South Australia

Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners) Regulations 1999

under the Workers Rehabilitation and Compensation Act 1986

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Legislative history

1—Short title

These regulations may be cited as the Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners) Regulations 1999.

2—Commencement

These regulations come into operation on the day on which they are made.

3—Revocation

The Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners) Regulations 1997 (see Gazette 15.5.1997 p2000) are revoked.

4—Interpretation

(1) In these regulations—

Act means the Workers Rehabilitation and Compensation Act 1986;

GST means the tax payable under the GST law;

GST law means—

(a) A New Tax System (Goods and Services Tax) Act 1999 (Commonwealth); and

(b) the related legislation of the Commonwealth dealing with the imposition of a tax on the supply of goods, services and other things;
MBS Book means the Medicare Benefits Schedule Book published by the Commonwealth Department of Health and Aged Care in the year 2000 and expressed as operating from 1 November 2000;

N/A (not applicable), in relation to an item in Schedule A, means that a fee is not set by these regulations for the relevant item;

prescribed medical certificate means a certificate provided by a recognised medical expert in support of a claim for compensation pursuant to section 52 of the Act in a form prescribed by regulation under the Act.

(2) Subject to the Act and subregulation (1), and unless the contrary intention appears, words and expressions used in Schedule A or B have the meanings specified in the MBS Book.

5—Scales of charges—Medical practitioners

Pursuant to section 32(11) of the Act, the scales of charges set out in Schedules A and B are, subject to modification under regulation 6, prescribed as scales of charges for the purposes of that section for the provision of medical and related or supplementary services by legally qualified medical practitioners.

6—Increase in fees for Goods and Services Tax

(1) Where a service set out in Schedule A or B is subject to GST, the maximum fee set out in (or determined as a derived fee in accordance with) the Schedule in respect of the service is increased so that after deduction of the GST in relation to the service the amount of the fee remaining is equal to the maximum fee set out in, or determined in accordance with, the Schedule.

(2) Where the maximum fee in respect of a service is determined as a derived fee in accordance with Schedule A or B, the fee from which it is derived must not be increased under subregulation (1) to include GST when calculating the derived fee.

Schedule A—Clinical medical services

Note—

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[Schedule A appears in Gazette 20.3.2003 p1100]

Schedule B—Workers compensation services

Medical report—treating doctor

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMG16</td>
<td>General Practitioners</td>
<td>Treating doctor medical report—provided within 10 business days of receipt of the initial request.</td>
<td>$150.40</td>
</tr>
<tr>
<td>WMG17</td>
<td>General Practitioners</td>
<td>Treating doctor medical report—provided between 10 and 30 business days after receipt of the initial request.</td>
<td>$117.00</td>
</tr>
<tr>
<td>WMG18</td>
<td>General Practitioners</td>
<td>Treating doctor medical report—provided 30 or more business days after receipt of the initial request.</td>
<td>$89.10</td>
</tr>
</tbody>
</table>

Workers compensation services—Schedule B

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMS16</td>
<td>Specialists in a surgical discipline</td>
<td>Treating doctor medical report—provided within 10 business days of receipt of the initial request.</td>
<td>$239.60</td>
</tr>
<tr>
<td>WMS17</td>
<td>Specialists in a surgical discipline</td>
<td>Treating doctor medical report—provided between 10 and 30 business days after receipt of the initial request.</td>
<td>$206.20</td>
</tr>
<tr>
<td>WMS18</td>
<td>Specialists in a surgical discipline</td>
<td>Treating doctor medical report—provided 30 or more business days after receipt of the initial request.</td>
<td>$167.20</td>
</tr>
<tr>
<td>WMP16</td>
<td>Consultant Physicians</td>
<td>Treating doctor medical report—provided within 10 business days of receipt of the initial request.</td>
<td>$239.60</td>
</tr>
<tr>
<td>WMP17</td>
<td>Consultant Physicians</td>
<td>Treating doctor medical report—provided between 10 and 30 business days after receipt of the initial request.</td>
<td>$206.20</td>
</tr>
<tr>
<td>WMP18</td>
<td>Consultant Physicians</td>
<td>Treating doctor medical report—provided 30 or more business days after receipt of the initial request.</td>
<td>$167.20</td>
</tr>
</tbody>
</table>

**Notes—**

- **Note 1** A medical report must be requested in writing and may be requested by—
  - a claims agent, self-managed or exempt employer; or
  - a worker’s representative or advocate.
  
  (Refer to the report preparation guidelines on page 1 of the explanatory booklet "Schedule B—Workers Compensation").

- **Note 2** The date of request is taken to be 2 business days after the date the letter of request is posted, or 1 business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.

- **Note 3** Most reports are expected to be completed on the basis of the medical practitioner's clinical notes, therefore a consultation is not necessarily a pre-requisite for the preparation of a report. However, if required in the judgement of the medical practitioner, the consultation is billed in the usual manner.

- **Note 4** Reading time for treating doctor medical reports is not normally chargeable. However, an appropriate fee for reading time for treating doctor medical reports will be authorised by the claims agent, self-managed or exempt employer if the costs are reasonable; for example, if the medical practitioner believes he or she has been asked to read an unusually large amount of material supplied by the requestor.

- **Note 5** A report clarification fee may be charged for clarification of a report if it is considered reasonable and not sought as a result of failure by the provider to address the original request. The claims agent, self-managed or exempt employer will authorise the cost if it is considered reasonable.

- **Note 6** Payment for reports will not be made in advance.

### Short report—treating doctor

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>WMG37</td>
<td>General Practitioners</td>
<td>Short report—provided within 72 hours of receipt of the initial request.</td>
<td>$70.00</td>
</tr>
<tr>
<td>WMG38</td>
<td>General Practitioners</td>
<td>Short report—provided more than 72 hours after receipt of the initial request.</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

**Schedule B—Workers compensation services**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMS37</td>
<td>Specialists in a surgical discipline</td>
<td>Short report—provided within 72 hours of receipt of the initial request.</td>
<td>$70.00</td>
</tr>
<tr>
<td>WMS38</td>
<td>Specialists in a surgical discipline</td>
<td>Short report—provided more than 72 hours after receipt of the initial request.</td>
<td>$20.00</td>
</tr>
<tr>
<td>WMP37</td>
<td>Consultant Physicians</td>
<td>Short report—provided within 72 hours of receipt of the initial request.</td>
<td>$70.00</td>
</tr>
<tr>
<td>WMP38</td>
<td>Consultant Physicians</td>
<td>Short report—provided more than 72 hours after receipt of the initial request.</td>
<td>$20.00</td>
</tr>
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</table>

**Notes—**

1. The requestor must specify in the request that he or she is seeking a short report.
2. A medical report must be requested in writing and may be requested by:
   - a claims agent, self-managed or exempt employer; or
   - a worker's representative or advocate.
3. The date of request is taken to be 2 business days after the date the letter of request is posted, or 1 business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.
4. Reports should be concise and focused. The anticipated length of a short report is approximately half an A4 page.
   (Refer to the report preparation guidelines on page 1 of the explanatory booklet "Schedule B—Workers Compensation").
5. A short report should be based on the medical practitioner's notes and should not require a consultation with the patient. There may be occasions where a consultation is deemed appropriate; for example, if the practitioner has not seen the patient for some time or detailed information is required about the range of duties being considered, a consultation fee may be billed in the usual manner.
6. Short reports may be faxed to the requestor with the relevant account.
7. A report clarification fee may be charged for clarification of a report if it is considered reasonable and not sought as a result of failure by the provider to address the original request. The claims agent, self-managed or exempt employer will authorise the cost if it is considered reasonable.
8. Payment for reports will not be made in advance.

### Telephone calls (excluding calls made to or received from workers)

<table>
<thead>
<tr>
<th>Item No.</th>
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<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMG19</td>
<td>General Practitioners</td>
<td>Telephone calls—of up to and including 10 minutes duration.</td>
<td>$22.50</td>
</tr>
<tr>
<td>WMG20</td>
<td>General Practitioners</td>
<td>Telephone calls—of more than 10 minutes duration.</td>
<td>$51.00</td>
</tr>
<tr>
<td>WMS19</td>
<td>Specialists in a surgical discipline</td>
<td>Telephone calls—of up to and including 10 minutes duration.</td>
<td>$30.00</td>
</tr>
<tr>
<td>WMS20</td>
<td>Specialists in a surgical discipline</td>
<td>Telephone calls—of more than 10 minutes duration.</td>
<td>$67.50</td>
</tr>
</tbody>
</table>

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### Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners) Regulations 1999

Workers compensation services—Schedule B

#### Item No. Group Description Maximum Fee

<table>
<thead>
<tr>
<th>Item No.</th>
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<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMP19</td>
<td>Consultant Physicians</td>
<td>Telephone calls—of up to and including 10 minutes duration.</td>
<td>$30.00</td>
</tr>
<tr>
<td>WMP20</td>
<td>Consultant Physicians</td>
<td>Telephone calls—of more than 10 minutes duration.</td>
<td>$67.50</td>
</tr>
</tbody>
</table>

**Notes—**

Note 1  Telephone calls are chargeable if of a case specific nature, made to or received from—

- a claims agent, self-managed or exempt employer; or
- an employer; or
- a worker’s representative or advocate; or
- a WorkCover Corporation medical consultant; or
- a provider of return to work services registered by WorkCover Corporation.

Note 2  Telephone contact between treating / referring medical providers which forms part of the clinical management of the case is not chargeable.

Note 3  A fee is payable if the telephone contact occurs during a consultation with the worker provided that the consultation duration excludes the duration of the telephone call. For example, if the consultation and telephone call duration is 40 minutes and the call duration alone is 10 minutes, the consultation should be billed as a 30 minute consultation.

Note 4  Invoices for telephone calls in accordance with this item must record the name of the other party.

### Worksite assessment

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMG08</td>
<td>General Practitioners</td>
<td>Worksite assessment—for the purpose of assessing and reporting the duties that are or can be made available, and the capacity of the worker to undertake these duties.</td>
<td>$142.60 per hour</td>
</tr>
<tr>
<td>WMS08</td>
<td>Specialists in a surgical discipline</td>
<td>Worksite assessment—for the purpose of assessing and reporting the duties that are or can be made available, and the capacity of the worker to undertake these duties.</td>
<td>$183.90 per hour</td>
</tr>
<tr>
<td>WMP08</td>
<td>Consultant Physicians</td>
<td>Worksite assessment—for the purpose of assessing and reporting the duties that are or can be made available, and the capacity of the worker to undertake these duties.</td>
<td>$183.90 per hour</td>
</tr>
</tbody>
</table>

**Notes—**

Note 1  A worksite assessment may be requested by—

- a claims agent, self-managed or exempt employer; or
- a worker, worker’s representative or advocate.

Note 2  The claims agent, self-managed or exempt employer will authorise the fee if it is considered reasonable.
Note 3  At worksite visits it is expected that the employer, worker or worker's representative, claims agent or self-managed or exempt employer representative should be present.

Note 4  The claims agent, self-managed or exempt employer should contact the employer to ensure appropriate access to the worksite and to arrange for an employer representative to be available to help maximise the value of time spent in the workplace.

Note 5  The worksite assessment must include an assessment of the physical environment, mental work demands, human behaviour, working conditions, educational requirements and other conditions.

Note 6  The report of a worksite assessment is to be completed and distributed to relevant parties in attendance during the worksite assessment. A copy must also be provided to the case manager, treating doctor and worker (if not present) within 1 week of the assessment. No additional fee is payable for completion of the form.

Proformas can be obtained from WorkCover Corporation on (08) 8233 2452.

### Case conference

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMG09</td>
<td>General Practitioners</td>
<td>Case conference—to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery, including medical treatment strategies.</td>
<td>$142.60 per hour</td>
</tr>
<tr>
<td>WMS09</td>
<td>Specialists in a surgical discipline</td>
<td>Case conference—to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery, including medical treatment strategies.</td>
<td>$183.90 per hour</td>
</tr>
<tr>
<td>WMP09</td>
<td>Consultant Physicians</td>
<td>Case conference—to determine details of limitations to work, recommendations facilitating a return to work and options for management of the worker's recovery, including medical treatment strategies.</td>
<td>$183.90 per hour</td>
</tr>
</tbody>
</table>

### Notes—

Note 1  This service must be authorised by the claims agent, self-managed or exempt employer.

Note 2  A case conference may be requested by—
- a treating medical expert; or
- an employer; or
- a worker or worker's advocate; or
- a claims agent, self-managed or exempt employer; or
- a provider of return to work services registered by WorkCover Corporation.

Note 3  The claims agent, self-managed or exempt employer must be represented at the case conference. The worker, or worker's advocate or representative must always be invited to attend the case conference.

Note 4  It is the responsibility of the claims agent, self-managed or exempt employer to make a written and signed record of the case conference that is to be distributed to all attendees. Differences of opinion should be noted in the record. No fee is payable for records made by any medical practitioner during the case conference.
### Travel—worksite assessments, case conferences and dispute resolution

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMG10</td>
<td>General Practitioners</td>
<td>Travel time—worksite assessment, case conference or dispute resolution.</td>
<td>$142.60 per hour</td>
</tr>
<tr>
<td>WMS10</td>
<td>Specialists in a surgical discipline</td>
<td>Travel time—worksite assessment, case conference or dispute resolution.</td>
<td>$183.90 per hour</td>
</tr>
<tr>
<td>WMP10</td>
<td>Consultant Physicians</td>
<td>Travel time—worksite assessment, case conference or dispute resolution.</td>
<td>$183.90 per hour</td>
</tr>
</tbody>
</table>

**Notes—**

Note 1  Travel must be authorised by the claims agent, self-managed or exempt employer.

Note 2  All accounts must include the total time spent travelling plus the distance travelled.

Note 3  The case manager may choose to contain costs by requesting the service from an appropriate practitioner based in the worker's locality.

Note 4  Where more than 1 worksite assessment, case conference or dispute resolution is conducted, the travel fee is to be apportioned accordingly.

### Third party consultation

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMG14</td>
<td>General Practitioners</td>
<td>Third party consultation—at the doctor's rooms where the worker is usually not present.</td>
<td>$142.60 per hour</td>
</tr>
<tr>
<td>WMS14</td>
<td>Specialists in a surgical discipline</td>
<td>Third party consultation—at the doctor's rooms where the worker is usually not present.</td>
<td>$183.90 per hour</td>
</tr>
<tr>
<td>WMP14</td>
<td>Consultant Physicians</td>
<td>Third party consultation—at the doctor's rooms where the worker is usually not present.</td>
<td>$183.90 per hour</td>
</tr>
</tbody>
</table>

**Notes—**

Note 1  This service must be authorised by the claims agent, self-managed or exempt employer.

Note 2  This service should involve 1 of the following:
  * an employer; or
  * a claims agent, self-managed or exempt employer; or
  * a worker's representative or advocate; or
  * a provider of return to work services registered by WorkCover Corporation.

Note 3  This service may include a video viewing of a worker's normal duties, alternative duties or other activities.

Note 4  It is the responsibility of the claims agent, self-managed or exempt employer to ensure a written and signed record is made of the third party consultation that is to be distributed to all attendees. No fee is payable for records made by a medical practitioner during the third party consultation.

Note 5  If, as a result of the third party consultation, the medical practitioner has amended details regarding the injured worker's limitations to work, capacity, recommendations for facilitating a return to work and/or options for management of the worker, the medical practitioner must consider the worker's input into this decision.
Attendance for the purpose of dispute resolution

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMG15</td>
<td>General Practitioners</td>
<td>Attendance for the purpose of dispute resolution.</td>
<td>$142.60 per hour</td>
</tr>
<tr>
<td>WMS15</td>
<td>Specialists in a surgical discipline</td>
<td>Attendance for the purpose of dispute resolution.</td>
<td>$183.90 per hour</td>
</tr>
<tr>
<td>WMP15</td>
<td>Consultant Physicians</td>
<td>Attendance for the purpose of dispute resolution.</td>
<td>$183.90 per hour</td>
</tr>
</tbody>
</table>

**Notes—**

Note 1 Attendance for the purpose of dispute resolution must be at the request of—
- a claims agent, self-managed or exempt employer; or
- a worker or worker's representative; or
- an employer or employer's representative.

Note 2 A witness at a dispute resolution proceeding is entitled to reimbursement of any expense that the dispute resolution authority certifies has been, or is likely to be, reasonably incurred by the witness as a consequence of appearing before the authority.

Cancellation of an attendance for the purpose of a dispute resolution

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMG36</td>
<td>General Practitioners</td>
<td>Cancellation for the purpose of dispute resolution.</td>
<td>$142.60 per hour</td>
</tr>
<tr>
<td>WMS36</td>
<td>Specialists in a surgical discipline</td>
<td>Cancellation for the purpose of dispute resolution.</td>
<td>$183.90 per hour</td>
</tr>
<tr>
<td>WMP36</td>
<td>Consultant Physicians</td>
<td>Cancellation for the purpose of dispute resolution.</td>
<td>$183.90 per hour</td>
</tr>
</tbody>
</table>

**Notes—**

Note 1 Payment for cancellation of an attendance for the purpose of dispute resolution will only be made when the attendance was at the request of—
- a claims agent, self-managed or exempt employer; or
- a worker or worker's representative; or
- an employer or employer's representative.

Note 2 A cancellation fee is payable only if the cancellation occurs less than 24 hours before the time of the proposed attendance.

Independent medical examiners—medical report

<table>
<thead>
<tr>
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<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMS29</td>
<td>Specialists in a surgical discipline</td>
<td>Independent medical examiner report—provided within 10 business days of receipt of the initial request.</td>
<td>$222.90</td>
</tr>
<tr>
<td>WMS30</td>
<td>Specialists in a surgical discipline</td>
<td>Independent medical examiner report—provided between 10 and 30 business days after receipt of the initial request.</td>
<td>$200.50</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Item No.</th>
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<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>WMS31</td>
<td>Specialists in a surgical discipline</td>
<td>Independent medical examiner report—provided 30 or more business days after receipt of the initial request.</td>
<td>$167.20</td>
</tr>
<tr>
<td>WMP29</td>
<td>Consultant Physicians</td>
<td>Independent medical examiner report—provided within 10 business days of receipt of the initial request.</td>
<td>$222.90</td>
</tr>
<tr>
<td>WMP30</td>
<td>Consultant Physicians</td>
<td>Independent medical examiner report—provided between 10 and 30 business days after receipt of the initial request.</td>
<td>$200.50</td>
</tr>
<tr>
<td>WMP31</td>
<td>Consultant Physicians</td>
<td>Independent medical examiner report—provided 30 or more business days after receipt of the initial request.</td>
<td>$167.20</td>
</tr>
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Notes—

Note 1 A medical report must be requested in writing and may be requested by—
- a claims agent, self-managed or exempt employer; or
- a worker, worker's representative or advocate.

(Refer to the report preparation guidelines on page 1 of the explanatory booklet "Schedule B—Workers Compensation").

Note 2 The date of request is taken to be 2 business days after the date the letter of request is posted, or 1 business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.

Note 3 There is an expectation that a consultation will be required for the preparation of a report and should be billed in the usual manner.

Note 4 Independent Medical Examiners on WorkCover Corporation's Register of Independent Medical Examiner Providers have a separate service and fee schedule. Please contact WorkCover Corporation on (08) 8233 2452 for details.

Note 5 A report clarification fee may be charged for clarification of a report if it is considered reasonable and not sought as a result of failure by the provider to address the original request. The claims agent, self-managed or exempt employer will authorise the cost if it is considered reasonable.

Note 6 Payment for reports will not be made in advance.

**Independent medical examiners—reading time**

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>WMS32</td>
<td>Specialists in a surgical discipline</td>
<td>Reading time—payable to an independent medical examiner for reading prior reports or other information forwarded by the requestor.</td>
<td>$27.90</td>
</tr>
<tr>
<td>WMP32</td>
<td>Consultant Physicians</td>
<td>Reading time—payable to an independent medical examiner for reading prior reports or other information forwarded by the requestor.</td>
<td>$27.90</td>
</tr>
</tbody>
</table>

**Independent medical examiners—short report**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>WMSA1</td>
<td>Specialists in a surgical discipline</td>
<td>Independent medical examiner short report—provided within 72 hours of receipt of the initial request.</td>
<td>$70.00</td>
</tr>
</tbody>
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Workers Rehabilitation and Compensation (Scales of Charges—Medical Practitioners)  
Schedule B—Workers compensation services

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<tbody>
<tr>
<td>WMSA2</td>
<td>Specialists in a surgical discipline</td>
<td>Independent medical examiner short report—provided more than 72 hours after receipt of the initial request.</td>
<td>$20.00</td>
</tr>
<tr>
<td>WMPA1</td>
<td>Consultant Physicians</td>
<td>Independent medical examiner short report—provided within 72 hours of receipt of the initial request.</td>
<td>$70.00</td>
</tr>
<tr>
<td>WMPA2</td>
<td>Consultant Physicians</td>
<td>Independent medical examiner short report—provided more than 72 hours after receipt of the initial request.</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

Notes—

Note 1  The requestor must specify in the request that he or she is seeking a short report.

Note 2  A medical report must be requested in writing and may be requested by—

- a claims agent, self-managed or exempt employer; or
- a worker, a worker's representative or advocate.

Note 3  The date of request is taken to be 2 business days after the date the letter of request is posted, or 1 business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays.

Note 4  Reports should be concise and focused. The anticipated length of a short report is approximately half an A4 page. (Refer to the report preparation guidelines on page 1 of the explanatory booklet “Schedule B—Workers Compensation”.)

Note 5  The intention of this fee is to provide a facility for follow up questions or issues relating to prior independent medical examinations and additional consultations may not be required. The decision to undertake a further consultation is at the discretion of the medical practitioner.

Note 6  Short reports may be faxed to the requestor with the relevant account.

Note 7  A report clarification fee may be charged for clarification of a report if it is considered reasonable and not sought as a result of failure by the provider to address the original request. The claims agent, self-managed or exempt employer will authorise the cost if it is considered reasonable.

Note 8  Payment for reports will not be made in advance.

Independent medical examiners—travel

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS940</td>
<td>Specialists in a surgical discipline</td>
<td>Travel time—worksite assessment, case conference or dispute resolution.</td>
<td>$183.90 per hour</td>
</tr>
<tr>
<td>MP940</td>
<td>Consultant Physicians</td>
<td>Travel time—worksite assessment, case conference or dispute resolution.</td>
<td>$183.90 per hour</td>
</tr>
</tbody>
</table>

Notes—

Note 1  Travel will be approved for independent medical examiner services requested by—

- a claims agent, self-managed or exempt employer; or
- the worker or worker's representative.

Travel must be authorised by the claims agent, self-managed or exempt employer. The cost will be authorised if it is considered reasonable.

Note 2  All accounts must include the total time spent travelling as well as the distance travelled.
Note 3 When the service is requested by the case manager, he or she may choose to contain costs by requesting the service from an appropriately based practitioner in the worker’s locality.

Note 4 Where more than 1 examination and report is conducted, the travel fee is to be apportioned accordingly.

Independent medical examiners—cancellation of an appointment

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMS34</td>
<td>Specialists in a surgical discipline</td>
<td>Cancellation of an appointment—less than 24 hours before the time of the scheduled appointment.</td>
<td>$47.90</td>
</tr>
<tr>
<td>WMP34</td>
<td>Consultant Physicians</td>
<td>Cancellation of an appointment—less than 24 hours before the time of the scheduled appointment.</td>
<td>$84.70</td>
</tr>
</tbody>
</table>

Notes—

Note 1 Fees apply only to the cancellation of medical appointments arranged by—
- a claims agent, self-managed or exempt employer; or
- a worker, a worker’s representative or advocate.

Specified duties form (SDF)

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMG23</td>
<td>General Practitioners</td>
<td>Completion of a specified duties form (SDF).</td>
<td>$16.70</td>
</tr>
<tr>
<td>WMS23</td>
<td>Specialists in a surgical discipline</td>
<td>Completion of a specified duties form (SDF).</td>
<td>$16.70</td>
</tr>
<tr>
<td>WMP23</td>
<td>Consultant Physicians</td>
<td>Completion of a specified duties form (SDF).</td>
<td>$16.70</td>
</tr>
</tbody>
</table>

Notes—

Note 1 This form is to be completed at the request of the worker, worker’s advocate or representative, claims agent, self-managed or exempt employer.

Note 2 A fee is not payable if the form is completed during a consultation with the worker.

Note 3 SDFs may be obtained by contacting WorkCover Corporation on 13 18 55.

Emergency retrieval teams—travel time

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMS51</td>
<td>Specialists</td>
<td>Travel time—by a retrieval team doctor in association with a professional attendance relating to Medicare Benefits Schedule item numbers 00160, 00161, 00162, 00163 and 00164, other than ‘out of hours’ travel (refer to item number WMS52).</td>
<td>$183.90 per hour</td>
</tr>
<tr>
<td>WMS52</td>
<td>Specialists</td>
<td>Travel time—by a retrieval team doctor between 11pm and 7am any day of the week or on a public holiday in association with a professional attendance relating to Medicare Benefits Schedule item numbers 00160, 00161, 00162, 00163 and 00164.</td>
<td>$267.40 per hour</td>
</tr>
</tbody>
</table>
Note—
Where more than 1 worker is treated at the site of the emergency, the travel fee is to be apportioned accordingly.

### Extra-Corporeal Shock Wave Therapy

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMI11</td>
<td>Specialists</td>
<td>For the initial treatment of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.</td>
<td>$110.00</td>
</tr>
<tr>
<td>WMI12</td>
<td>Specialists</td>
<td>For subsequent treatments of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.</td>
<td>$90.00</td>
</tr>
<tr>
<td>WMI13</td>
<td>Specialists</td>
<td>For double treatments (bilateral or multiple) of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

**Notes—**

**Note 1** The I in prefix WMI item numbers represents the letter "I", not the numeral "1".

**Note 2** This treatment has been approved by WorkCover Corporation for use in the following conditions:
- heel pain/plantar fasciitis; or
- calcific tendonitis of shoulder; or
- lateral epicondylitis (tennis elbow); or
- medial epicondylitis; or
- non-united fractures.

**Note 3** Extra-corporeal Shock Wave Therapy for any other conditions must be authorised by the claims agent, self-managed or exempt employer prior to treatment.

### Services delivered by ear, nose and throat surgeons

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>WME24</td>
<td>Otorhinolaryngologists</td>
<td>Cortical Evoked Response Audiometry—verification.</td>
<td>$256.30</td>
</tr>
<tr>
<td>WME2A</td>
<td>Otorhinolaryngologists</td>
<td>Cortical Evoked Response Audiometry—quantification.</td>
<td>$256.30</td>
</tr>
<tr>
<td>WME25</td>
<td>Otorhinolaryngologists</td>
<td>Sensonics Smell Identification Test.</td>
<td>$111.40</td>
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</table>

### Services delivered by medical practitioners

<table>
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<th>Item No.</th>
<th>Group</th>
<th>Description</th>
<th>Maximum Fee</th>
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</thead>
<tbody>
<tr>
<td>WMG26</td>
<td>Medical Practitioners</td>
<td>Fluids, intravenous drip infusion of—percutaneous.</td>
<td>$44.00</td>
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<tr>
<td>WMG27</td>
<td>Medical Practitioners</td>
<td>Fluids, intravenous drip infusion of—open exposure.</td>
<td>$73.00</td>
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</table>

**Note—**
Item WMG26 is only payable where the service is not in association with a surgical procedure.
### Services delivered by medical practitioners in the practice of hypnotherapy

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<tr>
<td>WMG31</td>
<td>Medical Practitioners</td>
<td>At consulting rooms—not more than 15 minutes.</td>
<td>$37.70</td>
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<tr>
<td>WMG28</td>
<td>Medical Practitioners</td>
<td>At consulting rooms—16–30 minutes.</td>
<td>$65.70</td>
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<tr>
<td>WMG29</td>
<td>Medical Practitioners</td>
<td>At consulting rooms—31–45 minutes.</td>
<td>$98.60</td>
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<tr>
<td>WMG30</td>
<td>Medical Practitioners</td>
<td>At consulting rooms—more than 46 minutes.</td>
<td>$134.30</td>
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Legislative history

Notes

- For further information relating to the Act and subordinate legislation made under the Act see the Index of South Australian Statutes.

Principal regulations and variations

New entries appear in bold.

<table>
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<th>Year</th>
<th>No</th>
<th>Reference</th>
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<tr>
<td>1999</td>
<td>38</td>
<td>Gazette 27.5.1999 p2740</td>
<td>27.5.1999: r 2</td>
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Provisions varied

New entries appear in bold.

Entries that relate to provisions that have been deleted appear in italics.

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<tr>
<td>r 4</td>
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<tr>
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<td>14.4.2003</td>
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