

Medical fee schedule

Other services – 1B

Effective date: 01 July 2024

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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 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 2024.

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 service 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.	\$74.50 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.	\$146.20 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 2 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 3 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$114.60 flat fee
WMP37	Consultant physicians: Short medical report, expected to be provided within 3 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$146.20 flat fee
WMS37	Specialists in a surgical discipline: Short medical report expected to be provided within 3 business days of receipt of the initial request or examination (where applicable), whichever is the later.	\$146.20 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 2 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.	\$298.10 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.	\$558.60 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.	\$558.60 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 2 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)
WMG40	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.	\$372.60 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.	\$700.40 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.	\$700.40 flat fee
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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 2 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 WMG70; 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.	\$700.40 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 2 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.	\$871.70 flat fee
	<p>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.</p> <p>Note 2: The date of request is taken to be 2 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.	\$68.20 flat fee
WMP70	Consultant Physicians: Consultation: medical review for the preparation of a treating doctor report.	\$136.60 flat fee
WMS70	Specialist in a surgical discipline: Consultation: medical review for the preparation of a treating doctor report.	\$136.60 flat fee
WMY73	Psychiatrists: Consultation: medical review for the preparation of a treating doctor report.	\$379.30 flat fee

Reading time to prepare a report - treating doctor

Item no.	Service description	Max fee (ex GST)
WMG55	DERIVED FEE, 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. Derived fee: The fee for item WMG55 is \$68.20 for reading time up to and including 12 pages, plus \$5.90 per page thereafter.	DF
WMP55	DERIVED FEE, 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. Derived fee: The fee for item WMP55 is \$136.60 for reading time up to and including 12 pages, plus \$10.80 per page thereafter.	DF

WMS55	DERIVED FEE, 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. Derived fee: The fee for item WMS55 is \$136.60 for reading time up to and including 12 pages, plus \$10.80 per page thereafter.	DF
WMY55	DERIVED FEE, 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. Derived fee: The fee for item WMY55 is \$177.50 for reading time up to and including 12 pages, plus \$10.80 per page thereafter.	DF

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.

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 charged once. No additional charge can be submitted for re-reading of material.

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.	\$67.00 flat fee
WMP25	Consultant physicians: Clarification of a medical report, re-examination not required.	\$122.00 flat fee
WMS25	Specialists in a surgical discipline: Clarification of a medical report, re-examination not required.	\$122.00 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.	\$298.10 per hour
WMP24	Consultant physicians: Telephone call up to and including 60 minutes duration.	\$584.20 per hour
WMS24	Specialists in a surgical discipline: Telephone call up to and including 60 minutes duration.	\$584.20 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 6 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.	\$298.10 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.	\$584.20 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.	\$584.20 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 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 6 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.	\$298.10 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.	\$584.20 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.	\$584.20 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 6 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.	\$298.10 per hour

WMP14	Consultant physicians: Third party consultation at the doctor's rooms where the worker is usually not present.	\$584.20 per hour
WMS14	Specialists in a surgical discipline: Third party consultation at the doctor's rooms where the worker is usually not present.	\$584.20 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 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 6 minutes.

Attendance at a dispute resolution

Item no.	Service description	Max fee (ex GST)
WMG15	General practitioners: Attendance at a dispute resolution.	\$298.10 per hour
WMP15	Consultant physicians: Attendance at a dispute resolution.	\$584.20 per hour
WMS15	Specialists in a surgical discipline: Attendance at a dispute resolution.	\$584.20 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 6 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.	\$298.10 per hour

WMP10	Consultant physicians: Travel time for the purpose of a worksite assessment, case conference, dispute resolution or third party consultation.	\$584.20 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.	\$584.20 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 6 minutes.

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

Item no.	Service description	Max fee (ex GST)
WMG36	General practitioners: Cancellation of case conference, worksite assessment, dispute resolution or third party consultation.	\$298.10 per hour
WMP36	Consultant physicians: Cancellation of case conference, worksite assessment, dispute resolution or third party consultation.	\$584.20 per hour
WMS36	Specialists in a surgical discipline: Cancellation of case conference, worksite assessment, dispute resolution or third party consultation.	\$584.20 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 2 business days (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 6 minutes.

Job analysis and/or recommended job description statement

Item no.	Service description	Max fee (ex GST)
WVG56	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.	\$114.60 flat fee
WVP56	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.	\$146.20 flat fee
WVS56	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.	\$146.20 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)
WVG23	General practitioners: Completion of a specified duties form.	\$26.20 flat fee
WVP23	Consultant physicians: Completion of a specified duties form.	\$26.20 flat fee
WVS23	Specialist in a surgical discipline: Completion of a specified duties form.	\$26.20 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.	\$79.50 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.	\$0.30
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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.	\$298.10 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.	\$433.60 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 6 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).	\$584.20 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.	\$846.50 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 6 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.	\$166.80 flat fee
WMI12	Specialists: Subsequent treatments of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.	\$136.60 flat fee
WMI13	Specialists: Double treatments (bilateral or multiple) of Extra-Corporeal Shock Wave Therapy provided by a specialist radiology practice.	\$227.60 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.	\$389.00 flat fee
WME25	Otorhinolaryngologists: Sensorics smell identification test.	\$169.10 flat fee
WME2A	Otorhinolaryngologists: Cortical evoked response audiometry - quantification.	\$389.00 flat fee

Services delivered by medical practitioners

Item no.	Service description	Max fee (ex GST)
WMG26	Medical practitioners: Fluids, intravenous drip infusion of - percutaneous.	\$66.80 flat fee
WMG27	Medical Practitioners: Fluids, intravenous drip infusion of - open exposure.	\$110.90 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.	\$99.60 flat fee

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WMG29	Hypnotherapy at consulting rooms, 31 to 45 minutes.	\$149.60 flat fee
WMG30	Hypnotherapy at consulting rooms, more than 46 minutes.	\$203.70 flat fee
WMG31	Hypnotherapy at consulting rooms, not more than 15 minutes.	\$57.60 flat fee

Independent medical examiner services

Independent medical examiner service and payment policy

The purpose of the services identified in the independent medical examiner (IME) fee schedule is to provide an independent opinion regarding a worker's injury or treatment which assist with decisions relating to rehabilitation, recovery and return to work or the community, as well as entitlement to supports and benefits.

Failure to comply with the fee schedule and this policy may result in the cessation of referrals.

Who can provide IME services?

Medical Practitioners who are currently registered as a qualified registered specialist with the relevant current practicing certificate from the Medical Board of Australia and specialist registration with APHRA are eligible to provide IME services. Specialist general practitioners are not able to provide IME services.

The IME may be asked to provide copies of their qualifications (relevant to IME services), current practicing certificate from the Medical Board of Australia or appropriate registration authority, and evidence of maintenance of professional standards. If this evidence is requested, it should be provided within 10 business days of the request, unless agreed otherwise with the requestor.

ReturnToWorkSA's expectations for the delivery of IME services

ReturnToWorkSA expects eligible medical practitioners to conduct IME services in accordance with recognised professional practices, ReturnToWorkSA policy and other relevant requirements. This includes:

- The Australian Medical Association's (AMA) Guidelines 'Ethical Guidelines for Conducting Independent Medical Assessments 2010'.
- The Medical Board of Australia's 'Good Medical Practice: A Code of Conduct for Doctors in Australia'.
- This independent medical examiner service and payment policy, fee schedules and notes.
- Broader requirements outlined in the Medical fee schedule (Other services – 1B) relevant to IME services and payments.
- Service Standards, as provided for under Schedule 5 of the *Return to Work Act 2014* and outlined on the ReturnToWorkSA website at Our service commitments (rtwsa.com)
- *South Australian Employment Tribunal Rules 2022* (or as amended from time to time)

Additional expectations are outlined in the table below.

Topic	Expectations of service
Referrals or medical report clarification	<ul style="list-style-type: none"> • An IME must only accept a referral or undertake an examination for which they are qualified and experienced to provide. • An IME must only accept a referral or answer a medical report clarification if the request is in writing. • An IME may accept a referral from the following: <ul style="list-style-type: none"> ○ An Insurer (ReturnToWorkSA, a claims manager, or a self-insured employer). ○ A worker, worker's representative or advocate. • A doctor who does not wish to accept a referral (or future referrals) should communicate that decision to the relevant report requestor. • IMEs are encouraged to use ReturnToWorkSA's online services (for workers within the registered scheme) for the exchange of documentation and medical reports to maintain security and improve timeliness.
Date of request	<ul style="list-style-type: none"> • The date of request is taken to be 2 business days after the date the request is sent. • A business day is any day, excluding Saturday, Sunday, and public holidays in South Australia.
Maintaining Independence	<p>Consistent with the AMA's Guidelines '<i>Ethical Guidelines for Conducting Independent Medical Assessments 2010</i>', IMEs:</p> <ul style="list-style-type: none"> • must assess the worker's medical condition without any bias or influence from external parties. • should ensure the worker understands that the role of an IME does not include recommending treatment (except where immediate medical attention is required in an emergency) or this has been specifically requested by the requestor. This must be discussed with the worker at the beginning of the consultation.

	<ul style="list-style-type: none"> • must explain that they are acting at the request of the report requestor. • advise the worker to see their own doctor/specialist in relation to any concerns they have regarding their health or treatment. • must not refer the worker to any other medical practitioner or other health specialist for treatment. An IME may alert the treating practitioner of the need for a referral if required. • must advise ReturnToWorkSA when they have been asked to conduct a service that may involve a conflict of interest (e.g. any ongoing relationship with the worker, the worker’s employer, medical practitioner or legal representative, the report requestor, or their parent companies). • must not accept a referral or undertake an examination if the IME is aware of an actual or potential conflict of interest unless: <ul style="list-style-type: none"> ○ the IME has notified the requestor of the actual or potential conflict ; and ○ the requestor and IME have agreed in writing to a process to manage the conflict; and ○ the IME complies with the agreed process. • must not contact the worker’s treating health practitioner, unless the circumstance is permitted under this policy or the AMA’s Guidelines ‘Ethical Guidelines for Conducting Independent Medical Assessments 2010’. • must not provide treatment to the worker after the IME.
Documentation	<p>An IME is to read all documentation sent with the referral and, if necessary, clarify or communicate with the report requestor if:</p> <ul style="list-style-type: none"> ○ additional material is required, in order to ensure the IME’s findings, opinions and recommendation are sound and complete; ○ the IME wishes to clarify the referral request (for example, where questions may be unclear, etc.); ○ the volume and/or nature of reading supplied is excessive or unnecessary for the purposes of the referral.
Appointments	<p>The IME must:</p> <ul style="list-style-type: none"> • examine the worker as soon as practicable after the request for an appointment is made, ideally within 10 business days. • not keep the worker waiting for an examination for an unreasonable amount of time. The IME should see the worker within 30 minutes of the scheduled appointment time. • notify the report requestor of any appointments they need to cancel (not including worker non-attendance) as soon as practicable. • have a system in place to remind the worker of the scheduled appointment at least 2 business days before the time of the appointment. • notify the report requestor within 1 business day of the scheduled appointment if the worker does not attend the scheduled appointment.
Interpreters	<ul style="list-style-type: none"> • The requestor will arrange for interpreting services to be provided if required. • If the IME is concerned about the interpreting service being provided, they should contact the requestor immediately and seek instructions. <p>Note: the requestor must not arrange for family to provide interpreting services.</p>
Examinations	<ul style="list-style-type: none"> • Examinations must be held face-to-face, unless approved in exceptional circumstances (refer to the telehealth section below). • The length of the examination should be sufficient to make a fair and comprehensive assessment of the worker. • The IME should verify previous history or collect new history if required. • The IME should only refer workers for diagnostic examinations or tests when the findings of a medical examination would be unreliable without further investigations. The IME must obtain prior approval from the requestor before referring the worker for any diagnostic examination or test. • The IME must ensure that an appropriate level of privacy is maintained during the examination.
Telehealth	<ul style="list-style-type: none"> • Use of virtual platforms for physical injury examinations will only be approved in exceptional circumstances. This may include: <ul style="list-style-type: none"> ○ when the worker lives in a remote location and they cannot safely or reasonably travel to the examination; ○ where it can be established the specialty is unique and in short supply such that a face-to-

	<p>face appointment cannot be provided by another examiner of that specialty within a reasonable timeframe.</p> <ul style="list-style-type: none"> • Use of virtual platforms for psychological claims are permitted when it is appropriate and safe for the worker to participate via this platform. • Requests for telehealth examination must be approved by the compensating authority prior to the delivery of the service.
Report submission	Reports must be provided within 10 business days of the examination.
Report template	Where ReturnToWorkSA provides a report template for medical reports, an IME must use the template. If required, it will be available on the ReturnToWorkSA website.
Report content	<p>An IME report must, unless otherwise advised by the requestor:</p> <ul style="list-style-type: none"> • provide an accurate medical diagnosis (or state if there is insufficient clinical information to make a diagnosis); • be based on appropriate clinical examination; • be consistent with accepted clinical practice; • thoroughly address the questions asked and, if a question cannot be answered, explain why; • state in the report that the worker has declined to undertake the requested tests or investigations and the implications of that for the comprehensiveness of the IME’s opinion; • state, what further information, if any, would be useful to enhance the validity of the opinion provided; • the results of diagnostic tests or investigations should be detailed in the report and copies of the same should be attached to the report; • be limited to the relevant circumstances of the worker’s injury; • be accurate, unbiased, precise and consistent; • document any inconsistencies noted between symptoms and objective findings; • where the symptoms and examination findings are not consistent with any diagnosable medical disorder, this should be clearly stated; • use simple language where possible, and explain any technical terms or jargon; • assess the worker’s general capacity to perform duties where possible. <p>If the report is based on a telehealth appointment, this must be clearly stated in the report including:</p> <ul style="list-style-type: none"> • the IME’s reasoning for the telehealth appointment being clinically appropriate, including details relating to the approval from the requestor; • confirmation the worker was informed of the telehealth process and the worker agreed to this form of examination; • whether the telehealth appointment was audio and video; • specifying the software that was used to conduct the examination. <p>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).</p> <ul style="list-style-type: none"> • IMEs must therefore limit report content to relevant information and not disclose any information of a personal nature except where it relates to the work injury.
Providing Testimony	<ul style="list-style-type: none"> • An IME is expected to 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. • An IME is expected to attend the hearing in person when providing testimony at a court of tribunal, except where other arrangements have been agreed by the court or tribunal.
Training and education	<ul style="list-style-type: none"> • IMEs must maintain professional standards relevant to the medical opinions being provided. • IMEs are expected to attend education events promoted by ReturnToWorkSA as relevant to the provision of IME services.
Payment	<p>The Insurer (ReturnToWorkSA, a claims manager, or a self-insured employer) will only pay for IME services that:</p> <ul style="list-style-type: none"> • are provided and charged in accordance with this this Medical fee schedule (Other services – 1B) and this policy; and • are a referral for IME services by an Insurer, worker, worker’s representative or worker’s advocate; and • the doctor is a specialist medical practitioner eligible to provide IME services; and • following submission of the requested medical report or clarification.

Independent medical examiner - report, examination and reading

Item no.	Service description	Max fee (ex GST)
WMP28	Consultant physicians: Independent medical examiner report inclusive of the physical examination, reading up to 100 pages, and report writing - expected to be provided within 10 business days of the examination.	\$1576.70 flat fee
WMS28	Specialists in a Surgical discipline: Independent medical examiner report inclusive of the physical examination, reading up to 100 pages, and report writing - expected to be provided within 10 business days of the examination.	\$1576.70 flat fee
WMY60	Psychiatrists: Independent medical examiner report inclusive of the examination, reading up to 100 pages, and report writing - expected to be provided within 10 business days of the examination.	\$1748.00 flat fee

Note 1: The independent medical examination 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 independent medical examination report fee includes the physical examination and reading of up to 100 pages.

Note 3: Reading material that exceeds 500 pages should be referred back to the requestor and confirmed as necessary.

Note 4: If a medical practitioner believes the incorrect report type has been requested, this should be referred back to the claims manager and clarified.

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

Independent medical examiner – medical report based upon review of documentation (excluding psychiatrists)

Item no.	Service description	Max fee (ex GST)
WMP29	Consultant physicians: Independent medical examiner report based upon a review of documentation supplied by the requestor. It is expected that the worker will have already been physically examined by more than one consultant physician/specialist. The report is expected to be provided within 10 business days of receipt of the initial request.	\$700.40 flat fee
WMS29	Specialists in a surgical discipline: Independent medical examiner report based upon a review of documentation supplied by the requestor. It is expected that the worker will have already been physically examined by more than one consultant physician/specialist. The report is expected to be provided within 10 business days of receipt of the initial request.	\$700.40 flat fee

Note 1: A medical report based on a review of documentation is only for situations such as where there are two or more opposing medical opinions; clarification is sought regarding a point or points where the original examiner is unavailable, or to obtain an expert opinion, with a view to introducing the expert to give evidence in legal proceedings.

Note 2: A medical report based on a review of documentation must be requested in writing and may be requested by a: - claims manager or self-insured employer - worker, worker's representative or

advocate.

Note 3: Documentation can include information such as medical reports/information from professionals such as a consultant physicians, specialists, hospital doctors; hospital records; prescriptions, and other relevant information, such as x-rays, MRIs, CT Scans, and test results.

Note 4: The date of request is taken to be 2 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 5: If a medical practitioner believes the incorrect report type has been requested, this should be referred back to the requestor and clarified.

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

Independent medical examiner - psychiatrists medical report based upon review of documentation

Item no.	Service description	Max fee (ex GST)
WMY61	Psychiatrists: Independent medical examiner report based upon a review of documentation supplied by the requestor. It is expected that the worker will have already been physically examined by more than one consultant physician/specialist. The report is expected to be provided within 10 business days of receipt of the initial request.	\$871.70 flat fee

Note 1: A medical report based on a review of documentation is only for situations such as where there are two or more opposing medical opinions; clarification is sought regarding a point or points where the original examiner is unavailable, or to obtain an expert opinion, with a view to introducing the expert to give evidence in legal proceedings.

Note 2: A medical report based on a review of documentation must be requested in writing and may be requested by a: - claims manager or self-insured employer - worker, worker's representative or advocate.

Note 3: Documentation can include information such as medical reports/information from professionals such as a consultant physicians, specialists, hospital doctors; hospital records; prescriptions, and other relevant information, such as x-rays, MRIs, CT Scans, and test results.

Note 4: The date of request is taken to be 2 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 5: If a medical practitioner believes the incorrect report type has been requested, this should be referred back to the requestor and clarified.

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

Independent medical examiner - supplementary medical report

Item no.	Service description	Max fee (ex GST)
WMP33	Consultant physicians: Supplementary medical report, where additional information is requested by the report requestor, re-examination not required. A supplementary report fee is not payable if the report is requested as a result of an error, omission or failure by the medical practitioner to address the original questions in the letter of request.	\$292.10 flat fee
WMS33	Specialists in a surgical discipline: Supplementary medical report, where	\$292.10 flat fee

additional information is requested by the report requestor, re-examination not required. A supplementary report fee is not payable if the report is requested as a result of an error, omission or failure by the medical practitioner to address the original questions in the letter of request.

Note 1: A supplementary 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 they are seeking a supplementary report relating to a previous medical report.

Note 3: 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.

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

Independent medical examiner - additional reading time

Item no.	Service description	Max fee (ex GST)
WMP82	Consultant physicians: Independent medical examiner additional reading time, payable when: - there are more than 100 pages of reading material supplied by the report requestor (the first 100 pages are included in the report fee), or - reading material is supplied in conjunction with a supplementary report (WMP33) or a medical report based upon review of documentation (WMP29), or - a worker fails to attend or cancels less than 2 business days (excluding weekends and public holidays in South Australia) before an appointment and reading of supplied material has already occurred.	\$584.20 per hour Max 2 hours
WMS82	Specialists in a surgical discipline: Independent medical examiner additional reading time, payable when: - there are more than 100 pages of reading material supplied by the report requestor (the first 100 pages are included in the report fee), or - reading material is supplied in conjunction with a supplementary report (WMS33) or a medical report based upon review of documentation (WMS29), or - a worker fails to attend or cancels less than 2 business days (excluding weekends and public holidays in South Australia) before an appointment and reading of supplied material has already occurred.	\$584.20 per hour Max 2 hours
WMY90	Psychiatrists: Independent medical examiner additional reading time, payable when: - there are more than 100 pages of reading material supplied by the report requestor (the first 100 pages are included in the report fee), or - reading material is supplied in conjunction with a medical report based upon review of documentation (WMY61), or - a worker fails to attend or cancels less than 2 business days (excluding weekends and public holidays in South Australia) before an appointment and reading of supplied material has already occurred.	\$584.20 per hour Max 2 hours

Note 1: Payment for the reading of written material will only be made where the reading is required for the medical practitioner 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: Reading material that exceeds 500 pages should be referred back to the requestor and

confirmed as necessary.

Note 4: ReturnToWorkSA expects that up to 200 pages are able to be read per hour.

Note 5: The number of pages read should be stated on the account. Any accounts without the number of pages stated will be returned for amendment.

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

Note 7: 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 - 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.	\$584.20 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.	\$584.20 per hour

Note 1: Travel will be approved for independent medical examiner services requested by a: - claims manager or self-insured employer - worker, worker's representative or advocate.

Note 2: All accounts must include the total time spent travelling as well as the distance travelled.

Note 3: Where more than one service is conducted, the travel fee is to be apportioned accordingly.

Note 4: Any part of an hour should be billed proportionately and rounded to the nearest 6 minutes.

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 2 business days (excluding weekends and public hospitals in South Australia) before an appointment.	\$584.20 flat fee
WMS34	Specialists in a surgical discipline: Independent medical examiner non-attendance at, or cancellation less than 2 business days (excluding weekends and public holidays in South Australia) before an appointment.	\$584.20 flat fee
WMY88	Psychiatrists: Independent medical examiner non-attendance at, or cancellation less than 2 business days (excluding weekends and public holidays in South Australia) before an appointment.	\$584.20 flat fee

Note 1: Fees apply only to the cancellation of medical appointments arranged by a: - claims manager or self-insured employer - worker, worker's representative or advocate.

Note 2: If the cancelled appointment or non-attendance is subsequently filled with any other earning activity, no cancellation fee will be payable.

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.	\$170.90 flat fee
WMP65	Consultant physicians: Independent medical examiner cancellation of an attendance at a venue more than 100 kilometres from the Adelaide GPO.	\$273.30 flat fee
WMP66	Consultant physicians: Independent medical examiner overnight accommodation including meals and incidentals.	\$361.90 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.	\$170.90 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.	\$273.30 flat fee
WMS66	Specialists in a surgical discipline: Independent medical examiner overnight accommodation including meals and incidentals.	\$361.90 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 6 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.

Independent medical examiner -telephone call

Item no.	Service description	Max fee (ex GST)
AIMP24	Consultant physicians: Independent medical examiner telephone call (excluding calls made to or received from injured workers), up to and including 60 minutes duration.	\$584.20 per hour
AIMS24	Specialists in a surgical discipline: Independent medical examiner telephone call (excluding calls made to or received from injured workers), up to and including 60 minutes duration.	\$584.20 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 6 minutes.

Independent medical examiner - case conference

Item no.	Service description	Max fee (ex GST)
AIMP09	Consultant physicians: Independent medical examiner 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.	\$584.20 per hour
AIMS09	Specialists in a surgical discipline: Independent medical examiner 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.	\$584.20 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 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 6 minutes.

Independent medical examiner - worksite assessment

Item no.	Service description	Max fee (ex GST)
AIMP08	Consultant physicians: Independent medical examiner 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.	\$584.20 per hour
AIMS08	Specialists in a surgical discipline: Independent medical examiner 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.	\$584.20 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 6 minutes.

Independent medical examiner - third party consultation

Item no.	Service description	Max fee (ex GST)
AIMP14	Consultant physicians: Independent medical examiner third party consultation at the doctor's rooms where the worker is usually not present.	\$584.20 per hour
AIMS14	Specialists in a surgical discipline: Independent medical examiner third party consultation at the doctor's rooms where the worker is usually not present.	\$584.20 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 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 6 minutes.

Independent medical examiner - attendance at a dispute resolution

Item no.	Service description	Max fee (ex GST)
AIMP15	Consultant physicians: Independent medical examiner attendance at a dispute resolution.	\$584.20 per hour
AIMS15	Specialists in a surgical discipline: Independent medical examiner attendance at a dispute resolution.	\$584.20 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 6 minutes.

Independent medical examination - cancellation of a case conference, worksite assessment, dispute resolution or third party consultation

Item no.	Service description	Max fee (ex GST)
AIMP36	Consultant physicians: Independent medical examiner cancellation of a case conference, worksite assessment, dispute resolution or third party consultation.	\$584.20 per hour
AIMS36	Specialists in a surgical discipline: Independent medical examiner cancellation of a case conference, worksite assessment, dispute resolution or third party consultation.	\$584.20 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 2 business days (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 6 minutes.

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.

Onlines services are now available for health providers

Using Online services to manage your referrals has several benefits:

- securely and efficiently receive and submit documents
- have visibility of each referral and the worker's claim details
- manage referrals and all documentation associated with them in one place



For further information, including how to register, please visit www.rtwsa.com or scan the QR code. If you require support or wish to speak with someone, please contact us on 8238 5960 or email providers@rtwsa.com.

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 email to prov.main@rtwsa.com. 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

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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ReturnToWorkSA
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