45.95
3. Two distinct areas of treatment per visit (Includes individual initial or subsequent services provided in rooms, home or hospital; hydrotherapy treatment; specialist consultations; and services provided outside normal business hours)	58.10
4. Three or more distinct areas of treatment per visit (Includes individual initial or subsequent services provided in rooms, home or hospital; hydrotherapy treatment; complex treatment; specialist consultations; and services provided outside normal business hours)	77.35
5. Group consultation – per person (Includes services provided to more than one individual in rooms, home or hospital; hydrotherapy treatment; complex treatment; specialist consultations; extended treatments; and services provided outside normal business hours)	14.15
6. Worksite visit (per hour)	130.10
7. Solicitors reports	57.25
8. Travel (per kilometre)	0.66

**Workers' Compensation and Injury Management (Scales of Fees)
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Part 2 — Exercise-based programs

Type of service	Fee \$
9. Exercise consultation/assessment The following services are included in the initial/subsequent consultation fee — Assessment of the worker; Provision/prescription of exercises; Program development, coordination; Physiological testing; Communication with relevant persons (other than reports).	\$130.50 per hour, total fee not to exceed \$261.00 Where a session is for a fraction of one hour, the amount chargeable is to be calculated as that fraction of the maximum amount chargeable.
Physiotherapist to patient ratio must be 1:1 for the duration of the consultation.	
10. Initial report	57.45
11. Subsequent reports	46.15
	per report
12. Final report	46.15
13. Gym membership/Entry fees (Prior approval from insurer/self-insurer is required)	Market rates
14. Travel, within metropolitan area	32.53 per journey to a venue (If a physiotherapist consults with more than one worker before leaving a venue, the fee for the journey to

**Workers' Compensation and Injury Management (Scales of Fees)
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the venue is
to be
apportioned
equally
between the
workers.)

Schedule 3 — Scale of fees — chiropractors

[r. 4]

Type of service	Fee \$
1. Initial consultation and examination	45.25
2. Subsequent consultation	37.75
3. Spinal x-ray, one region	89.90
4. Spinal x-ray, 2 or more regions	134.95
5. Travel (per kilometre)	0.64

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

[r. 5]

Type of Service	Fee \$
1. Brief consultation (< 15 minutes)	19.55
2. Short consultation (15 minutes to < 30 minutes)	39.15
3. Standard consultation (30 minutes to < 45 minutes)	64.55
4. Extended consultation (45 minutes to < one hour)	96.80
5. Extended consultation (\geq one hour)	129.05
6. Standard group consultation (30 minutes) per person	42.40
7. Travel costs are to be calculated at the hourly rate by the length of time spent travelling.	

**Workers' Compensation and Injury Management (Scales of Fees)
Amendment Regulations 2006**

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Schedule 5 — Scale of fees — speech pathologists

[r. 7]

Type of service	Fee \$
1. Initial consultation/assessment (up to and including 1 hour)	\$119.25
2. Initial consultation/assessment (exceeding 1 hour)	\$154.50
3. Subsequent consultation (<½ hour)	\$52.10
4. Subsequent consultation (½ hour – 1 hour)	\$67.55
5. Subsequent consultation (>1 hour)	\$91.20

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Recommended by WorkCover WA
on the 15th day of November 2005.

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WorkCover WA)
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L.S

A. WARNER

Chief Executive Officer.

GREG JOYCE

By Command of the Lieutenant-Governor and Administrator,

G. M. PIKE, Clerk of the Executive Council.

