

Physiotherapists

WorkCover WA fees as at 1 November 2021

Service code	Description of assessment	Fee*
PA001	<p>Initial consultation</p> <p>A consultation with the physiotherapist including the following elements –</p> <p>Subjective assessment – of the following points as required:</p> <p>Major symptoms and lifestyle dysfunction; current history and treatment; past history and treatment; pain, 24-hour behaviour, aggravating and relieving factors; general health, medication, risk factors.</p> <p>Objective assessment – of the following points as required:</p> <p>Movement – active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated.</p> <p>Appropriate initial management, treatment or advice - based on assessment findings that could include the following as required:</p> <p>Provisional diagnosis; goals of treatment; treatment plan. Discussion with the patient regarding working hypothesis and treatment goals and expected outcomes; initial treatment and response; advice regarding home care including any exercise programs to be followed.</p> <p>Documentation of consultation – as required that could include:</p> <p>The assessment findings, physiotherapy intervention(s), evaluation of intervention(s), plan for</p>	\$90.85

	<p>future treatment and results of other relevant tests and warnings (if applicable).</p> <p>Includes:</p> <ul style="list-style-type: none"> ▪ Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours. ▪ Courtesy communication by the physiotherapist with the medical practitioner such as acknowledgement of referral. ▪ The physiotherapist's notes of the consultation. <p>Does not include:</p> <ul style="list-style-type: none"> ▪ Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer, 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 case conferences. This service has a specific item number in this Table (PQ001). 	
PB001	<p>Standard consultation</p> <p>Consultation for one body area or condition including the following elements –</p> <ul style="list-style-type: none"> ▪ subjective re-assessment; ▪ objective re-assessment; ▪ appropriate management, intervention or advice; ▪ documentation of consultation. <p>Includes:</p> <ul style="list-style-type: none"> ▪ Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours. ▪ Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner. <p>Does not include:</p> <ul style="list-style-type: none"> ▪ Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or 	\$72.95

	<p>vocational rehabilitation provider (other than courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001).</p> <ul style="list-style-type: none"> ▪ The physiotherapist's involvement in case conferences. This service has a specific item number in this Table (PQ001). 	
PC001	<p>Two distinct areas of treatment per visit</p> <p>Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions</p>	<p>Set fee</p> <p>\$92.20</p>
PG001	<p>Group consultation – per person</p> <p>Includes non-individualised services provided to more than one individual whether –</p> <ul style="list-style-type: none"> ▪ in rooms, home or hospital; ▪ hydrotherapy treatment; ▪ extended treatments; ▪ services provided outside of normal business hours. 	<p>Cost per participant</p> <p>\$22.50</p>
PE001	<p>Worksite visit</p> <p>Prior approval from insurer required.</p> <p>Prior to a worksite evaluation, consideration of details such as relevance to injury; intended outcomes; likely duration and reporting requirements should be made and discussed with the insurer with a suggested maximum duration of 2 hours.</p> <p>Does not include reports or travel.</p>	<p>Hourly rate**</p> <p>\$207.05</p>
PR001	<p>Progress/Standard report</p> <p>A report relating to a specific worker that is provided to a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider that contains (where applicable) –</p> <ul style="list-style-type: none"> ▪ a summary of assessment findings; ▪ treatment/management services provided and results obtained; ▪ recommendations for further treatment/management; ▪ functional and objective improvements; ▪ perceived treatment duration required; ▪ return to work recommendation; 	<p>Set fee</p> <p>\$90.85</p>

	<ul style="list-style-type: none"> ▪ perceived barriers to return to work; ▪ questionnaire results and implications. <p>A maximum combined total of 3 reports or Treatment Management Plans (PR003) permitted without prior approval from insurer. Additional reports require prior approval from insurer.</p> <p>Does not include:</p> <p>Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner.</p>	
PR002	<p>Comprehensive report</p> <p>As above for progress/standard report and contains information relating to more detailed assessments and interventions performed.</p> <p>The specific requirements for a comprehensive report must be discussed with the insurer prior to approval with a suggested maximum duration of 2 hours.</p>	<p>Hourly rate**</p> <p>\$207.05</p>
PR003	<p>Treatment Management Plan</p> <p>Provision of a completed Treatment Management Plan that must contain –</p> <ul style="list-style-type: none"> ▪ clinical assessment of injured worker and results of any investigation; ▪ injured worker’s current work status and level of incapacity; ▪ proposed management plan including – <ul style="list-style-type: none"> ▪ the proposed work and functional goals and estimated timeframe in weeks; ▪ description and number of proposed treatment methods; ▪ the number of weeks treatment is to be conducted; ▪ the injured worker’s expected fitness for work at the end of the management plan; ▪ other comments or recommendations (including barriers to recovery where relevant). <p>A maximum combined total of 3 Treatment Management Plans or reports (PR001) permitted without prior approval from insurer. Additional Treatment Management Plans require prior approval from insurer.</p>	<p>Set fee</p> <p>\$90.85</p>

	<p>Note:</p> <p>Treatment Management Plan templates are available at www.workcover.wa.gov.au</p>	
PT001	<p>Travel</p> <p>Travel when the most appropriate management of the patient requires the provider to travel away from their normal practice. The insurer must provide pre-approval for travel in excess of one hour.</p> <p>If services are provided to more than one worker before leaving a venue, the fee for the journey is to be apportioned equally between workers.</p>	<p>Hourly rate**</p> <p>\$165.75</p>
PQ001	<p>Case conferences</p> <p>Face-to-face or telephone communication involving the physiotherapist with one or more of the following – doctor, employer, insurer/claims manager, rehabilitation providers and worker.</p> <p>The aim of the case conference is to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	<p>\$20.75</p> <p>per 6 minute block</p>
PK001	<p>Communication</p> <p>Any required oral communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer or vocational rehabilitation provider (other than courtesy communication with the medical practitioner) relating to the treatment or rehabilitation of a specific worker.</p> <p>The physiotherapist must keep a written record of the details of the communication, including its date, time and duration.</p> <p>Maximum duration per communication is 30 minutes.</p> <p>Maximum cumulative duration of communications per claim is one hour. When the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required.</p>	<p>\$20.75</p> <p>per 6 minute block</p>

<p>PS001</p>	<p>Specific Physiotherapy Assessment</p> <p>Prior approval from insurer required.</p> <p>Includes specific types of assessments not classified elsewhere in these scales required by the insurer which physiotherapists may undertake (e.g. diagnostic ultrasound imaging, Functional Capacity Assessments (FCE's), seating and wheelchair assessments).</p>	<p>Hourly rate**</p> <p>\$207.05</p>
<p>PW001</p>	<p>Specific Physiotherapy Intervention</p> <p>Prior approval from insurer required (* replaces PD001).</p> <p>Includes treatments not classified elsewhere in these scales required by the insurer which physiotherapists may undertake (e.g. treatment of severe multiple area trauma, burns, neurologically injured patients and patients with severe spinal injuries, ergonomic corrections of workplace, specialised real-time ultrasound imaging, short consultations).</p>	<p>Hourly rate**</p> <p>\$207.05</p> <p>Max duration of service provision 2 hours</p>

* Exclusive of GST

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