



Hon Simone McGurk MLA

Minister for Creative Industries; Heritage; Industrial Relations;
Aged Care and Seniors; Women

Workers Compensation (Health Services) Fees Order 2025

Workers Compensation and Injury Management Act 2023

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 2025*.

This Order repeals and replaces the *Workers Compensation (Health Services) Fees Order 2024 (No.2)*, effective 1 November 2025.

HON SIMONE MCGURK MLA

MINISTER FOR CREATIVE INDUSTRIES; HERITAGE; INDUSTRIAL RELATIONS; AGED CARE AND SENIORS; WOMEN

Date: 16 September 2025

1. Citation

This Order is the *Workers Compensation (Health Services) Fees Order 2025*.

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 2025.

4. Application of Order

This Order applies to a health service provided on or after 1 November 2025, 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	\$123.75
ACU02	Subsequent consultation	\$98.75
ACU03	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable) –</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$120.50
ACU04	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker. Note:</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$24.10 per 6 mins
ACU05	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the acupuncturist/ Chinese medicine practitioner and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$24.10 per 6 mins
ACU06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if -</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$192.50 per hour

Schedule 2 – Health Service Fees: Chiropractic

CHIROPRACTIC		
CODE	SERVICE DESCRIPTION	FEE
CHR01	Initial consultation	\$109.65
CHR02	Subsequent consultation	\$70.55
CHR03	X-rays	Market rate
CHR04	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable) –</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$120.50
CHR05	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker. Note:</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$24.10 per 6 mins
CHR06	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the chiropractor and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$24.10 per 6 mins
CHR07	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if -</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$192.50 per hour

Schedule 3 – Health Service Fees: Clinical Psychology

CLINICAL PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
CLN01	Initial consultation	\$328.90 per hour
CLN02	Subsequent consultation	\$328.90 per hour
CLN03	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable) –</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$328.90 per hour
CLN04	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker.</p> <p>Note:</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$24.10 per 6 mins
CLN05	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the clinical psychologist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$24.10 per 6 mins

CLINICAL PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
CLN06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if -</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$192.50 per hour

Schedule 4 – Health Service Fees: Counselling Psychology

COUNSELLING PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
COU01	Initial consultation	\$328.90 per hour
COU02	Subsequent consultation	\$328.90 per hour
COU03	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable) –</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$328.90 per hour
COU04	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker.</p> <p>Note:</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$24.10 per 6 mins
COU05	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the counselling psychologist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$24.10 per 6 mins
COU06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if -</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$192.50 per hour

Schedule 5 – Health Service Fees: Exercise Programs

Part 1 Exercise Physiologists

EXERCISE PROGRAMS		
CODE	SERVICE DESCRIPTION	FEE
EPE20	Initial consultation Includes - <ul style="list-style-type: none"> • review of current medical and vocational status • communication/liaison with relevant parties • physiological assessment/testing • screening questionnaires relating to worker's level of function. • program design based on above. • exercise facility/equipment coordination (pool or gym based). 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 - <ul style="list-style-type: none"> • program implementation - prescription and provision of exercises (land or pool based) • program monitoring • post program screening questionnaire relating to worker's level of function • psychosocial reassessment • communication/liaison with relevant parties. 	\$221.50 per hour to a maximum of one hour
EPE02	Initial report Includes - <ul style="list-style-type: none"> • initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan • current status as per medical certification and proposed outcome status • detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval. 	\$240.40 per hour to a maximum of one hour
EPE03	Subsequent report Progress report to be provided at the request of the referrer.	\$240.40 per hour to a maximum of 30 minutes
EPE04	Final report Comprehensive report to be provided at the end of the service delivery detailing: <ul style="list-style-type: none"> • physiological testing results pre and post program • worker attendance/programme compliance. 	\$240.40 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

EXERCISE PROGRAMS		
CODE	SERVICE DESCRIPTION	FEE
EPE06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if -</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$192.50 per hour
EPE08	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or workplace rehabilitation provider relating to the treatment of an injured worker. Note:</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$24.10 per 6 mins
EPE09	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the exercise physiologist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$24.10 per 6 mins

Schedule 5 – Health Service Fees: Exercise Programs

Part 2 - Physiotherapists

EXERCISE PROGRAMS		
CODE	SERVICE DESCRIPTION	FEE
EXE20	Initial consultation Includes - <ul style="list-style-type: none"> • review of current medical and vocational status • communication/liaison with relevant parties • physiological Assessment/testing • screening questionnaires relating to worker's level of function • program design based on above • exercise facility/equipment coordination (pool or gym based). 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 - <ul style="list-style-type: none"> • program implementation - prescription and provision of exercises (land or pool based) • program monitoring • post program screening questionnaire relating to worker's level of function • psychosocial reassessment • communication/liaison with relevant parties. 	\$221.50 per hour to a maximum of one hour
EXE02	Initial report Includes - <ul style="list-style-type: none"> • initial assessment report outlining results (self-reported and objective), recommendations and exercise rehabilitation plan • current status as per medical certification and proposed outcome status • detailed cost plan outlining proposed outcome, services required and proposed costs for insurer approval. 	\$240.40 per hour to a maximum of one hour
EXE03	Subsequent report Progress report to be provided at the request of the referrer.	\$240.40 per hour to a maximum of 30 minutes
EXE04	Final report Comprehensive report to be provided at the end of the service delivery detailing: <ul style="list-style-type: none"> • physiological testing results pre and post program • worker attendance/programme compliance. 	\$240.40 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

EXERCISE PROGRAMS		
CODE	SERVICE DESCRIPTION	FEE
EXE06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if -</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$192.50 per hour
EXE08	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker.</p> <p>Note:</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$24.10 per 6 mins
EXE09	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the physiotherapist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$24.10 per 6 mins

Schedule 6 – Health Service Fees: Mental Health Social Work

MENTAL HEALTH SOCIAL WORK		
CODE	SERVICE DESCRIPTION	FEE
MHS01	Initial consultation	\$242.05 per hour
MHS02	Subsequent consultation	\$242.05 per hour
MHS03	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable) –</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$242.05 per hour
MHS04	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker. Note:</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$24.10 per 6 mins
MHS05	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the mental health social worker and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$24.10 per 6 mins
MHS06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if -</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$192.50 per hour

Schedule 7 – Health Service Fees: Occupational Therapy

OCCUPATIONAL THERAPY		
CODE	SERVICE DESCRIPTION	FEE
OCC01	Initial consultation	\$160.65
OCC02	Subsequent consultation	\$124.80
OCC03	Extended initial or subsequent consultation (45mins to < 1 hour)	\$178.30
OCC04	Extended initial or subsequent consultation (≥ 1 hour)	\$237.95
OCC05	Standard group consultation (30mins)	\$78.20 per person
OCC06	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable) –</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports or Treatment Management Plans (OCC07) is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$120.50
OCC11	<p>Comprehensive report</p> <p>As above for report item OCC06 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>	\$240.40 per hour
OCC07	<p>Treatment management plan</p> <p>Provision of a completed Treatment Management Plan.</p> <p>A maximum combined total of 3 Treatment Management Plans or reports (OCC06) permitted without prior approval from insurer. Additional Treatment Management Plans require prior approval from insurer.</p> <p>Note: Treatment Management Plan templates are available at workcover.wa.gov.au</p>	\$120.50
OCC08	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker. Note:</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$24.10 per 6 mins

OCCUPATIONAL THERAPY		
CODE	SERVICE DESCRIPTION	FEE
OCC09	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the occupational therapist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$24.10 per 6 mins
OCC10	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if -</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$192.50 per hour

Schedule 8 – Health Service Fees: Osteopathy

	OSTEOPATHY	
CODE	SERVICE DESCRIPTION	FEE
OST01	Initial consultation	\$133.50
OST02	Subsequent consultation	\$111.80
OST03	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable) –</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$120.50
OST04	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker. Note:</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$24.10 per 6 mins
OST05	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the osteopath and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$24.10 per 6 mins
OST06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if -</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$192.50

Schedule 9 – Health Service Fees: Psychology

PSYCHOLOGY		
CODE	SERVICE DESCRIPTION	FEE
PSY01	Initial consultation	\$242.05 per hour
PSY02	Subsequent consultation	\$242.05 per hour
PSY03	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable) –</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$242.05 per hour
PSY04	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker. Note:</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$24.10 per 6 mins
PSY05	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the psychologist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$24.10 per 6 mins
PSY06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if -</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$192.50 per hour

Schedule 10 – Health Service Fees: Physiotherapy

PHYSIOTHERAPY		
CODE	SERVICE DESCRIPTION	FEE
PA001	<p>Initial consultation A consultation with the physiotherapist including the following elements –</p> <p>Subjective assessment – of the following points as required: Major symptoms and lifestyle dysfunction; current history and treatment; past history and treatment; pain, 24-hour behaviour, aggravating and relieving factors; general health, medication, risk factors.</p> <p>Objective assessment – of the following points as required: Movement – active, passive, resisted, repeated; muscle tone, spasm, weakness; accessory movements, passive intervertebral movements etc. Appropriate procedures/tests as indicated.</p> <p>Appropriate initial management, treatment or advice - based on assessment findings that could include the following as required: Provisional diagnosis; goals of treatment; treatment plan. Discussion with the patient regarding working hypothesis and treatment goals and expected outcomes; initial treatment and response; advice regarding home care including any exercise programs to be followed.</p> <p>Documentation of consultation – as required that could include: The assessment findings, physiotherapy intervention(s), evaluation of intervention(s), plan for future treatment and results of other relevant tests and warnings (if applicable).</p> <p>Includes:</p> <ul style="list-style-type: none"> • Individual services provided in rooms, home or hospital; hydrotherapy treatment; extended treatments; and services provided outside of normal business hours. • Courtesy communication by the physiotherapist with the medical practitioner such as acknowledgement of referral. • The physiotherapist's notes of the consultation. <p>Does not include:</p> <ul style="list-style-type: none"> • Oral or written communication by the physiotherapist with a medical specialist, medical practitioner, employer, insurer, workplace rehabilitation provider (other than courtesy communication with the medical practitioner). Oral communication has a specific item number in this Table (PK001). • The physiotherapist's involvement in a health service case conference. This service has a specific item number in this Table (PQ001). 	Set fee \$120.50

PHYSIOTHERAPY		
CODE	SERVICE DESCRIPTION	FEE
PB001	<p>Subsequent consultation 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 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 \$97.65
PC001	<p>2 distinct areas of treatment per visit Same description as PB001 except relates to the treatment/management of 2 distinct areas/conditions</p>	Set fee \$128.10
PG001	<p>Group consultation Includes non-individualised services provided to more than one individual whether –</p> <ul style="list-style-type: none"> • In rooms, home or hospital; • Hydrotherapy treatment; • Extended treatments; <p>Services provided outside of normal business hours.</p>	Cost per participant \$36.90
PE001	<p>Worksite visit Prior approval from insurer required. Prior to a worksite evaluation, consideration of details such as relevance to injury; intended outcomes; likely duration and reporting requirements should be made and discussed with the insurer with a suggested maximum duration of 2 hours. Does not include reports or travel.</p>	Hourly rate \$240.40

PHYSIOTHERAPY		
CODE	SERVICE DESCRIPTION	FEE
PR001	<p>Reports (standard/progress)</p> <p>A report relating to a specific worker that is provided to a medical specialist, medical practitioner, employer, insurer or approved workplace rehabilitation provider that contains (where applicable) –</p> <ul style="list-style-type: none"> • A summary of assessment findings; • Treatment/management services provided and results obtained; • Recommendations for further treatment/management; • Functional and objective improvements; • Perceived treatment duration required; • Return to work recommendation; • Perceived barriers to return to work; • Questionnaire results and implications. <p>A maximum combined total of 3 reports or Treatment Management Plans (PR003) permitted without prior approval from insurer. Additional reports require prior approval from insurer.</p> <p>Does not include:</p> <p>Courtesy communication by the physiotherapist such as brief oral or written communication with the medical practitioner.</p>	Set fee \$120.50
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>	\$240.40 per hour
PR003	<p>Treatment management plan</p> <p>Provision of a completed Treatment Management Plan.</p> <p>A maximum combined total of 3 Treatment Management Plans or reports (PR001) permitted without prior approval from insurer. Additional Treatment Management Plans require prior approval from insurer.</p> <p>Note: Treatment Management Plan templates are available at workcover.wa.gov.au</p>	Set fee \$120.50
PT001	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if -</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$192.50 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.	\$24.10 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: <ul style="list-style-type: none"> the maximum duration per communication is 30 minutes the maximum cumulative duration per claim is 60 minutes when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required communication may be via phone or email charging of fees for communications between health practitioners within an organisation is prohibited. 	\$24.10 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).	\$240.40 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).	\$240.40 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	\$283.30
SPE02	Subsequent consultation	\$166.10
SPE03	<p>Report</p> <p>Any requested or required written report relating to an injured worker that is provided to a medical practitioner, employer, insurer, or approved workplace rehabilitation provider that contains (where applicable) –</p> <ul style="list-style-type: none"> • a summary of assessment findings • treatment/management services provided and results obtained • recommendations for further treatment/management • progress, functional and objective improvements • likely treatment duration required. <p>A maximum combined total of 3 reports is permitted without prior approval from the insurer. Additional reports require prior approval from the insurer.</p>	\$120.50
SPE04	<p>Communication</p> <p>Any requested or required verbal or written discussions with an insurer, employer, medical or health practitioner, or approved workplace rehabilitation provider relating to the treatment of an injured worker.</p> <p>Note:</p> <ul style="list-style-type: none"> • the maximum duration per communication is 30 minutes • the maximum cumulative duration per claim is 60 minutes • when the maximum cumulative duration has been reached, prior approval from insurer for a minimum of 5 blocks of 6 minutes is required • communication may be via phone or email • charging of fees for communications between health practitioners within an organisation is prohibited. 	\$24.10 per 6 mins
SPE05	<p>Health service case conference</p> <p>Any requested or required face-to-face, video or audio conference involving the speech pathologist and one or more of the following: medical practitioner, worker, employer, insurer, approved workplace rehabilitation provider with the aim to plan, implement, manage or review treatment options and/or rehabilitation plan.</p>	\$24.10 per 6 mins
SPE06	<p>Travel</p> <p>Travel time when it is necessary for a health practitioner to travel away from their normal practice or service location to provide a health service to an injured worker.</p> <p>Travel must be calculated from the health practitioner's normal practice or service location to the place being attended for the health service and may include return travel.</p> <p>Travel time and fees must be apportioned if -</p> <ul style="list-style-type: none"> • Health services are provided to more than one worker at a single location • Health services are provided at more than one location on a single day. Travel time and fees should be apportioned between each case. <p>All travel (date, distance and time spent travelling) must be reported to the insurer on the invoice when billing for a travel service.</p> <p>Travel time in excess of one hour must be pre-approved by the insurer.</p>	\$192.50 per hour