

**WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION
(MEDICAL EXAMINATIONS AND REPORTS FEES) ORDER 2016**

under the

Workplace Injury Management and Workers Compensation Act 1998

I, Andrew Nicholls, Acting Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 339 of the *Workplace Injury Management and Workers Compensation Act 1998*.

Dated this 4 day of December 2015

ANDREW NICHOLLS
Acting Chief Executive
State Insurance Regulatory Authority

Explanatory Note

This Order is not relevant to medical treatment services provided to workers. Please refer to the *Workers Compensation (Medical Practitioner Fees) Order 2016*, *Workers Compensation (Surgeons Fees) Order 2016* and *Workers Compensation (Orthopaedic Surgeons Fees) Order 2016* for medical services fees.

**Workplace Injury Management and Workers Compensation
(Medical Examinations and Reports Fees) Order 2016**

Part 1 Preliminary

1. Name of Order

This Order is the *Workplace Injury Management and Workers Compensation (Medical Examinations and Reports Fees) Order 2016*.

2. Commencement

This Order commences on 1 January 2016.

3. Definitions

In this Order:

the Act means the *Workplace Injury Management and Workers Compensation Act 1998*;

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Approved Medical Specialist means an Approved Medical Specialist appointed by the President of the Workers Compensation Commission conducting an examination as part of dispute resolution proceedings at the Workers Compensation Commission. Schedules 3 and 4 of this Order apply;

File Review means a review of the file when the practitioner is able to provide a report on the basis of a file review alone;

GST means the Goods and Services Tax payable under the GST Law;

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999* (Cth);

Guidelines mean the Authority's Guidelines on Independent Medical Examinations and Reports current at the time;

Health Service Provider has the same meaning as in section 339 of the Act;

Independent Medical Examiner means a medical specialist with appropriate qualifications and expertise relevant to the treatment of the worker's injury and who is able to competently provide an opinion on the question(s) in the referral. A General Practitioner acting as a nominated treating doctor for a worker may provide a Medical Examination Report according to this Order, when requested to provide an opinion in relation to a dispute or potential dispute for that worker.

Medical Examination Report means an examination and report completed by an Independent Medical Examiner or a treating Medical Practitioner where additional information is required by either party to a current or potential dispute. For example, when there is lack of agreement regarding liability, causation, capacity for work or treatment

between key parties and the Medical Practitioner is requested to provide their opinion. This **does not** include reports on the routine management of the worker's injury. Fees for this type of communication are included in the relevant treatment fees Order.

Medical Examination Reports may be requested to assist decision making on any part of the claim when the management reports available do not adequately address the issue. Schedules 1 and 2 of this Order apply.

Medical Examination Reports are categorised as follows:

- a. **Standard Reports** are reports relating solely to a single event or injury in relation to:
 - causation; or
 - capacity for work; or
 - treatment; or
 - simple permanent impairment assessment of one body system.
- b. **Moderately Complex Reports** are reports relating to issues involving a **combination of two** of the following:
 - causation
 - capacity for work
 - treatment
 - simple permanent impairment assessment of one body system; reports of simple permanent impairment assessment of two body systems or more than one injury to a single body system.
- c. **Complex Reports** are reports relating to issues involving a **combination of three or more** of the following (with the exception of ENT examinations/reports) :
 - causation
 - capacity for work
 - treatment
 - permanent impairment assessment of one body system; or a complex method of permanent impairment assessment on a single body system or multiple injuries involving more than one body system.

Medical Practitioner means a person registered in the medical profession under the *Health Practitioner Regulation National Law (NSW) No 86a*, or equivalent Health Practitioner National Law in their jurisdiction with the Australian Health Practitioner Regulation Agency.

Medical Specialist means a Medical Practitioner recognised as a specialist in accordance with the *Health Insurance Regulations 1975*, Schedule 4, part 1, who is remunerated at specialist rates under Medicare.

Senior Approved Medical Specialist means a Senior Approved Medical Specialist appointed by the President of the Workers Compensation Commission under section 320 (2A) of the Act. Schedule 5 of this Order applies.

Unreasonably late attendance means that the worker or interpreter arrives unreasonably late, to the degree that a full examination is prevented from being conducted.

Working Days means Monday to Friday (excluding public holidays).

4. Application of Order

This Order applies to an examination or report provided on or after the commencement date of this Order, whether it relates to an injury received before, on or after that date.

Part 2 Fees for medical assessments

5. Maximum fees for medical assessments

For the purposes of section 339 of the Act, the maximum fees for the provision of services by health service providers in connection with a claim for compensation or work injury damages is as follows:

- a. The rate of fees for a medical examination by General Practitioners as set out in Schedule 1,
- b. The rate of fees for a medical examination by Medical Specialists as set out in Schedule 2,
- c. The rate of fees for a medical examination carried out by an Approved Medical Specialist (AMS) on referral by the Workers Compensation Commission as set out in Schedule 3,
- d. The rate of fees for a medical examination carried out by an Approved Medical Specialist on an Appeal Panel as set out in Schedule 4.
- e. The incorrect use of any items referred to in this Order can result in penalties, including the Medical Practitioner being required to repay monies to the Authority that the Medical Practitioner has incorrectly received.

6. Goods and Services Tax

An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit a Health Service Provider to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

7. Payments under Schedules 1 & 2

- (1) The party requesting a report as listed in these Schedules is to either:
- a. agree the category of report being requested with the Medical Practitioner in advance and confirm the request in writing indicating that payment will be made within 10 days of receipt of a properly completed report and invoice; or
 - b. pay in accordance with a contractual arrangement between the medical practice and the referring body on receipt of a properly completed tax invoice.

The contractual arrangement cannot agree to a fee above the maximum fee prescribed in this Order.

Schedules 1 and 2 apply to reports obtained for the purpose of proving or disproving an entitlement, or the extent of an entitlement to workers compensation or work injury damages. Schedules 1 and 2 do not apply to medical or related treatment reports. Fees for those reports (which usually contain questions to assist the insurer determine prognosis for recovery and timeframes for return to work) are fixed under section 61 of the *Workers Compensation Act 1987*.

- (2) Fees fixed in these Schedules are recoverable only where the conditions for payment as set out in Part 3 of Schedule 6 of the *Workers Compensation Regulation 2010* have been complied with.

Part 3 item 4 (which applies to a treating Health Service Provider's report) provides:

If a claim or dispute is resolved whether before or after proceedings commenced:

Claimant:

- a. nil fee payable, unless paragraph (b) applies, or
- b. fee allowed in accordance with any applicable fee Order where:
 - (i) request for report made to insurer; and
 - (ii) either:
 - insurer does not provide report within 14 days, or
 - report supplied by insurer does not address the report requirements of the claimant, and
 - (iii) report is served on insurer.

Insurer:

- a. fee allowed in accordance with any applicable fee Order.

Part 3 item 6 (which applies to clinical notes and records), provides conditions for payment in similar terms as above for item 4, but the period of time for an insurer to provide clinical records is fixed at 7 days.

In accordance with section 339 of the *Workplace Injury Management and Workers Compensation Act 1998*, a Health Service Provider is not entitled to be paid or recover any fee for providing a service that exceeds the fee fixed under this Order.

8. Requirements for invoices

All invoices must be submitted within 30 calendar days of the service provided and must comply with the State Insurance Regulatory Authority, Workers Compensation Regulation's itemised invoicing requirements <http://www.workcover.nsw.gov.au/workers-compensation-claims/medical-professionals/invoicing> for the invoice to be processed.

9. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

Schedule 1

Rates for Medical Examination by General Practitioners

Payment Classification Code	Service description	Fee
IMG001 or WIG001	Examination and report in accordance with the Guidelines – standard case (see definition of Medical Examination Report)	\$555.30
IMG002 or WIG002	Examination conducted with the assistance of an interpreter and report in accordance with Guidelines – standard case (see definition of Medical Examination Report)	\$620.10
IMG005 or WIG005	Cancellation with 2 working days notice or less, non attendance at scheduled appointment or unreasonably late attendance by worker or interpreter that prevents full examination being conducted	\$135.40
IMG006 or WIG006	File review and report	\$411.00

Payment Classification Code	Service description	Fee
IMG007 or WIG007	Supplementary report where additional information is provided and requested or additional questions are posed (where they are not seeking clarification). This fee does not apply where clarification is sought as a previous report was ambiguous and/or did not answer questions previously posed	\$274.10
IMG008 or WIG008	Update examination and report of worker previously reviewed, where there is no intervening incident	\$ 346.20
IMG009 or WIG009	Travel	Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Award 2009</i>

Schedule 2

Rates for Medical Examination by Medical Specialists

Payment Classification Code	Service description	Fee
IMS001 or WIS001	Examination and report in accordance with the Guidelines – standard case (see definition of Medical Examination Report)	\$750.30
IMS002 or WIS002	Examination conducted with the assistance of an interpreter and report in accordance with Guidelines – standard case (see definition of Medical Examination Report)	\$936.80
IMS003 or WIS003	ENT report (includes audiological testing), in accordance with the Guidelines – standard case (see definition of Medical Examination Report)	\$750.30
IMS031 or WIS031	ENT report (includes audiological testing) when examination conducted with the assistance of an interpreter and report in accordance with Guidelines – standard case (see definition of Medical Examination Report)	\$915.70
IMS004 or WIS004	Examination and report in accordance with the Guidelines – moderate complexity including ENT reports (see definition of Medical Examination Report)	\$1124.70
IMS005 or WIS005	Examination conducted with the assistance of an interpreter and report in accordance with Guidelines – moderate complexity including ENT reports (see definition of Medical Examination Report)	\$1312.50
IMS006 or WIS006	Examination and report in accordance with Guidelines – complex case including complex psychiatric, excluding ENT Report(see definition of Medical Examination Report)	\$1492.10
IMS007 or WIS007	Examination conducted with the assistance of an interpreter and report in accordance with Guidelines – complex case, excluding ENT Report (see definition of Medical Examination Report)	\$1867.90
IMS008 or WIS008	Examination and report in accordance with the Guidelines – psychiatric	\$1312.50
IMS081 or WIS081	Examination conducted with the assistance of an interpreter and report in accordance with the Guidelines – psychiatric	\$1643.20

Payment Classification Code	Service description	Fee
IMS092 or WIS092	Cancellation with 2 working days notice or less, non attendance at scheduled appointment or unreasonably late attendance by worker or interpreter that prevents full examination being conducted	\$376.30
IMS010 or WIS010	File review and report	\$562.30
IMS011 or WIS011	Supplementary report where additional information is provided and requested or additional questions are posed (where not specifically seeking clarification). This fee does not apply where clarification is sought as a previous report was ambiguous and/or did not answer questions previously posed.	\$374.50
IMS012 or WIS012	Update examination and report of worker previously reviewed, where there is no intervening incident	\$555.40
IMS013 or WIS013	Travel	Reimbursed in accordance with the travelling allowances set out in Table 1 (Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Award 2009</i>
IMS014 or WIS014	Consolidation of assessments from different Medical Specialists by Lead Assessor to determine the final degree of permanent impairment resulting from the individual assessments	\$188.10

Schedule 3

Rates for Approved Medical Specialists

These rates are payable to an Approved Medical Specialist on referral from the Workers Compensation Commission for the purpose of resolving a dispute.

Service description	Fee
Examination and report in accordance with Workers Compensation Commission standards – standard case	\$1340.40
Examination and report in accordance with Workers Compensation Commission standards – multiple medical assessments eg. for permanent impairment and general medical disputes	\$1795.60
Ear, nose and throat, includes audiological testing	\$1571.40
Examination and report in accordance with the Workers Compensation Commission standards – psychiatric	\$2242.30
Cancellation with less than 7 calendar days notice	\$446.80
Cancellation with 2 working days notice or less, non attendance at scheduled appointment or unreasonably late attendance by worker or interpreter that prevents full examination being conducted	\$893.60
Consolidation of medical assessment certificates by Lead Assessor	\$446.80
Re-examination + medical assessment certificate or reconsideration at request of Commission	\$670.90
When interpreter present at examination	Plus \$229.80
Miscellaneous Fee at the discretion of the Registrar or delegate	\$446.80 per hour
Travel	Reimbursed in accordance with the travelling allowances set out in Table 1 (Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Award 2009</i> .

Schedule 4

Rates for Approved Medical Specialists on Appeal Panels

These rates are payable to an Approved Medical Specialist when participating as a member of an Appeal Panel at the Workers Compensation Commission.

Service description	Fee
Assessment, initial telephone conference and decision on papers	\$893.60
Examination of worker and report by AMS	Fee as per Schedule 3 applies
Cancellation with less than 7 calendar days notice	\$446.90
Cancellation with 2 working days notice or less, non attendance at scheduled appointment or unreasonably late attendance by worker or interpreter that prevents full examination being conducted	\$893.70
Assessment, telephone conference, appeal hearing and decision	\$2018.30
Additional Hearing or teleconference when convened by Arbitrator	\$375.90 per hour
Travel	Reimbursed in accordance with the travelling allowances set out in Table 1 (Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Award 2009</i> .

Schedule 5

Rates for Senior Approved Medical Specialists

These rates are payable to Senior Approved Medical Specialists appointed by the Workers Compensation Commission.

Service Description	Fee
Provision of professional development to Approved Medical Specialists; input into relevant practice and procedures at the Workers Compensation Commission	\$580.00 per hour