**Independent medical examinations – Medical practitioner service fees effective from 1 July 2018**

WorkSafe will pay up to a maximum amount for the following categories of the service.

| **Item number** | **Service description** | **Fee** | **GST** | **Total (inc. GST)** |
| --- | --- | --- | --- | --- |
| **Specialist** |
| SPO100 | **First examination and report**- Inclusive of conducting the examination, report writing, reading time and any incidentals (such as postage, photography and faxing services).- Diagnostic tests (such as x-rays) carried out as a necessary part of the examination are not included in the first examination and report item code and will be reimbursed in accordance with WorkSafe policies, the relevant Medicare Benefit Schedule item code and the WorkSafe’s Reimbursement Rates for Medical Practitioners. | $611.16 | $61.12 | $672.27 |
| SPO150 | **Subsequent examination and report**- Applies where a WorkSafe Agent requests a report within 12 months of the first examination and report for the same claim. | $366.74 | $36.67 | $403.41 |
| **Loadings additional to examination and report fee are subject to prior written approval from the WorkSafe Agent.** |
| SPO200 | **Report reading**- Flat rate for reading of all reports that accumulatively are greater than 20 pages- This fee is payable once only per claim per WorkSafe Agent report request | $48.68 | $4.87 | $53.55 |
| SPO250 | **Urgent examination and report**- Urgent request by a WorkSafe Agent to complete initial or subsequent exam and provide the report to the Agent within two business days. | $77.07 | $7.71 | $84.78 |
| SPO300 | **Work site visit**- Request by a WorkSafe Agent to complete a worksite visit and provide a report to the Agent.- Inclusive of work site visit, report writing, reading time and any incidentals. | $889.11 | $88.91 | $978.03 |
| SPO350 | **Travel to and from assessment (at Agent’s request) per hour**- Calculated in 15 minutes blocks.- Travel only paid when travelling to a location other than IMEs nominated practice location/s.- Travel for multiple assessments in the one location should be charged on a pro-rata basis for each claim. | $461.61 | $46.16 | $507.77 |
| SPO400 | **Audiovisual viewing**- Flat rate for the viewing of all audiovisual material.- This fee is payable once only per claim per WorkSafe Agent report request. | $230.88 | $23.09 | $253.97 |
| SPO450 | **Supplementary report**- Applies where a WorkSafe Agent provides information additional to that initially provided or to answer additional questions not initially asked and the IME has previously examined an injured worker in the past 12 months.- An IME is not required to conduct a re-examination (or re-contact) the injured worker in order to provide the additional information. | $173.67 | $17.37 | $191.04 |
| SPO500 | **Interim report**- Request by a WorkSafe Agent to provide information prior to receiving the IME final written report.- The advice from the IME may be provided verbally ( i.e. by telephone) or in writing (i.e. fax). | $38.56 | $3.86 | $42.41 |
| SPO550 | **Non-attendance on day of appointment**- Non-attendance fee is applicable where an IME appointment is cancelled by the WorkSafe Agent on the day of the appointment or where the injured worker does not attend. | $230.88 | $23.09 | $253.97 |
| IEO200 | Assessment of Impairment as requested by Agent using AMA2Guide\*\* | $164.91 | $16.49 | $181.40 |
| **Psychiatrist** |
| PCT100 | **First examination and report**- Inclusive of conducting the examination, report writing, reading time and any incidentals (such as postage, photography and faxing services).- Diagnostic tests (such as x-rays) carried out as a necessary part of the examination are not included in the first examination and report item code and will be reimbursed in accordance with WorkSafe policies, the relevant Medicare Benefit Schedule item code and the WorkSafe’s Reimbursement Rates for Medical Practitioners. | $885.93 | $88.59 | $974.52 |
| PCT150 | **Subsequent examination and report**- Applies where a WorkSafe Agent requests a report within 12 months of the first examination and report for the same claim. | $531.55 | $53.16 | $584.71 |
| **Loadings additional to examination and report fee are subject to prior written approval from the WorkSafe Agent.** |
| PCT200 | **Report reading**- Flat rate for reading of all reports that accumulatively are greater than 20 pages.- This fee is payable once only per claim per WorkSafe Agent report request. | $48.68 | $4.87 | $53.55 |
| PCT250 | **Urgent examination and report**- Urgent request by a WorkSafe Agent to complete initial or subsequent exam and provide the report to the Agent within two business days. | $100.10 | $10.01 | $110.11 |
| PCT300 | **Work site visit**- Request by a WorkSafe Agent to complete a worksite visit and provide a report to the Agent.- Inclusive of work site visit, report writing, reading time and any incidentals. | $867.49 | $86.75 | $954.24 |
| PCT350 | **Travel to and from assessment (at Agent’s request) per hour**- Calculated in 15 minutes blocks.- Travel only paid when travelling to a location other than IMEs nominated practice location/s.- Travel for multiple assessments in the one location should be charged on a pro-rata basis for each claim. | $449.87 | $44.99 | $494.86 |
| PCT400 | **Audiovisual viewing**- Flat rate for the viewing of all audiovisual material.- This fee is payable once only per claim per WorkSafe Agent report request. | $224.97 | $22.50 | $247.46 |
| PCT450 | **Supplementary report**- Applies where a WorkSafe Agent provides information additional to that initially provided or to answer additional questions not initially asked and the IME has previously examined an injured worker in the past 12 months.- An IME is not required to conduct a re-examination (or re-contact) the injured worker in order to provide the additional information. | $288.00 | $28.80 | $316.79 |
| PCT500 | **Interim report**- Request by a WorkSafe Agent to provide information prior to receiving the IME final written report- The advice from the IME may be provided verbally ( i.e. by telephone) or in writing (i.e. fax) | $60.09 | $6.01 | $66.10 |
| PCT550 | **Non-attendance on day of appointment**- Non-attendance fee is applicable where an IME appointment is cancelled by the WorkSafe Agent on the day of the appointment or where the injured worker does not attend. | $300.01 | $30.00 | $330.01 |
| PCT600 | **Psychiatrist - examination conducted video conference**- This item is payable in addition to other applicable items in this fee schedule for a Psychiatric IME.- The fee will only be payable where provision of the examination via videoconference is requested by worksafe. | $201.02 | $20.10 | $221.12 |
| IEO400 | Assessment of Impairment as requested by Agent using AMA2Guide\*\* | $164.91 | $16.49 | $181.40 |

\*\* This service is only paid when requested to be performed under special circumstances by the WorkSafe Agent or Self-insurer.