



Medical fee schedule

Other services – 1B

Effective date: 01 July 2020

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How to use this fee schedule

This fee schedule contains information on services and fees that apply to medical practitioners who provide services to workers who are managed under the Return to Work scheme.

This publication is based on Schedule 1B published by the Minister for Industrial Relations in the *South Australian Government Gazette*. Gazetted fees are the maximum fees chargeable, excluding GST. Where applicable, GST can be applied over and above the gazetted fee.

All services and fees in this schedule are effective 01 July 2020.

Invoicing and service provision is actively monitored to ensure services are billed in accordance with this fee schedule and that services are reasonable for the work injury and payable under the *Return to Work Act 2014*, (the Act).

Schedule 1B – Other services includes services specifically related to the Return to Work scheme. This includes:

- treating doctor services
- independent medical examinations.

Returning to work and the role of the health provider

Why return to work is important

The beneficial effect that work can have on a person's health and wellbeing has been well evidenced in the *Australian and New Zealand consensus statement on the health benefits of work - Position statement 2011: Realising the Health Benefits of Work*.

Source: The Australasian Faculty of Occupational and Environmental Medicine (AFOEM), and The Royal Australasian College of Physicians (RACP).

The health provider's role in the recovery process

Health providers have a vital role to play in helping injured workers stay at or return to work. The health provider is best placed to advise and educate patients that, in most cases, a focus on return to work is in their best interest – for both their future, quality of life and that of their family. Staying at home until completely recovered is often not the best thing for an injured worker. Health providers can help by focusing on what a worker can do rather than what they can't.

To help make a difference, ensure that you:

- screen for risk early
- adopt a whole person approach
- set clear expectations
- provide clear certification of the worker's capacity and detail about what the worker can do on the *Work Capacity certificate*
- make enough time for clinical management
- contact the workplace where applicable.

For more information, visit the health provider tab at www.rtwsa.com.

ReturnToWorkSA's expectations

Payments

Payment for services contained in this schedule will not be made in advance.

All costs incurred by an injured worker under this fee schedule are subject to approval for payment. To ensure payment, it is recommended to seek claims manager authorisation prior to the provision of the service.

Schedule 1B – Other services

Recovery and return to work plans

Item no.	Service description	Max fee (ex GST)
RRTWG	General practitioners: reviewing and signing of a Recovery and return to work plan, expected to be provided within 10 business days of receipt of the initial request.	\$66.80 flat fee
RRTWR	Consultant physicians, specialists in a surgical discipline: reviewing and signing of a recovery and return to work plan, expected to be provided within 10 business days of receipt of the initial request.	\$131.30 flat fee

Note 1: A Recovery and return to work plan must be requested by:

- a claims manager or self-insured employer
- a worker's employer (including the employer's return to work coordinator)
- an approved return to work service provider.

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

Note 3: Payment will only be made following submission of the signed plan.

Short medical report - treating doctor

Item no.	Service description	Max fee (ex GST)
WMG37	General practitioners: Short medical report, expected to be provided within 72 hours of receipt of the initial request or examination (where applicable), whichever is the later.	\$102.80 flat fee
WMP37	Consultant physicians: Short medical report, expected to be provided within 72 hours of receipt of the initial request or examination (where applicable), whichever is the later.	\$131.30 flat fee
WMS37	Specialists in a surgical discipline: Short medical report expected to be provided within 72 hours of receipt of the initial request or examination (where applicable), whichever is the later.	\$131.30 flat fee

Note 1: A short medical report must be requested in writing and may be requested by a:

- claims manager or self-insured employer
- worker, worker's representative or advocate.

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

Note 3: If a medical practitioner believes the incorrect report type has been requested, this should be referred back to the claims manager and clarified.

Note 4: A short report should be based on the medical practitioner's notes and would not usually require a consultation with the patient. Where a consultation is appropriate (for example, if the practitioner has not seen the patient for some time), a consultation fee is to be billed in accordance with item numbers WMG70; WMP70; WMS70; WMY73. Consultation items in Schedule 1A must not be used for this purpose.

Note 5: A short report should be concise and focused. The expected length of a short report is approximately half an A4 page.

Note 6: A short report may be faxed to the requestor with the relevant account for services.

Note 7: Payment will only be made following submission of the report.

Standard medical report - treating doctor (excluding psychiatrists)

Item no.	Service description	Max fee (ex GST)
WMG16	General practitioners: Treating doctor standard medical report, expected to be provided within 10 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$267.60 flat fee
WMP16	Consultant physicians: Treating doctor standard medical report, expected to be provided within 10 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$501.50 flat fee
WMS16	Specialists in a surgical discipline: Treating doctor standard medical report, expected to be provided within 10 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$501.50 flat fee

Note 1: A standard medical report must be requested in writing and may be requested by a:

- claims manager or self-insured employer
- worker, worker's representative or advocate.

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

Note 3: If a medical practitioner believes the incorrect report type has been requested, this should be referred back to the claims manager and clarified.

Note 4: A standard medical report should be based on the medical practitioner's notes and would not usually require a consultation with the patient. Where a consultation is appropriate (for example, if the practitioner has not seen the patient for some time), a consultation fee is to be billed in accordance with item numbers WMG70; WMP70 or WMS70. Consultation items in Schedule 1A must not be used for this purpose.

Note 5: Payment will only be made following submission of the report.

Complex medical report - treating doctor (excluding psychiatrists)

Item no.	Service description	Max fee (ex GST)
WVG40	General practitioners: Treating doctor complex medical report, expected to be provided within 10 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$334.50 flat fee
WMP40	Consultant physicians: Treating doctor complex medical report, expected to be provided within 10 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$628.90 flat fee
WMS40	Specialists in a surgical discipline: Treating doctor complex medical report, expected to be provided within 10 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$628.90 flat fee

Note 1: A complex medical report must be requested in writing and may be requested by a:

- claims manager or self-insured employer
- worker, worker's representative or advocate.

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

Note 3: If a medical practitioner believes the incorrect report type has been requested, this should be referred back to the claims manager and clarified.

Note 4: A complex medical report should be based on the medical practitioner's notes and would not usually require a consultation with the patient. Where a consultation is appropriate (for example, if the practitioner has not seen the patient for some time), a consultation fee is to be billed in accordance with item numbers WVG70; WMP70 or WMS70. Consultation items in Schedule 1A must not be used for this purpose.

Note 5: A complex medical report requires additional information above that required in a standard report, and may be deemed complex compared to a standard report when the worker has: - three or more ongoing compensable injuries arising from the same claim - pre-existing conditions that have a significant impact on the compensable disability - co-morbidities that have a significant impact on the compensable disability.

Note 6: Payment will only be made following submission of the report.

Standard medical report - treating psychiatrist

Item no.	Service description	Max fee (ex GST)
WMY43	Psychiatrists: Treating doctor standard medical report, expected to be provided within 10 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$628.90 flat fee

Note 1: A standard medical report must be requested in writing and may be requested by a:

- claims manager or self-insured employer,
- worker, worker's representative or advocate.

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

Note 3: If a medical practitioner believes the incorrect report type has been requested, this should be referred back to the claims manager and clarified.

Note 4: A standard medical report should be based on the medical practitioner's notes and would not usually require a consultation with the patient. Where a consultation is appropriate (for example, if the practitioner has not seen the patient for some time), a consultation fee is to be billed in accordance with item number WMY73. Consultation items in Schedule 1A must not be used for this purpose.

Note 5: Payment will only be made following submission of the report.

Complex medical report - treating psychiatrist

Item no.	Service description	Max fee (ex GST)
WMY46	Psychiatrists: Treating doctor complex medical report, expected to be provided within 10 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$782.60 flat fee
	<p>Note 1: A complex medical report must be requested in writing and may be requested by a:</p> <ul style="list-style-type: none"> - claims manager or self-insured employer, - worker, worker's representative or advocate. <p>Note 2: The date of request is taken to be two business days after the date the letter of request is posted, or one business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays in South Australia.</p> <p>Note 3: If a medical practitioner believes the incorrect report type has been requested, this should be referred back to the claims manager and clarified.</p> <p>Note 4: A complex medical report should be based on the medical practitioner's notes and would not usually require a consultation with the patient. Where a consultation is appropriate (for example, if the practitioner has not seen the patient for some time), a consultation fee is to be billed in accordance with item number WMY73. Consultation items in Schedule 1A must not be used for this purpose.</p> <p>Note 5: Payment will only be made following submission of the report.</p>	

Consultation, medical review for preparation of a report - treating doctor

Item no.	Service description	Max fee (ex GST)
WMG70	General Practitioner: Consultation: medical review for the preparation of a treating doctor report.	\$61.20 flat fee
WMP70	Consultant Physicians: Consultation: medical review for the preparation of a treating doctor report.	\$122.70 flat fee
WMS70	Specialist in a surgical discipline: Consultation: medical review for the preparation of a treating doctor report.	\$122.70 flat fee
WMY73	Psychiatrists: Consultation: medical review for the preparation of a treating doctor report.	\$340.50 flat fee

Reading time to prepare a report - treating doctor

Item no.	Service description	Max fee (ex GST)
WMG55	<p>General practitioners: Reading time payable to a treating doctor for reading prior reports or other information forwarded or approved by the requestor in order to prepare a report.</p> <p>Derived fee: The fee for item WMG55 is \$61.20 for reading time up to and including 12 pages, plus \$5.30 per page thereafter.</p>	DF
WMP55	<p>Consultant physicians: Reading time payable to a treating doctor for reading prior reports or other information forwarded or approved by the requestor in order to prepare a report.</p> <p>Derived fee: The fee for item WMP55 is \$122.70 for reading time up to and including 12 pages, plus \$9.70 per page thereafter.</p>	DF
WMS55	<p>Specialists in a surgical discipline: Reading time payable to a treating doctor for reading prior reports or other information forwarded or approved by the requestor in order to prepare a report.</p> <p>Derived fee: The fee for item WMS55 is \$122.70 for reading time up to and including 12 pages, plus \$9.70 per page thereafter.</p>	DF
WMY55	<p>Psychiatrists: Reading time payable to a treating doctor for reading prior reports or other information forwarded or approved by the requestor in order to prepare a report.</p> <p>Derived fee: The fee for item WMY55 is \$159.40 for reading time up to and including 12 pages, plus \$9.70 per page thereafter.</p>	DF
<p>Note 1: Payment for reading of written material will only be made where the reading is required in order for the doctor to prepare a report, and where the reading is at the request or approval of a: - claims manager or self-insured employer - worker, worker's representative or advocate.</p> <p>Note 2: A fee is not payable for the reading of case notes, clinical material or any other material that is not directly supplied or approved by the parties listed in note 1.</p> <p>Note 3: A full page for reading time consists of a whole A4 size page of standard print (12 point font or smaller) of information, full page letters and detailed reports. Examples include: hospital treatment notes, medical reports, investigation reports. A half page of reading time consists of half an A4 page or a full A5 size page of standard print (12 point font or smaller) of information, brief file notes, scattered file notes on a page, letters consisting of one or two paragraphs, results and certificates. Examples include: pathology results, notice of disability, full page of handwritten notes.</p> <p>Note 4: The reading of material supplied by the requestor can only be charged once. No additional charge can be submitted for re-reading of material.</p>		

Medical report clarification - treating doctor

Item no.	Service description	Max fee (ex GST)
WMG25	General practitioners: Clarification of a medical report, re-examination not required.	\$60.20 flat fee
WMP25	Consultant physicians: Clarification of a medical report, re-examination not required.	\$109.50 flat fee
WMS25	Specialists in a surgical discipline: Clarification of a medical report, re-examination not required.	\$109.50 flat fee

Note 1: Clarification of a medical report must be requested in writing and may be requested by a: - claims manager or self-insured employer - worker, worker's representative or advocate.

Note 2: The requestor must specify that he or she is seeking a clarification of a previous medical report.

Note 3: A medical report clarification fee is not payable if the clarification is sought as a result of failure by the doctor to address the original questions in the letter of request.

Note 4: Payment will only be made following submission of the report.

Telephone call (excluding calls made to or received from injured workers)

Item no.	Service description	Max fee (ex GST)
WMG24	General practitioners: Telephone call up to and including 60 minutes duration.	\$267.60 per hour
WMP24	Consultant physicians: Telephone call up to and including 60 minutes duration.	\$524.50 per hour
WMS24	Specialists in a surgical discipline: Telephone call up to and including 60 minutes duration.	\$524.50 per hour

Note 1: Telephone calls are chargeable if related to the management of the worker's claim, or to progress their recovery and return to work, made to or received from:

- a claims manager or self-insured employer
- a worker's employer (including the employer's return to work co-ordinator)
- a worker's representative or advocate
- a ReturnToWorkSA medical advisor
- an approved return to work service provider
- a worker's referring/treating practitioner.

Note 2: There is no charge for a telephone call to or from a worker.

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 20 minutes and the call duration alone is 10 minutes, the consultation should be charged as a 10 minute consultation.

Note 4: Invoices for telephone calls in accordance with this item must record the name of the other party and the duration of the phone call in minutes.

Note 5: Any part of an hour should be billed proportionately and rounded to the nearest six minutes.

Case conference

Item no.	Service description	Max fee (ex GST)
WMG09	General practitioners: Case conference to determine details of limitations to work, recommendations facilitating a return to work and options for management of the injured worker's recovery, including medical treatment strategies.	\$267.60 per hour
WMP09	Consultant physicians: Case conference to determine details of limitations to work, recommendations facilitating a return to work and options for management of the injured worker's recovery, including medical treatment strategies.	\$524.50 per hour
WMS09	Specialists in a surgical discipline: Case conference to determine details of limitations to work, recommendations facilitating a return to work and options for management of the injured worker's recovery, including medical treatment strategies.	\$524.50 per hour

Note 1: A case conference may be requested by:

- a claims manager or self-insured employer
- a worker's employer (including the employer's rehabilitation and return to work co-ordinator)
- a worker or worker's representative
- an approved return to work service provider
- a treating medical expert.

Note 2: The claims manager or self-insured employer should attend the case conference if at all possible. If the claims manager or self-insured employer is unable to attend, they should delegate a representative. No fee is payable for records made by any medical practitioner during the case conference unless delegated as the representative by the claims manager or self-insured employer. It is the responsibility of the claims manager, self-insured employer or delegated representative 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. The worker or worker's representative must always be invited to attend the case conference.

Note 3: Case conferences conducted by telephone (teleconferencing) are chargeable under this item.

Note 4: Any part of an hour should be billed proportionately and rounded to the nearest six minutes.

Worksite assessment

Item no.	Service description	Max fee (ex GST)
WMG08	General practitioners: 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.	\$267.60 per hour
WMP08	Consultant physicians: 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.	\$524.50 per hour
WMS08	Specialist in a surgical discipline: 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.	\$524.50 per hour

Note 1: A worksite assessment may be requested by a:

- claims manager or self-insured employer
- worker, worker's representative or advocate.

Note 2: At worksite visits it is expected that the employer, worker or worker's representative, claims manager or self-insured employer representative should be present.

Note 3: The claims manager or self-insured 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 4: The worksite assessment must include an assessment of the physical environment, mental work demands, human behaviour, working conditions, educational requirements and other conditions.

Note 5: The report of a worksite assessment is to be completed and distributed by the medical practitioner undertaking the assessment to relevant parties in attendance during the worksite assessment. A copy must also be provided to the claims manager, treating doctor and worker (if not present) within one week of the assessment. No additional fee is payable for completion of the form.

Note 6: Any part of an hour should be billed proportionately and rounded to the nearest six minutes.

Third party consultation

Item no.	Service description	Max fee (ex GST)
WMG14	General practitioners: Third party consultation at the doctor's rooms where the worker is usually not present.	\$267.60 per hour
WMP14	Consultant physicians: Third party consultation at the doctor's rooms where the worker is usually not present.	\$524.50 per hour
WMS14	Specialists in a surgical discipline: Third party consultation at the doctor's rooms where the worker is usually not present.	\$524.50 per hour

Note 1: A third party consultation must involve at least one of the following:

- claims manager or self-insured employer
- worker, worker's representative or advocate
- worker's employer (including the employer's rehabilitation and return to work co-ordinator)
- investigator
- approved return to work service provider.

Note 2: A third party consultation may include a video viewing of a worker's normal duties, alternative duties or other activities.

Note 3: It is the responsibility of the claims manager or self-insured 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 any medical practitioner during the third party consultation.

Note 4: If as a result of the third party consultation the medical practitioner has amended details regarding the 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.

Note 5: Any part of an hour should be billed proportionately and rounded to the nearest six minutes.

Attendance at a dispute resolution

Item no.	Service description	Max fee (ex GST)
WMG15	General practitioners: Attendance at a dispute resolution.	\$267.60 per hour
WMP15	Consultant physicians: Attendance at a dispute resolution.	\$524.50 per hour
WMS15	Specialists in a surgical discipline: Attendance at a dispute resolution.	\$524.50 per hour

Note 1: Attendance at a dispute resolution must be at the request of a:

- claims manager or self-insured employer
- worker, worker's representative or advocate - worker's employer or employer's representative.

Note 2: Court attendances can be charged under this item.

Note 3: 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.

Note 4: Any part of an hour should be billed proportionately and rounded to the nearest six minutes.

Travel time: worksite assessment, case conference, dispute resolution or third party consultation

Item no.	Service description	Max fee (ex GST)
WMG10	General practitioners: Travel time for the purpose of a worksite assessment, case conference, dispute resolution or third party consultation.	\$267.60 per hour
WMP10	Consultant physicians: Travel time for the purpose of a worksite assessment, case conference, dispute resolution or third party consultation.	\$524.50 per hour
WMS10	Specialists in a surgical discipline: Travel time for the purpose of a worksite assessment, case conference, dispute resolution or third party consultation.	\$524.50 per hour

Note 1: All accounts must include the total time spent travelling plus the distance travelled.

Note 2: Where more than one worksite assessment, case conference or dispute resolution is conducted, the travel fee is to be apportioned accordingly.

Note 3: Any part of an hour should be billed proportionately and rounded to the nearest six minutes.

Cancellation: case conference, worksite assessment, dispute resolution or third party consultation

Item no.	Service description	Max fee (ex GST)
WVG36	General practitioners: Cancellation of case conference, worksite assessment, dispute resolution or third party consultation.	\$267.60 per hour
WVP36	Consultant physicians: Cancellation of case conference, worksite assessment, dispute resolution or third party consultation.	\$524.50 per hour
WVS36	Specialists in a surgical discipline: Cancellation of case conference, worksite assessment, dispute resolution or third party consultation.	\$524.50 per hour

Note 1: Payment for cancellation will only be made when the attendance was at the request of a:

- claims manager or self-insured employer
- worker, worker's representative or advocate
- employer or employer's representative.

Note 2: A cancellation fee is payable only if the cancellation occurs less than 48 hours (excluding weekends and public holidays in South Australia) before the time of the proposed attendance.

Note 3: A cancellation fee is not payable if the doctor is responsible for the cancellation.

Note 4: If the cancelled appointment is subsequently filled with any other earning activity, no cancellation fee will be payable.

Note 5: Any part of an hour should be billed proportionately and rounded to the nearest six minutes.

Job analysis and/or recommended job description statement

Item no.	Service description	Max fee (ex GST)
WMG56	General practitioners: Formal job analysis and/or recommended job descriptions. Reading of and written recommendations on the suitability of proposals for return to work, expected to be provided within 10 business days of receipt of the initial request.	\$102.80 flat fee
WMP56	Consultant physicians: Formal job analysis and/or recommended job descriptions. Reading of and written recommendations on the suitability of proposals for return to work, expected to be provided within 10 business days of receipt of the initial request.	\$131.30 flat fee
WMS56	Specialists in a surgical discipline: Formal job analysis and/or recommended job descriptions. Reading of and written recommendations on the suitability of proposals for return to work, expected to be provided within 10 business days of receipt of the initial request.	\$131.30 flat fee

Note 1: A job analysis and/or job description statement must be requested in writing and may be requested by: - a claims manager or self-insured employer - a worker, worker's representative or advocate - an approved return to work service provider.

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

Specified duties form

Item no.	Service description	Max fee (ex GST)
WMG23	General practitioners: Completion of a specified duties form.	\$23.60 flat fee
WMP23	Consultant physicians: Completion of a specified duties form.	\$23.60 flat fee
WMS23	Specialist in a surgical discipline: Completion of a specified duties form.	\$23.60 flat fee

Note 1: This form is to be completed at the request of a:

- claims manager or self-insured employer
- worker, worker's representative or advocate.

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

Note 3: Specified duties forms can be obtained by contacting ReturnToWorkSA on 13 18 55.

Photocopying

Item no.	Service description	Max fee (ex GST)
WMADM	General practitioners, consultant physicians, specialists in a surgical discipline: Administration fee for the time to prepare and provide requested documents, and radiology, including postage. This may include where applicable, scanning and saving documents to a device (e.g. USB, disc), including the cost of the device.	\$71.30 flat fee
WMGSP	General practitioners, consultant physicians, specialists in a surgical discipline: Photocopying of medical notes, reports and results of relevant tests e.g. pathology, diagnostic imaging reports. This service includes photocopying/printing costs only. In addition to photocopying, item WMADM can be billed as an administration cost. Note: Where documents are provided via media (e.g. USB, disc, email), only the administration fee applies.	\$0.28 per page

Note 1: A fee is only payable if the photocopying is at the request of a:

- claims manager or self-insured employer
- worker, worker's representative or advocate - investigator.

Note 2: The number of pages should be stated on the account. Any accounts without the number of pages stated will be returned for amendment.

Note 3: Accounts must state the name of the doctor providing the photocopied information. Accounts with the practice name only will be returned for amendment.

Travel time - Emergency attendance

Item no.	Service description	Max fee (ex GST)
WMG58	General practitioners: Travel time, for the purpose of an initial emergency attendance of a compensable injury, at a location other than consulting rooms, hospital or other healthcare institution, when ambulance services are either not readily available or unduly delayed.	\$267.60 per hour
WMG59	General practitioners: Travel time, (out of normal business hours) for the purpose of an initial emergency attendance of a compensable injury, at a location other than consulting rooms, hospital or other healthcare institution, when ambulance services are either not readily available or unduly delayed. Out of normal business hours means on a Sunday, public holiday in South Australia, after 1pm on Saturday or between 8pm and 8am on weekdays.	\$389.20 per hour

Note 1: Where more than one worker is treated at the site of the emergency, the travel fee is to be apportioned accordingly.

Note 2: All invoices must include the distance travelled, the travel commencement location, place of emergency attendance and a brief reason for the attendance.

Note 3: Any part of an hour should be billed proportionately and rounded to the nearest six minutes.

Travel time - Emergency retrieval team

Item no.	Service description	Max fee (ex GST)
WMS51	Specialists: Travel time by a retrieval team doctor in association with a professional attendance relating to item numbers 00160, 00161, 00162, 00163 and 00164, other than 'out of hours' travel (refer to item number WMS52).	\$524.50 per hour
WMS52	Specialists: Travel time by a retrieval team doctor on a Sunday, public holiday in South Australia, after 1pm on Saturday or between 8pm and 8am on weekdays, in addition to a professional attendance relating to item numbers 00160, 00161, 00162, 00163 and 00164.	\$760.10 per hour

Note 1: Where more than one worker is treated at the site of the emergency, the travel fee is to be apportioned accordingly.

Note 2: Any part of an hour should be billed proportionately and rounded to the nearest six minutes.

Extra-corporeal shock wave therapy

Item no.	Service description	Max fee (ex GST)
WMI11	Specialists: Initial treatment of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.	\$149.80 flat fee
WMI12	Specialists: Subsequent treatments of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.	\$122.70 flat fee
WMI13	Specialists: Double treatments (bilateral or multiple) of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.	\$204.40 flat fee

Note 1: The I in prefix WMI item number represents the letter 'I' not a numeral one (1).

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

Note 3: Where Extra-Corporeal Shock Wave Therapy is delivered outside of the approved conditions it is recommended to seek claims manager authorisation prior to the provision of the service.

Note 4: Epicondylitis treatment is NOT payable by ReturnToWorkSA for treatment provided within three months or after five years from date of injury.

Services delivered by ear, nose and throat surgeons

Item no.	Service description	Max fee (ex GST)
WME24	Otorhinolaryngologists: Cortical evoked response audiometry - verification.	\$349.30 flat fee
WME25	Otorhinolaryngologists: Sonosmell identification test.	\$151.80 flat fee
WME2A	Otorhinolaryngologists: Cortical evoked response audiometry - quantification.	\$349.30 flat fee

Services delivered by medical practitioners

Item no.	Service description	Max fee (ex GST)
WMG26	Medical practitioners: Fluids, intravenous drip infusion of - percutaneous.	\$60.00 flat fee
WMG27	Medical Practitioners: Fluids, intravenous drip infusion of - open exposure.	\$99.50 flat fee

Note 1: 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

Item no.	Service description	Max fee (ex GST)
WMG28	Hypnotherapy at consulting rooms, 16 to 30 minutes.	\$89.40 flat fee
WMG29	Hypnotherapy at consulting rooms, 31 to 45 minutes.	\$134.30 flat fee
WMG30	Hypnotherapy at consulting rooms, more than 46 minutes.	\$182.90 flat fee
WMG31	Hypnotherapy at consulting rooms, not more than 15 minutes.	\$51.70 flat fee

Independent medical examiner services

Service standards

ReturnToWorkSA expects doctors to conduct independent medical examination (IME) services in accordance with recognised professional practices. Doctors should also follow the specific standards outlined below.

Appointments

Examine the worker as soon as possible after the request for an appointment is made, ideally within 10 business days.

Examinations

When conducting examinations, please follow the principles in the Australian Medical Association's (AMA) position statement '*Independent Medical Assessments on behalf of parties other than the patient.*'

The length of your examination should be sufficient to make a fair and comprehensive assessment of the worker. Please verify previous history or collect new history if required.

Only refer workers for diagnostic examinations or tests when the findings of a medical examination would be unreliable without further investigations. Please obtain prior approval from the claims manager or self-insured employer before referring the worker for any diagnostic examination or test.

Reports

You must:

- (a) provide reports within 10 business days of examining the worker
- (b) provide an accurate medical diagnosis (or state if there is insufficient clinical information to make a diagnosis)
- (c) base your report on appropriate clinical examination
- (d) be consistent with accepted clinical practice
- (e) thoroughly address the questions asked - if a question cannot be answered, explain why
- (f) limit your report to the relevant circumstances of the worker's injury
- (g) be accurate, unbiased, precise and consistent
- (h) document any inconsistencies noted between symptoms and objective findings
- (i) use simple language where possible, and explain any technical terms or jargon
- (j) assess the worker's general capacity to perform duties where possible.

Report context

Section 179(1) of the Act enables employers to receive copies of reports in ReturnToWorkSA's possession prepared by medical experts (where relevant to the worker's medical condition, the worker's recovery, or the extent of the worker's incapacity for work). You must therefore limit your reports to relevant information and not disclose any information of a personal nature except where it relates to the work injury.

Providing testimony

Please follow the principles outlined in the AMA's position statement '*Guidelines for doctors acting as expert medical witnesses*' when providing testimony at a court or tribunal.

Maintaining independence

You should ensure the worker understands that your role as an independent medical examiner does not include recommending treatment (except where immediate medical attention is required in an emergency). You must discuss this with the worker at the beginning of the consultation. You must explain that you are acting at ReturnToWorkSA's request in carrying out the examination and that the worker should see their own doctor/specialist in relation to any concerns they have regarding their health or treatment. You can recommend treatment in your report, if requested by the report requestor.

You should not refer the worker to any other medical practitioner or other health specialist for treatment. However, you can alert the treating practitioner of the need for a referral if required.

You must advise ReturnToWorkSA when you have been asked to conduct a service that may involve a conflict of interest (eg, any ongoing relationship with the worker, the worker's employer, medical practitioner or legal representative, the report requestor or their parent companies).

Recognising diversity

When you are carrying out an examination on a worker, you are subject to the requirements of Section 15 of the *Return to Work Corporation of South Australia Act 1994*. This states:

- (1) The Corporation must, in carrying out its functions, take into account racial, ethnic and linguistic diversity in the population of the State, the interests of both sexes, and the interests of those who may be physically, mentally or intellectually impaired, and seek to ensure that people who are entitled to benefits under Acts administered by the Corporation are not disadvantaged because of their origins or background, their sex, or some physical, mental or intellectual impairment.
- (2) The Corporation should, as far as reasonably practicable, ensure that information provided for use in the workplace is in a language and form appropriate for those expected to make use of it.

Qualifications

You must be a fully qualified registered specialist (excluding general practitioners). Copies of all relevant qualifications must be available upon request, including a copy of a current practising certificate from the Medical Board of Australia or appropriate registration authority.

You must maintain professional standards and be able to show evidence of continuing medical education upon request.

Independent medical examiner - short medical report

Item no.	Service description	Max fee (ex GST)
WMPA1	Consultant physicians: Independent medical examiner short medical report, expected to be provided within 72 hours of receipt of the initial request or examination (where applicable), whichever is the later.	\$131.30 flat fee
WMSA1	Specialists in a surgical discipline: Independent medical examiner short medical report, expected to be provided within 72 hours of receipt of the initial request or examination (where applicable), whichever is the later.	\$131.30 flat fee

Note 1: A short medical report must be requested in writing and may be requested by a:

- claims manager or self-insured employer
- worker, worker's representative or advocate.

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

Note 3: If a medical practitioner believes the incorrect report type has been requested, this should be referred back to the claims manager and clarified.

Note 4: A short report should be concise and focused. The expected length of a short report is approximately half an A4 page.

Note 5: A short report may be faxed to the requestor with the relevant account for services.

Note 6: Payment will only be made following submission of the report.

Independent medical examiner - medical report (excluding psychiatrists)

Item no.	Service description	Max fee (ex GST)
WMP29	Consultant physicians: Independent medical examiner report, expected to be provided within 10 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$628.90 flat fee
WMS29	Specialists in a surgical discipline: Independent medical examiner report, expected to be provided within 10 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$628.90 flat fee

Note 1: A medical report must be requested in writing and may be requested by a:

- claims manager or self-insured employer
- worker, worker's representative or advocate.

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

Note 3: If a medical practitioner believes the incorrect report type has been requested, this should be referred back to the claims manager and clarified.

Note 4: There is an expectation that a consultation will be required for the preparation of a report and this should be billed in accordance with item number WMP80 or WMS80.

Note 5: Payment will only be made following submission of the report.

Independent medical examiner - psychiatrists medical report

Item no.	Service description	Max fee (ex GST)
WMY61	Psychiatrists: Independent medical examiner standard medical report, expected to be provided within 10 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$782.60 flat fee
	<p>Note 1: A psychiatrists medical report must be requested in writing and may be requested by a:</p> <ul style="list-style-type: none"> - claims manager or self-insured employer, - worker, worker's representative or advocate. <p>Note 2: The date of request is taken to be two business days after the date the letter of request is posted, or one business day after the request is faxed. A business day is any day, excluding Saturday, Sunday and public holidays in South Australia.</p> <p>Note 3: There is an expectation that a consultation will be required for the preparation of a report and this should be billed in accordance with item number WMY83.</p> <p>Note 4: Occasionally a psychiatrist will require more than one consultation with a patient to write a report. We recommend that the psychiatrist contacts the claims manager prior to providing a second consultation, to determine whether this is appropriate in the circumstances of the case (eg time constraints). Where an additional consultation is required it must be provided within 10 business days of the first consultation.</p> <p>Note 5: Payment will only be made following submission of the report.</p>	

Independent medical examiner - consultation, medical review for preparation of a report

Item no.	Service description	Max fee (ex GST)
WMP80	Consultant physicians: Independent medical examiner consultation, medical review for the preparation of an independent medical examiner report.	\$238.40 flat fee
WMS80	Specialists in a surgical discipline: Independent medical examiner consultation, medical review for the preparation of an independent medical examiner report.	\$238.40 flat fee
WMY83	Psychiatrists: Independent medical examiner consultation, medical review for the preparation of an independent medical examiner report.	\$340.50 flat fee

Independent medical examiner - reading time

Item no.	Service description	Max fee (ex GST)
WMP32	<p>Consultant physicians: Independent medical examiner reading time payable to an independent medical examiner for reading prior reports or other information forwarded or approved by the requestor in order to prepare a report.</p> <p>Derived fee: The fee for item WMP32 is \$122.70 for reading time up to and including 12 pages, plus \$9.70 per page thereafter.</p>	DF
WMS32	<p>Specialists in a surgical discipline: Independent medical examiner reading time payable to an independent medical examiner for reading prior reports or other information forwarded or approved by the requestor in order to prepare a report.</p> <p>Derived fee: The fee for item WMS32 is \$122.70 for reading time up to and including 12 pages, plus \$9.70 per page thereafter.</p>	DF
WMY32	<p>Psychiatrists: Independent medical examiner reading time payable to an independent medical examiner for reading prior reports or other information forwarded or approved by the requestor in order to prepare a report.</p> <p>Derived fee: The fee for item WMY32 is \$159.40 for reading time up to and including 12 pages, plus \$9.70 per page thereafter.</p>	DF

Note 1: Payment for the reading of written material will only be made where the reading is required in order for the doctor to prepare a report, and where the reading is at the request or approval of a:

- claims manager or self-insured employer
- worker, worker's representative or advocate.

Note 2: A fee is not payable for the reading of case notes, clinical material or any other material that is not directly supplied or approved by the parties listed in note 1.

Note 3: A full page for reading time consists of a whole A4 size page of standard print (12 point font or smaller) of information, full page letters and detailed reports. Examples include: hospital treatment notes, medical reports, investigation reports.

A half page of reading time consists of half an A4 page or a full A5 size page of standard print (12 point font or smaller) of information, brief file notes, scattered file notes on a page, letters consisting of one or two paragraphs, results and certificates. Examples include: pathology results, notice of disability, full page of handwritten notes.

Note 4: The reading of material supplied by the requestor can only be billed once. No additional charge can be submitted for re-reading of material.

Independent medical examiner - medical report clarification

Item no.	Service description	Max fee (ex GST)
WMP33	Consultant physicians: Independent medical examiner clarification of a medical report, re-examination not required.	\$109.50 flat fee
WMS33	Specialists in a surgical discipline: Independent medical examiner clarification of a medical report, re-examination not required.	\$109.50 flat fee

Note 1: A clarification of a medical report must be requested in writing and may be requested by a:

- claims manager or self-insured employer
- worker, worker's representative or advocate.

Note 2: The requestor must specify that he or she is seeking a clarification of a previous medical report.

Note 3: A medical report clarification fee is not payable if the clarification is sought as a result of failure by the doctor to address the original questions in the letter of request.

Note 4: The intention of this fee is to provide facilities 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 doctor. If required, please refer to item numbers WMP80, WMS80 or WMY83.

Note 5: Payment will only be made following submission of the report.

Independent medical examiner - travel time: worksite assessment, case conference, dispute resolution or third party consultation

Item no.	Service description	Max fee (ex GST)
MP940	Consultant physicians: Independent medical examiner travel time for the purpose of a worksite assessment, case conference, dispute resolution or third party consultation.	\$524.50 per hour
MS940	Specialists in a surgical discipline: Independent medical examiner travel time for the purpose of a worksite assessment, case conference, dispute resolution or third party consultation.	\$524.50 per hour
	<p>Note 1: Travel will be approved for independent medical examiner services requested by a:</p> <ul style="list-style-type: none"> - claims manager or self-insured employer - worker, worker's representative or advocate. <p>Note 2: All accounts must include the total time spent travelling as well as the distance travelled.</p> <p>Note 3: Where more than one service is conducted, the travel fee is to be apportioned accordingly.</p> <p>Note 4: Any part of an hour should be billed proportionately and rounded to the nearest six minutes.</p>	

Independent medical examiner - non-attendance or cancellation of an appointment

Item no.	Service description	Max fee (ex GST)
WMP34	Consultant physicians: Independent medical examiner non-attendance at, or cancellation less than 48 hours (excluding weekends and public hospitals in South Australia) before an appointment.	\$238.40 flat fee
WMS34	Specialists in a surgical discipline: Independent medical examiner non-attendance at, or cancellation less than 48 hours (excluding weekends and public holidays in South Australia) before an appointment.	\$238.40 flat fee
WMY88	Psychiatrists: Independent medical examiner non-attendance at, or cancellation less than 48 hours (excluding weekends and public holidays in South Australia) before an appointment.	\$340.50 flat fee
	<p>Note 1: Fees apply only to the cancellation of medical appointments arranged by a:</p> <ul style="list-style-type: none"> - claims manager or self-insured employer - worker, worker's representative or advocate. <p>Note 2: If the cancelled appointment or non-attendance is subsequently filled with any other earning activity, no cancellation fee will be payable.</p>	

Independent medical examiner - travel for examinations

Item no.	Service description	Max fee (ex GST)
WMP64	Consultant physicians: Independent medical examiner, a full day attendance at the venue more than 100 kilometres from the Adelaide GPO for the purpose of providing an independent medical examiner report.	\$153.40 flat fee
WMP65	Consultant physicians: Independent medical examiner cancellation of an attendance at a venue more than 100 kilometres from the Adelaide GPO.	\$245.30 flat fee
WMP66	Consultant physicians: Independent medical examiner overnight accommodation including meals and incidentals.	\$324.90 flat fee
WMP67	Consultant physicians: Independent medical examiner travel by motor vehicle, to and from a venue for the purposes of an appointment made by the report requestor.	ATO rates
WMP68	Consultant physicians: Independent medical examiner travel by aircraft, to and from a venue for the purposes of an appointment made by the report requestor.	Economy airfare
WMS64	Specialists in a surgical discipline: Independent medical examiner, a full day attendance at a venue more than 100 kilometres from the Adelaide GPO for the purpose of providing an independent medical examiner report.	\$153.40 flat fee
WMS65	Specialists in a surgical discipline: Independent medical examiner cancellation of an attendance at a venue more than 100 kilometres from the Adelaide GPO.	\$245.30 flat fee
WMS66	Specialists in a surgical discipline: Independent medical examiner overnight accommodation including meals and incidentals.	\$324.90 flat fee
WMS67	Specialists in a surgical discipline: Independent medical examiner travel by motor vehicle, to and from a venue for the purposes of an appointment made by the report requestor.	ATO rates
WMS68	Specialists in a surgical discipline: Independent medical examiner travel by aircraft, to and from a venue for the purposes of an appointment made by the report requestor.	Economy airfare

Note 1: The first 50 kilometres of any travel is not billable.

Note 2: If more than one organisation has requested services from the provider at the travel destination then items WMP/S64, WMP/S66, WMP/S67 and/or WMP/S68 must be apportioned accordingly.

Note 3: A full day pursuant to item WMP/S64 refers to a stay of more than six hours at the venue including travel time.

Note 4: ATO rates means the rate, applicable to the type of motor vehicle in which the medical expert travelled, published by the Australian Taxation Office as the rate per kilometre that may be claimed as a deduction for business travel expenses incurred in the previous financial year.

Note 5: Economy airfare means the amount determined by ReturnToWorkSA to be the reasonable cost of undertaking the travel using a standard economy airfare.

Accounts and invoicing standards

All amounts listed in this booklet are exclusive of GST. If applicable, ReturnToWorkSA will pay to the provider an amount on account of the provider's GST liability in addition to the GST exclusive fee. Suppliers should provide ReturnToWorkSA with a tax invoice where the amounts are subject to GST.

For all invoices, whether a tax invoice or not, the following information should be provided:

- provider details – name, Medicare provider number (if applicable) and/or ReturnToWorkSA provider number (if known), practice and address details
- invoice number and invoice date
- Australian Business Number (ABN)
- worker's surname and given name(s)
- claim number (if known)
- brief description of the injury to which the services relate
- employer name (if known)
- each service itemised separately in accordance with this fee schedule including:
 - date of service and commencement time
 - service item number and service description
 - duration of service in hours/minutes rounded to the nearest six minutes for hourly rate services
 - charge for the service
 - total charge for invoiced items plus any GST that may be applicable.
- bank account details for electronic funds transfer (EFT).

Invoices are to be submitted within six weeks of service. Invoices for services displaying the information set out above will allow for prompt and efficient processing. Invoices that do not meet these standards may be returned to the provider for amendment.

ReturnToWorkSA or their claims agents are unable to pay on 'account rendered' or statement invoices. Payment will be made where appropriate, on an original invoice or duplicate/copy of the original. Payment for services, including reports, will not be made in advance.

GST

For all GST-related queries, please contact the Australian Tax Office or your tax advisor.

Changes to provider details

For changes to provider details, such as Australian Business Number, change of address or electronic funds transfer details, please complete the Provider registration form available on our website. Once completed either email to prov.main@rtwsa.com or fax to ReturnToWorkSA on (08) 8238 5690.

For any queries relating to this form, please contact ReturnToWorkSA on 13 18 55.

Where payment is outstanding

Please contact ReturnToWorkSA's Serious Injury Unit, claims agent or self-insured employer if the claim has been accepted and the payment is outstanding. If the claim has not been accepted, responsibility for payment of accounts rests with the worker.

General medical queries, MBS quarterly updates, services outside of the Medicare Benefits Schedule

Contact ReturnToWorkSA on 8238 5757 or email providers@rtwsa.com.

Submitting an invoice

How can I submit an invoice?

Invoices sent via email is the preferred option in any of the following formats: Word, PDF and image files. Please email your invoice to the relevant address below:

EML: accounts@eml.rtwsa.com

Gallagher Bassett: invoices@gb.rtwsa.com

EnAble: EnAble@rtwsa.com

What are our payment terms?

The Return to Work scheme has 30 day payment terms, which is mandated and cannot be amended. Please do not send multiple copies of the original invoice if your payment terms are less than 30 days.

Useful contacts

Claims agents

All work injury claims (*that are not self-insured or serious injury*) are managed by Employers Mutual or Gallagher Bassett. To identify which claims agent is managing a worker's claim, refer to the 'Claims agent lookup' function on our website at www.rtwsa.com.

EML

Phone: (08) 8127 1100 or free call 1300 365 105

Fax: (08) 8127 1200

Postal address: GPO Box 2575, Adelaide SA 5001

Online: www.eml.com.au

Gallagher Bassett Services Pty Ltd

Phone: (08) 8177 8450 or free call 1800 664 079

Fax: (08) 8177 8451

Postal address: GPO Box 1772, Adelaide SA 5001

Online: www.gallagherbassett.com.au

ReturnToWorkSA EnABLE Unit

For claims relating to severe traumatic injuries, please contact this unit directly.

Phone: 13 18 55

Fax: (08) 8233 2051

Postal address: GPO Box 2668, Adelaide SA 5001

Self-insured employers

For matters relating to self-insured claims, please contact the employer directly.

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