



Western
Australian
Government

Gazette

ISSN 2204-4264 (online)

2333

PERTH, FRIDAY, 16 OCTOBER 2026 No. 132 SPECIAL

PUBLISHED BY AUTHORITY OF THE GOVERNMENT PRINTER

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WORKERS COMPENSATION AND INJURY MANAGEMENT ACT 2023

**WORKERS COMPENSATION (MEDICAL
SERVICES) FEES ORDER 2026**

**WORKERS COMPENSATION (HEALTH
SERVICES) FEES ORDER 2026**

**WORKERS COMPENSATION
(WORKPLACE REHABILITATION
SERVICES) FEES ORDER 2026**

**WORKERS COMPENSATION
(APPROVED PERMANENT
IMPAIRMENT ASSESSOR) FEES
ORDER 2026**

WORKERS COMPENSATION AND INJURY MANAGEMENT ACT 2023**WORKERS COMPENSATION (MEDICAL SERVICES) FEES ORDER 2026**

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 2026*.

This Order repeals and replaces the *Workers Compensation (Medical Services) Fees Order 2025*, effective 1 November 2026.

Dated 11 October 2026.

Hon. SIMONE MCGURK, MLA, Minister for Creative Industries;
Heritage; Industrial Relations; Aged Care and Seniors; Women.

1. Citation

This Order is the *Workers Compensation (Medical Services) Fees Order 2026*.

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 November 2026.

4. Application of Order

This Order applies to a medical service provided on or after 1 November 2026, 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	\$54.85 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	\$37.00 per 6 mins
WS010		Medical Specialist	\$54.85 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— - 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	\$37.00 per 6 mins
WS020		Medical Specialist	\$54.85 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. Activities associated with a worker's treating medical practitioner reviewing a worker's return to work program and any amended return to work program.	Medical Practitioner	\$37.00 per 6 mins
WS030		Medical Specialist	\$54.85 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— - 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	\$37.00 per 6 mins
WS040		Medical Specialist	\$54.85 per 6 mins

Schedule 2—Medical Service Fees: Diagnostic Imaging Services**Ultrasound**

MBS Item Number	Fee
55028	\$274.95
55029	\$95.40
55030	\$274.95
55031	\$95.40
55032	\$274.95
55033	\$95.40
55036	\$280.20
55037	\$95.40
55038	\$274.95
55039	\$95.40
55048	\$274.95
55049	\$95.40
55054	\$274.95
55070	\$247.50
55073	\$85.75
55076	\$274.95
55079	\$95.40
55084	\$247.50
55085	\$85.75
55118	\$694.00
55130	\$428.45
55135	\$890.85
55238	\$427.00
55244	\$427.00
55246	\$427.00
55248	\$427.00
55252	\$427.00
55274	\$427.00
55276	\$427.00
55278	\$427.00
55280	\$427.00
55282	\$427.00
55284	\$427.00
55292	\$427.00
55294	\$427.00
55296	\$279.80
55600	\$274.95
55603	\$274.95
55700	\$151.00
55703	\$88.25
55704	\$176.35
55705	\$88.25

MBS Item Number	Fee
55706	\$251.90
55707	\$176.35
55708	\$88.25
55709	\$95.75
55712	\$289.80
55715	\$100.85
55718	\$251.90
55721	\$289.80
55723	\$95.75
55725	\$100.85
55729	\$68.70
55736	\$319.85
55739	\$143.50
55759	\$378.00
55762	\$151.00
55764	\$403.10
55766	\$163.65
55768	\$378.00
55770	\$151.00
55772	\$403.10
55774	\$163.65
55812	\$274.95
55814	\$95.40
55844	\$220.00
55846	\$95.40
55848	\$274.95
55850	\$385.05
55852	\$274.95
55854	\$95.40

Nuclear Medicine Imaging

MBS Item Number	Fee
61310	\$755.90
61313	\$624.45
61314	\$864.40
61328	\$468.60
61340	\$520.75
61348	\$912.60
61353	\$795.55
61356	\$808.45
61360	\$830.25
61361	\$949.75
61364	\$1,022.95
61368	\$459.30
61369	\$4,148.85
61372	\$459.30
61373	\$1,007.90
61376	\$295.10
61381	\$1,182.05
61383	\$1,286.15
61384	\$1,415.45
61386	\$684.45
61387	\$886.65
61389	\$762.65
61390	\$843.90
61393	\$1,246.30
61397	\$507.95
61402	\$1,245.35
61409	\$1,798.00
61413	\$465.00
61421	\$987.50
61425	\$1,236.40
61426	\$1,141.85
61429	\$1,117.55
61430	\$1,357.35
61433	\$1,022.95
61434	\$1,266.65
61438	\$1,385.15
61441	\$1,007.90
61442	\$1,548.55
61445	\$590.25
61446	\$686.60
61449	\$938.85
61450	\$818.20
61453	\$1,059.40
61454	\$716.35

MBS Item Number	Fee
61457	\$968.25
61461	\$1,086.35
61462	\$268.20
61469	\$716.35
61473	\$360.95
61480	\$796.35
61485	\$2,056.60
61495	\$459.30
61499	\$520.75

Computed tomography—examination and report

MBS Item Number	Fee
56001	\$451.20
56007	\$578.40
56010	\$583.30
56013	\$578.40
56016	\$671.00
56022	\$520.65
56028	\$779.45
56030	\$520.65
56036	\$779.45
56101	\$532.35
56107	\$786.90
56219	\$754.85
56220	\$555.35
56221	\$555.35
56223	\$555.35
56224	\$813.05
56225	\$813.05
56226	\$813.05
56233	\$555.35
56234	\$813.05
56237	\$555.35
56238	\$813.05
56301	\$682.65
56307	\$925.40
56401	\$578.40
56407	\$832.90
56409	\$578.40
56412	\$832.90
56501	\$890.85
56507	\$1,110.60
56801	\$1,079.70
56807	\$1,295.85
57001	\$1,079.95
57007	\$1,313.65
57201	\$359.05
57341	\$1,087.55

Diagnostic Radiology

MBS Item Number	Fee
57506	\$79.40
57509	\$106.25
57512	\$108.25
57515	\$144.20
57518	\$86.70
57521	\$115.95
57524	\$132.05
57527	\$175.85
57700	\$108.25
57703	\$144.20
57706	\$86.70
57709	\$115.95
57712	\$126.05
57715	\$162.85
57721	\$265.15
57901	\$172.25
57902	\$172.25
57915	\$126.05
57918	\$126.05
57921	\$126.05
57924	\$126.05
57927	\$132.45
57930	\$88.00
57933	\$209.10
57939	\$172.25
57942	\$132.45
57945	\$115.95
57960	\$126.75
57963	\$126.75
57966	\$126.75
57969	\$126.75
58100	\$179.30
58103	\$147.25
58106	\$205.70
58108	\$355.05
58109	\$125.65
58112	\$259.90
58115	\$355.05
58300	\$107.20
58306	\$238.70
58500	\$94.45
58503	\$126.05
58506	\$162.60
58509	\$106.25
58521	\$115.95

MBS Item Number	Fee
58524	\$150.95
58527	\$185.35
58700	\$123.25
58706	\$421.85
58715	\$405.00
58718	\$337.20
58721	\$369.45
58900	\$95.40
58903	\$127.05
58909	\$240.20
58912	\$294.60
58915	\$210.90
58916	\$370.05
58921	\$361.45
58927	\$204.25
58933	\$549.50
58936	\$523.70
58939	\$372.15
59103	\$57.05
59300	\$239.20
59303	\$144.10
59312	\$232.50
59314	\$140.20
59318	\$125.70
59700	\$258.00
59703	\$202.95
59712	\$303.85
59715	\$383.60
59718	\$359.80
59724	\$605.20
59733	\$287.75
59739	\$197.35
59751	\$371.85
59754	\$586.10
59763	\$357.85
59970	\$449.85
60000	\$1,507.15
60003	\$2,210.35
60006	\$3,142.70
60009	\$3,677.85
60012	\$1,507.15
60015	\$2,210.35
60018	\$3,142.70
60021	\$3,677.85
60024	\$1,507.15

MBS Item Number	Fee
60027	\$2,210.35
60030	\$3,142.70
60033	\$3,677.85
60036	\$1,507.15
60039	\$2,210.35
60042	\$3,142.70
60045	\$3,677.85
60048	\$1,507.15
60051	\$2,210.35
60054	\$3,142.70
60057	\$3,677.85
60060	\$1,507.15
60063	\$2,210.35

MBS Item Number	Fee
60066	\$3,142.70
60069	\$3,677.85
60072	\$128.75
60075	\$256.85
60078	\$385.30
60500	\$115.95
60503	\$79.40
60506	\$170.50
60509	\$264.25
60918	\$126.05
60927	\$101.80
61109	\$691.80

Magnetic Resonance Imaging

MBS Item Number	Fee
63001-63185	\$1,340.30
63201	\$2,010.35
63204	\$2,010.35
63219-63243	\$2,010.35
63271-63473	\$1,340.30
63491-63494	\$153.25
63497	\$460.00

WORKERS COMPENSATION AND INJURY MANAGEMENT ACT 2023**WORKERS COMPENSATION (HEALTH SERVICES) FEES ORDER 2026**

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 2026*.

This Order repeals and replaces the *Workers Compensation (Health Services) Fees Order 2025*, effective 1 November 2026.

Dated 11 October 2026.

Hon. SIMONE MCGURK, MLA, Minister for Creative Industries;
Heritage; Industrial Relations; Aged Care and Seniors; Women.

1. Citation

This Order is the *Workers Compensation (Health Services) Fees Order 2026*.

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

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 November 2026.

4. Application of Order

This Order applies to a health service provided on or after 1 November 2026, 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	\$128.60
ACU02	Subsequent consultation	\$102.60
ACU03	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)— • 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. A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.	\$125.20
ACU04	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— • 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.	\$25.05 per 6 mins
ACU05	Health service case conference 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.	\$25.05 per 6 mins
ACU06	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— • 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. 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.	\$200.00 per hour

ACUPUNCTURE		
CODE	SERVICE DESCRIPTION	FEE
ACU07	Treatment management plan Provision of a completed Treatment Management Plan (TMP) approved by WorkCover WA that includes the following items— • Services and cost plan • Injury and treatment findings • Assessment findings • Screening tools and questionnaires • Biopsychosocial factors • Functional measures • Return to work capacity • Proposed management plan Note: Approved TMP templates and Explanatory Notes are available at workcover.wa.gov.au	\$125.20

Schedule 2—Health Service Fees: Chiropractic

CHIROPRACTIC		
CODE	SERVICE DESCRIPTION	FEE
CHR01	Initial consultation	\$113.95
CHR02	Subsequent consultation	\$73.30
CHR03	X-rays	Market rate
CHR04	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)— • 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. A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.	\$125.20
CHR05	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— • 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.	\$25.05 per 6 mins
CHR06	Health service case conference 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.	\$25.05 per 6 mins

CHIROPRACTIC		
CODE	SERVICE DESCRIPTION	FEE
CHR07	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— • 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. 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.	\$200.00 per hour
CHR08	Treatment management plan Provision of a completed Treatment Management Plan (TMP) approved by WorkCover WA that includes the following items— • Services and cost plan • Injury and treatment findings • Assessment findings • Screening tools and questionnaires • Biopsychosocial factors • Functional measures • Return to work capacity • Proposed management plan Note: Approved TMP templates and Explanatory Notes are available at workcover.wa.gov.au	\$125.20

Schedule 3—Health Service Fees: Clinical Psychology

CLINICAL PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
CLN01	Initial consultation	\$341.75 per hour
CLN02	Subsequent consultation	\$341.75 per hour
CLN03	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)— • 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. A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.	\$341.75 per hour
CLN04	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— • 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.	\$25.05 per 6 mins

CLINICAL PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
CLN05	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.	\$25.05 per 6 mins
CLN06	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— • 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. 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.	\$200.00 per hour
CLN07	Treatment management plan Provision of a completed Treatment Management Plan (TMP) approved by WorkCover WA that includes the following items— • Services and cost plan • Injury and treatment findings • Assessment findings • Screening tools and questionnaires • Biopsychosocial factors • Functional measures • Return to work capacity • Proposed management plan Note: Approved TMP templates and Explanatory Notes are available at workcover.wa.gov.au	\$341.75 per hour to a maximum of 30 minutes

Schedule 4—Health Service Fees: Counselling Psychology

COUNSELLING PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
COU01	Initial consultation	\$341.75 per hour
COU02	Subsequent consultation	\$341.75 per hour
COU03	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)— • 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. A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.	\$341.75 per hour

COUNSELLING PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
COU04	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— - 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.	\$25.05 per 6 mins
COU05	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.	\$25.05 per 6 mins
COU06	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— - 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. 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.	\$200.00 per hour
COU07	Treatment management plan Provision of a completed Treatment Management Plan (TMP) approved by WorkCover WA that includes the following items— - Services and cost plan - Injury and treatment findings - Assessment findings - Screening tools and questionnaires - Biopsychosocial factors - Functional measures - Return to work capacity - Proposed management plan Note: Approved TMP templates and Explanatory Notes are available at workcover.wa.gov.au	\$341.75 per hour to a maximum of 30 minutes

Schedule 5—Health Service Fees: Exercise Programs**Part 1 Exercise Physiologists**

EXERCISE PROGRAMS		
CODE	SERVICE DESCRIPTION	FEE
EPE20	Initial consultation Includes— • 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). Provider to patient ratio must be 1:1 for the duration of the consultation.	\$221.50 per hour to a maximum of 2 hours
EPE21	Subsequent consultation Includes— • 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	Initial report Includes— • initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan • current status as per medical certification and proposed outcome status	\$249.80 per hour to a maximum of one hour
EPE03	Subsequent report Progress report to be provided at the request of the referrer.	\$249.80 per hour to a maximum of 30 minutes
EPE04	Final report Comprehensive report to be provided at the end of the service delivery detailing— • physiological testing results pre and post program • worker attendance/programme compliance.	\$249.80 per hour to a maximum of 30 minutes
EPE05	Gym fees Includes direct cost of membership (pool or gym). Prior approval from insurer required.	Market rates
EPE06	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— • 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. 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.	\$200.00 per hour

EXERCISE PROGRAMS		
CODE	SERVICE DESCRIPTION	FEE
EPE08	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— - 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.	\$25.05 per 6 mins
EPE09	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.	\$25.05 per 6 mins
EPE10	Treatment management plan Provision of a completed Treatment Management Plan (TMP) approved by WorkCover WA that includes the following items— - Services and cost plan - Injury and treatment findings - Assessment findings - Screening tools and questionnaires - Biopsychosocial factors - Functional measures - Return to work capacity - Proposed management plan Note: Approved TMP templates and Explanatory Notes are available at workcover.wa.gov.au	\$125.20

Schedule 5—Health Service Fees: Exercise Programs

Part 2—Physiotherapists

EXERCISE PROGRAMS		
CODE	SERVICE DESCRIPTION	FEE
EXE20	Initial consultation Includes— - 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). Provider to patient ratio must be 1:1 for the duration of the consultation	\$221.50 per hour to a maximum of 2 hours
EXE21	Subsequent consultation Includes— - 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	Initial report Includes— - initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan - current status as per medical certification and proposed outcome status	\$249.80 per hour to a maximum of one hour

EXERCISE PROGRAMS		
CODE	SERVICE DESCRIPTION	FEE
EXE03	Subsequent report Progress report to be provided at the request of the referrer.	\$249.80 per hour to a maximum of 30 minutes
EXE04	Final report Comprehensive report to be provided at the end of the service delivery detailing— • physiological testing results pre and post program • worker attendance/programme compliance.	\$249.80 per hour to a maximum of 30 minutes
EXE05	Gym fees Includes direct cost of membership (pool or gym). Prior approval from insurer required.	Market rates
EXE06	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— • 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. 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.	\$200.00 per hour
EXE08	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— • 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.	\$25.05 per 6 mins
EXE09	Health service case conference 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.	\$25.05 per 6 mins
EXE10	Treatment management plan Provision of a completed Treatment Management Plan (TMP) approved by WorkCover WA that includes the following items— • Services and cost plan • Injury and treatment findings • Assessment findings • Screening tools and questionnaires • Biopsychosocial factors • Functional measures • Return to work capacity • Proposed management plan Note: Approved TMP templates and Explanatory Notes are available at workcover.wa.gov.au	\$125.20

Schedule 6—Health Service Fees: Mental Health Social Work

MENTAL HEALTH SOCIAL WORK		
CODE	SERVICE DESCRIPTION	FEE
MHS01	Initial consultation	\$251.50 per hour
MHS02	Subsequent consultation	\$251.50 per hour
MHS03	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)— • 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. A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.	\$251.50 per hour
MHS04	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— • 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.	\$25.05 per 6 mins
MHS05	Health service case conference 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.	\$25.05 per 6 mins
MHS06	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— • 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. 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.	\$200.00 per hour
MHS07	Treatment management plan Provision of a completed Treatment Management Plan (TMP) approved by WorkCover WA that includes the following items— • Services and cost plan • Injury and treatment findings • Assessment findings • Screening tools and questionnaires • Biopsychosocial factors • Functional measures • Return to work capacity • Proposed management plan Note: Approved TMP templates and Explanatory Notes are available at workcover.wa.gov.au	\$251.50 per hour to a maximum of 30 minutes

Schedule 7—Health Service Fees: Occupational Therapy

OCCUPATIONAL THERAPY		
CODE	SERVICE DESCRIPTION	FEE
OCC01	Initial consultation	\$166.90
OCC02	Subsequent consultation	\$129.65
OCC03	Extended initial or subsequent consultation (45mins to < 1 hour)	\$185.25
OCC04	Extended initial or subsequent consultation (≥ 1 hour)	\$247.25
OCC05	Standard group consultation (30mins)	\$81.25 per person
OCC06	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)— • 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. A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.	\$125.20
OCC11	Comprehensive report As above for report item OCC06 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.	\$249.80 per hour
OCC07	Treatment management plan Provision of a completed Treatment Management Plan (TMP) approved by WorkCover WA that includes the following items— • Services and cost plan • Injury and treatment findings • Assessment findings • Screening tools and questionnaires • Biopsychosocial factors • Functional measures • Return to work capacity • Proposed management plan Note: Approved TMP templates and Explanatory Notes are available at workcover.wa.gov.au	\$125.20
OCC08	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— • 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.	\$25.05 per 6 mins
OCC09	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.	\$25.05 per 6 mins

OCCUPATIONAL THERAPY		
CODE	SERVICE DESCRIPTION	FEE
OCC10	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— • 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. 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.	\$200.00 per hour

Schedule 8—Health Service Fees: Osteopathy

OSTEOPATHY		
CODE	SERVICE DESCRIPTION	FEE
OST01	Initial consultation	\$138.70
OST02	Subsequent consultation	\$116.15
OST03	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)— • 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. A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.	\$125.20
OST04	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— • 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.	\$25.05 per 6 mins
OST05	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.	\$25.05 per 6 mins

OSTEOPATHY		
CODE	SERVICE DESCRIPTION	FEE
OST06	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— • 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. 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.	\$200.00 per hour
OST07	Treatment management plan Provision of a completed Treatment Management Plan (TMP) approved by WorkCover WA that includes the following items— • Services and cost plan • Injury and treatment findings • Assessment findings • Screening tools and questionnaires • Biopsychosocial factors • Functional measures • Return to work capacity • Proposed management plan Note: Approved TMP templates and Explanatory Notes are available at workcover.wa.gov.au	\$125.20

Schedule 9—Health Service Fees: Psychology

PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
PSY01	Initial consultation	\$251.50 per hour
PSY02	Subsequent consultation	\$251.50 per hour
PSY03	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)— • 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. A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.	\$251.50 per hour
PSY04	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— • 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.	\$25.05 per 6 mins

PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
PSY05	Health service case conference 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.	\$25.05 per 6 mins
PSY06	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— • 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. 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.	\$200.00 per hour
PSY07	Treatment management plan Provision of a completed Treatment Management Plan (TMP) approved by WorkCover WA that includes the following items— • Services and cost plan • Injury and treatment findings • Assessment findings • Screening tools and questionnaires • Biopsychosocial factors • Functional measures • Return to work capacity • Proposed management plan Note: Approved TMP templates and Explanatory Notes are available at workcover.wa.gov.au	\$251.50 per hour to a maximum of 30 minutes

Schedule 10—Health Service Fees: Physiotherapy

PHYSIOTHERAPY		
CODE	SERVICE DESCRIPTION	FEE
PA001	Initial consultation A consultation with the physiotherapist including the following elements— 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. 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. 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. 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). Includes— • 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. Does not include— • 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).	Set fee \$125.20
PB001	Subsequent consultation Consultation for one body area or condition including the following elements— • Subjective re-assessment; • Objective re-assessment; • Appropriate management, intervention or advice; • Documentation of consultation. Includes— • 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. Does not include— • 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).	Set fee \$101.45
PC001	2 distinct areas of treatment per visit Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions	Set fee \$133.10

PHYSIOTHERAPY		
CODE	SERVICE DESCRIPTION	FEE
PG001	Group consultation Includes non-individualised services provided to more than one individual whether— • In rooms, home or hospital; • Hydrotherapy treatment; • Extended treatments; Services provided outside of normal business hours.	Cost per participant \$38.35
PE001	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.	Hourly rate \$249.80
PR001	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)— • 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. A maximum combined total of 3 reports permitted without prior approval from insurer. Additional reports require prior approval from insurer. Does not include— Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner.	Set fee \$125.20
PR002	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.	\$249.80 per hour
PR003	Treatment management plan Provision of a completed Treatment Management Plan (TMP) approved by WorkCover WA that includes the following items— • Services and cost plan • Injury and treatment findings • Assessment findings • Screening tools and questionnaires • Biopsychosocial factors • Functional measures • Return to work capacity • Proposed management plan Note: Approved TMP templates and Explanatory Notes are available at workcover.wa.gov.au	Set fee \$125.20
PT001	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— • 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. 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.	\$200.00 per hour

PHYSIOTHERAPY		
CODE	SERVICE DESCRIPTION	FEE
PQ001	Health service case conference 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.	\$25.05 per 6 mins
PK001	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— • 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.	\$25.05 per 6 mins
PS001	Specific physiotherapy assessment Prior approval from insurer required. 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).	\$249.80 per hour
PW001	Specific physiotherapy intervention Prior approval from insurer required. 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).	\$249.80 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	\$294.35
SPE02	Subsequent consultation	\$172.60
SPE03	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)— • 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. A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.	\$125.20
SPE04	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— • 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.	\$25.05 per 6 mins

SPEECH PATHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
SPE05	Health service case conference 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.	\$25.05 per 6 mins
SPE06	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— • 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. 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.	\$200.00 per hour
SPE07	Treatment management plan Provision of a completed Treatment Management Plan (TMP) approved by WorkCover WA that includes the following items— • Services and cost plan • Injury and treatment findings • Assessment findings • Screening tools and questionnaires • Biopsychosocial factors • Functional measures • Return to work capacity • Proposed management plan Note: Approved TMP templates and Explanatory Notes are available at workcover.wa.gov.au	\$125.20

WORKERS COMPENSATION AND INJURY MANAGEMENT ACT 2023**WORKERS COMPENSATION (WORKPLACE REHABILITATION SERVICES) FEES ORDER 2026**

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 2026*.

This Order repeals and replaces the *Workers Compensation (Workplace Rehabilitation Services) Fees Order 2025*, effective 1 November 2026.

Dated 11 October 2026.

Hon. SIMONE MCGURK, MLA, Minister for Creative Industries;
Heritage; Industrial Relations; Aged Care and Seniors; Women.

1. Citation

This Order is the *Workers Compensation (Workplace Rehabilitation Services) Fees Order 2026*.

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 November 2026.

4. Application of Order

This Order applies to a workplace rehabilitation service provided on or after 1 November 2026, 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.	\$236.10 per hour
WRP02	2. Vocational counselling	Activities focused on problems a worker has in selecting and preparing for vocational change.	\$236.10 per hour
WRP03	3. Purchase of aids and appliances	Advising and assisting a worker with the purchase of aids and appliances.	\$236.10 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.	\$236.10 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.	\$236.10 per hour
WRP06	6. Workplace activities	Activities involving—(a) analysis of work behaviour; and (b) analysis and design of job duties.	\$236.10 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.	\$236.10 per hour
WRP08	8. Assessment of functional capacity	Activities associated with assessing a worker's functional capacity, which may include preparing a report.	\$236.10 per hour
WRP09	9. Vocational assessment	Activities associated with assessing a worker's vocational and retraining options, which may include preparing a report.	\$236.10 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.	\$236.10 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.	\$236.10 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.	\$236.10 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.	\$236.10 per hour
WRP14	14. Travel	Travel that is directly associated with providing a workplace rehabilitation service.	\$236.10 per hour
WRP15	15. Medical	Discussion with specialists and other medical practitioners about workplace rehabilitation, which may include preparing a report.	\$236.10 per hour

CODE	ITEM—SERVICE	DESCRIPTION OF SERVICE	FEE
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.	\$236.10 per hour
WRP17	17. Reports	Status reports relating to workplace rehabilitation.	\$236.10 per hour

WORKERS COMPENSATION AND INJURY MANAGEMENT ACT 2023**WORKERS COMPENSATION (APPROVED PERMANENT IMPAIRMENT ASSESSOR) FEES ORDER 2026**

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 2026*.

This Order repeals and replaces the *Workers Compensation (Approved Permanent Impairment Assessor) Fees Order 2025*, effective 1 November 2026.

Dated 11 October 2026.

Hon. SIMONE McGURK, MLA, Minister for Creative Industries;
Heritage; Industrial Relations; Aged Care and Seniors; Women.

1. Citation

This Order is the *Workers Compensation (Approved Permanent Impairment Assessor) Fees Order 2026*.

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 November 2026.

4. Application of Order

This Order applies to impairment assessment services provided by approved permanent impairment assessors on or after 1 November 2026, 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.	\$1,685.20; or \$2,106.45 if an interpreter is present at the examination (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.	\$2,106.45; or \$2,527.75 if an interpreter is present at the examination (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.	\$2,527.75; or \$2,948.80 if an interpreter is present at the examination (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.	\$1,685.20; or \$2,106.45 if an interpreter is present at the examination (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.	\$2,527.75; or \$2,948.80 if an interpreter is present at the examination (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	\$4,212.50; or \$4,633.80 if an interpreter is present at the examination (excluding any fee payable to the interpreter)
PIA07	7. Consolidation of written assessments from multiple assessors.	\$842.55
PIA08	8. Re-examination and provision of report and certificate.	\$1,263.80; or \$1,685.20 if an interpreter is present at the examination (excluding any fee payable to the interpreter)
PIA09	9. Provision of supplementary report and certificate.	\$421.35
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.	\$842.55