



Medical fee schedule

Permanent Impairment services

01 July 2026

Contents

How to use this fee schedule	3
Permanent Impairment Assessment service and payment policy	3
Permanent impairment services	6
Determining assessment complexity and report fee	6
Permanent impairment assessor - standard report	7
Permanent impairment assessor - moderately complex report	8
Permanent impairment assessor - complex report	9
Permanent impairment assessor - very complex report	10
Permanent impairment assessor - highly complex report	11
Permanent impairment assessor - ENT report.....	12
Permanent impairment assessor - standard report where an examination is conducted with the assistance of an interpreter	13
Permanent impairment assessor - moderately complex report where an examination is conducted with the assistance of an interpreter	14
Permanent impairment assessor - complex report where an examination is conducted with the assistance of an interpreter	15
Permanent impairment assessor - very complex report where an examination is conducted with the assistance of an interpreter	16
Permanent impairment assessor - highly complex report where an examination is conducted with the assistance of an interpreter	17
Permanent impairment assessor - ENT report where an examination is conducted with the assistance of an interpreter	18
Permanent impairment assessor - non attendance or cancellation of an appointment or non-attendance	18
Permanent impairment assessor - supplementary report	19
Permanent impairment assessor - travel for examinations	19
Permanent impairment assessor - additional reading time.....	20
List of body parts	21
Example application of the matrix	24
Accounts and invoicing standards	25
Submitting an invoice	26
Useful contacts	26
Claims agents	26
ReturnToWorkSA EnABLE Unit	26
Self-insured employers	26

How to use this fee schedule

This fee schedule contains information on services and fees that apply to medical practitioners who hold a current accreditation issued by the Minister for Industrial Relations for 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 2026.

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*.

Permanent Impairment Assessment service and payment policy

This fee schedule and policy should be read in conjunction with:

- Impairment Assessor Accreditation Scheme (IAAS).
- Impairment Assessment Guidelines (relevant edition).
- Impairment Assessment information for Assessors, as outlined on the ReturnToWorkSA website at [Impairment assessment \(rtwsa.com\)](https://www.rtwsa.com.au/impairment-assessment).
- Service Standards, as provided for under Schedule 5 Return to Work Act 2014 and outlined on the ReturnToWorkSA website at [Our service commitments \(rtwsa.com\)](https://www.rtwsa.com.au/our-service-commitments).
- South Australian Employment Tribunal Rules 2022 (or as amended from time to time).

Failure to comply with the fee schedule and this policy may result in the suspension or cancellation of accreditation.

Who can provide services under this fee schedule and policy?

Medical practitioners accredited by the Minister to undertake permanent impairment assessments (referred to as Assessors).

Expectations for the delivery of impairment assessment services

Expectations for services are outlined in the table below.

Topic	Expectations of service
Impairment Assessor Accreditation Scheme (IAAS)	<ul style="list-style-type: none"> • Assessors must conform with the requirements outlined in the IAAS. This includes: <ul style="list-style-type: none"> ○ Training requirements. ○ Terms and Conditions. ○ Service requirements. ○ Declaration requirements. ○ Suspension or Cancellation of Accreditation. ○ Quality Management. ○ Performance Management.
Impairment Assessment guidelines (IAG)	<p>Permanent impairment assessments and subsequent reports must be conducted in accordance with and comply with the relevant edition of the Impairment Assessment Guidelines. This includes:</p> <ul style="list-style-type: none"> ○ Chapter 1 Introduction. ○ Chapters relevant to the body system(s) being assessed for which the Assessor is accredited for. ○ Chapter 17 Assessor selection process ○ Notes and Appendices.
Body system	<p>A reference to body system in this document means one or more of the 15 body systems in which Assessors are accredited by the Minister and which correspond with chapters 2 to 16 of the Return to Work scheme Impairment Assessment Guidelines (relevant version).</p>

Topic	Expectations of service
Standards of Services	Assessors are referred to the IAAS and IAG for Service and Communication Requirements and Code of Conduct.
Reports	<p>Assessors are referred to the IAAS and IAG for report completion requirements.</p> <ul style="list-style-type: none"> • An assessment report must be in accordance with the mandated report format, including any summary tables, published on ReturnToWorkSA’s website. • An assessment report should be accurate, comprehensive and fair. It should clearly address the question or questions being asked of the Assessor. • An assessment report must provide a rationale consistent with the methodology and content of the IAG. • An assessment report must be provided within 10 business days of the assessment being completed, or as agreed, and documented between the Requestor and the Assessor. This must be noted in the report. • Reports requested by a claims agent or ReturnToWorkSA must be provided to ReturnToWorkSA for review of compliance. ReturnToWorkSA will send the report to the requestor once compliance is confirmed.
Date of request	The date of request is taken to be 2 business days after the request is sent. A business day is any day, excluding Saturday, Sunday and public holidays in South Australia.
Payments	<ul style="list-style-type: none"> • 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. • Corrections, amendments and clarifications to a report after initial submission are provided for in the report fee, and do not attract an additional fee. • The lead Assessor may only bill for the final complete report including the sub-Assessor’s report(s). • The Insurer (ReturnToWorkSA or a self-insured employer) will only pay for permanent impairment assessment services that are: <ul style="list-style-type: none"> ○ provided and charged in accordance with this this fee schedule and policy; and ○ requested by an Insurer or a claims manager; and ○ undertaken by an Assessor who holds accreditation in the requested body system(s); and ○ received by the Insurer.
Referrals	<p>An Assessor must only accept a referral:</p> <ul style="list-style-type: none"> • from ReturnToWorkSA, a claims manager or a self-insured employer. • for body system(s) which they hold accreditation to assess. • when the request is in writing and specifies whether a standard, moderately complex, complex, very complex, highly complex or supplementary report is required. If the Assessor believes the incorrect report type has been requested, this should be referred back to the Requestor and clarified. <p>An Assessor who does not wish to accept a referral (or future referrals) should communicate that decision to ReturnToWorkSA and relevant report Requestors.</p>
Appointments	<p>The Assessor should:</p> <ul style="list-style-type: none"> • examine the worker as soon as practicable after the request for an appointment is made, ideally within 6-weeks of the request, or discuss this with the Requestor if this is not achievable. • not keep the worker waiting for an examination for an unreasonable amount of time. The Assessor should see the worker within 30 minutes of the scheduled appointment time. <p>The Assessor should:</p> <ul style="list-style-type: none"> • only accept appointments made by the Requestor. • 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 their scheduled appointment at least 2 business days before the time of the appointment. • notify the Requestor within 1 business day of the scheduled appointment if the worker does not attend the scheduled appointment.

Topic	Expectations of service
Interpreters	<ul style="list-style-type: none"> • The Requestor will arrange for interpreting services to be provided if required. • If the Assessor is concerned about the interpreting service being provided, they should contact the Requestor immediately and seek instructions. • The Assessor must ensure that an appropriate level of privacy is maintained during the examination. <p>Note: the Requestor will not arrange for family or children (below 18 years) to provide interpreting services.</p>
Assessments	<ul style="list-style-type: none"> • Assessments must be conducted in person. Telehealth assessments are not permitted.
Providing Testimony	<ul style="list-style-type: none"> • An Assessor is expected to comply with the following when providing testimony at a court or tribunal: <ul style="list-style-type: none"> ○ The principles outlined in the AMA’s position statement ‘<i>Guidelines for doctors acting as expert medical witnesses</i>’; ○ The South Australian Employment Tribunal Rules 2022 (or as amended from time to time). • An Assessor is expected to attend the hearing in person when providing testimony at a court of tribunal.
ReturnToWorkSA’s Online Services Portal	<p>Assessors must use ReturnToWorkSA’s Online Services Portal to receive report requests and submit completed assessments unless otherwise agreed with the Requestor (note: this is not applicable for workers with claims managed by self-insured employers).</p>

Permanent impairment services

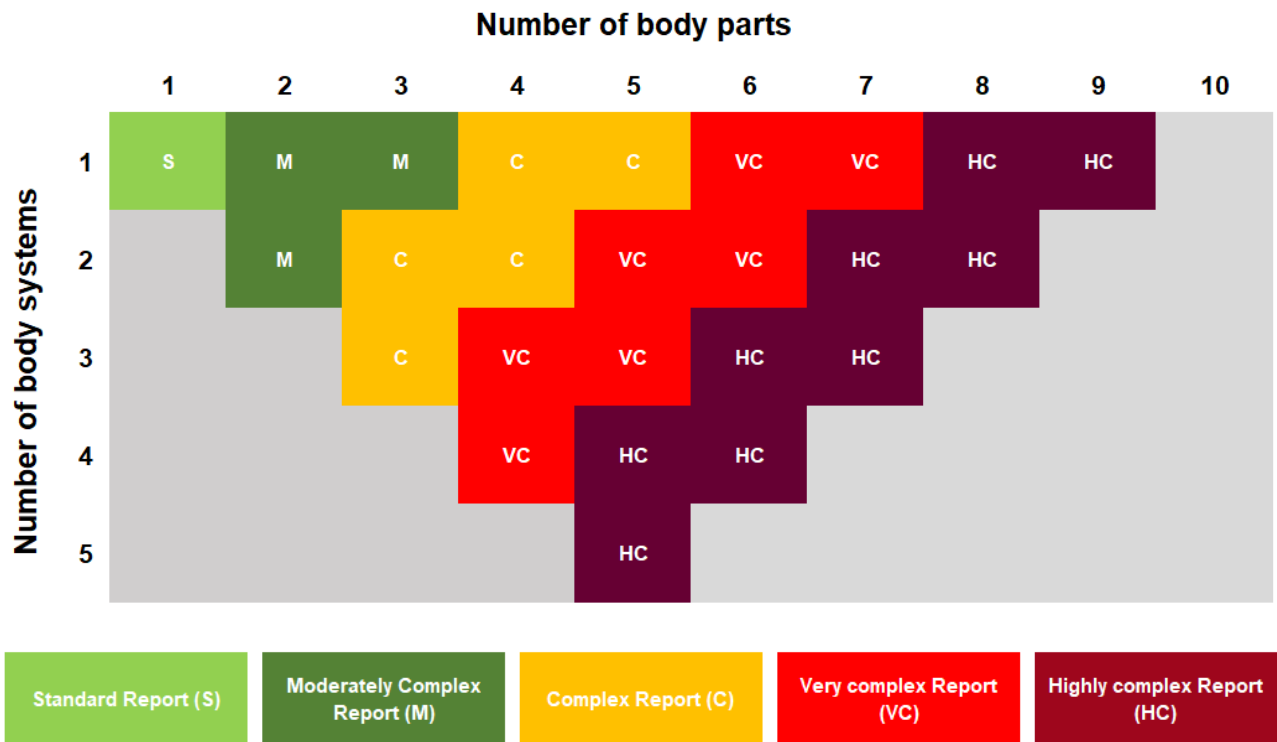
These services are to assess whole person impairment in accordance with Section 22 of the *Return to Work Act 2014*. An impairment Assessor means a person registered under the *Health Practitioner Regulation National Law (South Australia) Act 2010*, to practice in the medical profession (other than a student) and, who holds a current accreditation issued by the Minister for Industrial Relations for the Return to Work scheme. Only those accredited are entitled to payment for the services listed below.

The *Impairment Assessment Guidelines* relates to the guidelines published by the Minister in the South Australian Government Gazette for the Return to Work scheme.

For information to become an accredited Assessor, please refer to the ReturnToWorkSA website at www.rtwsa.com or contact ReturnToWorkSA on 13 18 55.

Determining assessment complexity and report fee

The report fee for a permanent impairment assessment (excluding noise induced hearing loss, psychiatric and ophthalmology assessments) is determined by applying the below matrix, which combines the number of body parts and number of body systems to be assessed.



Notes

1. The matrix does not apply to noise induced hearing loss, psychiatric or ophthalmology assessments.
2. Body system refers to 1 of the 15 of the body system chapters detailed in the Impairment Assessment Guidelines.
3. Body part refers to the list of body parts published in this fee schedule (refer page 21). Multiple injuries to the same body part must be counted as one body part.
4. If the combination of number of body systems and body parts does not fall within the fee matrix, an additional assessment must be booked.
5. Assessments for Complex Regional Pain Syndrome (CRPS) are considered a highly complex (HC) assessment irrespective of the number of body parts.
6. Assessments for Visual System are considered complex (C) assessments.
7. A lead Assessor report is considered at a minimum a very complex (VC) assessment.

Permanent impairment assessor - standard report

Item no.	Service description	Max fee (ex GST)
PIA10	General practitioners: permanent impairment assessor standard report, simple assessment of one body system combined with one body part - reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$1718.60 flat fee
PIA30	Specialists (excluding psychiatrists): permanent impairment assessor standard report, simple assessment of one body system combined with one body part - reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$1718.60 flat fee
PIA40	Psychiatrists: permanent impairment assessor standard report for the assessment of psychiatric disorders; assessment where there is one disorder or condition related to the work injury - reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines and using the Guidelines for the Evaluation of Psychiatric Impairment by Clinicians (GEPIC). Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$2148.10 flat fee

Note 1: Reports will be requested by a claims manager or self-insured employer.

Note 2: Permanent impairment assessment reports must be requested in writing, specifying whether a standard, moderately complex, complex, very complex, highly complex or supplementary report is required.

Note 3: Reports are to be provided to ReturnToWorkSA within 10 business days of the examination unless the assessor believes there are reasonable grounds for an extension of time and has sought the requestor's prior consent for an extension of time.

Note 4: Corrections, amendments and clarifications to a report after initial submission are covered in the fee above, and do not attract an additional fee.

Note 5: 'Specialist' means a specialist in a surgical discipline or a consultant physician.

Note 6: A reference to body system herein means one or more of the 15 body systems in which Impairment Assessors are accredited by the Minister and which correspond with chapters 2 to 16 of the Return to Work Scheme Impairment Assessment Guidelines.

Permanent impairment assessor - moderately complex report

Item no.	Service description	Max fee (ex GST)
PIA11	General practitioners: permanent impairment assessor moderately complex report, simple assessment of: - one body system combined with two body parts - one body system combined with three body parts - two body systems combined with two body parts - reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$2148.40 flat fee
PIA31	Specialists: permanent impairment assessor moderately complex report, simple assessment of: - one body system combined with two body parts - one body system combined with three body parts - two body systems combined with two body parts - reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$2148.40 flat fee

Note 1: Reports will be requested by a claims manager or self-insured employer.

Note 2: Permanent impairment assessment reports must be requested in writing, specifying whether a standard, moderately complex, complex, very complex, highly complex or supplementary report is required.

Note 3: Reports are to be provided to ReturnToWorkSA within 10 business days of the examination unless the assessor believes there are reasonable grounds for an extension of time and has sought the requestor's prior consent for an extension of time.

Note 4: Corrections, amendments and clarifications to a report after initial submission are covered in the fee above, and do not attract an additional fee.

Note 5: 'Specialist' means a specialist in a surgical discipline or a consultant physician.

Note 6: A reference to body system herein means one or more of the 15 body systems in which Impairment Assessors are accredited by the Minister and which correspond with chapters 2 to 16 of the Return to Work Scheme Impairment Assessment Guidelines.

Permanent impairment assessor - complex report

Item no.	Service description	Max fee (ex GST)
PIA12	General practitioners: permanent impairment assessor complex report, complex assessment of: - one body system combined with four body parts - one body system combined with five body parts - two body systems combined with three body parts - two body systems combined with four body parts - three body systems combined with three body parts – reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$2721.30 flat fee
PIA32	Specialists (excluding psychiatrists): permanent impairment assessor complex report, complex assessment of: - one body system combined with four body parts - one body system combined with five body parts - two body systems combined with three body parts - two body systems combined with four body parts - three body systems combined with three body parts - reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$2721.30 flat fee
PIA42	Psychiatrists: permanent impairment assessor complex report for the assessment of psychiatric disorders or conditions; assessment where there is more than one disorder related to the work injury or pre-existing or non-work-related and/or neurological considerations - reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines and using the Guidelines for the Evaluation of Psychiatric Impairment by Clinicians (GEPIC). Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$3006.60 flat fee

Note 1: Reports will be requested by a claims manager or self-insured employer.

Note 2: Permanent impairment assessment reports must be requested in writing, specifying whether a standard, moderately complex, complex, very complex, highly complex or supplementary report is required.

Note 3: Reports are to be provided to ReturnToWorkSA within 10 business days of the examination unless the assessor believes there are reasonable grounds for an extension of time and has sought the requestor's prior consent for an extension of time.

Note 4: Corrections, amendments and clarifications to a report after initial submission are covered in the fee above, and do not attract an additional fee.

Note 5: 'Specialist' means a specialist in a surgical discipline or a consultant physician.

Note 6: The lead assessor may only bill for the final complete report including the sub-assessor's report(s).

Note 7: A reference to body system herein means one or more of the 15 body systems in which Impairment Assessors are accredited by the Minister and which correspond with chapters 2 to 16 of the Return to Work Scheme Impairment Assessment Guidelines.

Note 8: Assessments for the Visual System are considered complex assessments.

Permanent impairment assessor - very complex report

Item no.	Service description	Max fee (ex GST)
PIA20	General Practitioners: permanent impairment assessor very complex report, assessment of: - One body system combined with six body parts - One body system combined with seven body parts - Two body systems combined with five body parts - Two body systems combined with six body parts - Three body systems combined with four body parts - Three body systems combined with five body parts - Four body systems combined with four body parts - or lead assessor report - including reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$3488.70 flat fee
PIA70	Specialists (excluding psychiatrists): permanent impairment assessor very complex report, assessment of: - One body system combined with six body parts - One body system combined with seven body parts - Two body systems combined with five body parts - Two body systems combined with six body parts - Three body systems combined with four body parts - Three body systems combined with five body parts - Four body systems combined with four body parts - or lead assessor report - including reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$3488.70 flat fee

Note 1: Reports will be requested by a claims manager or self-insured employer.

Note 2: Permanent impairment assessment reports must be requested in writing, specifying whether a standard, moderately complex, complex, very complex, highly complex or supplementary report is required.

Note 3: Reports are to be provided to ReturnToWorkSA within 10 business days of the examination unless the assessor believes there are reasonable grounds for an extension of time and has sought the requestor's prior consent for an extension of time.

Note 4: Corrections, amendments and clarifications to a report after initial submission are covered in the fee above, and do not attract an additional fee.

Note 5: 'Specialist' means a specialist in a surgical discipline or a consultant physician.

Note 6: The lead assessor may only bill for the final complete report including the sub-assessor's report(s).

Note 7: A reference to body system herein means one or more of the 15 body systems in which Impairment Assessors are accredited by the Minister and which correspond with chapters 2 to 16 of the Return to Work Scheme Impairment Assessment Guidelines.

Permanent impairment assessor - highly complex report

Item no.	Service description	Max fee (ex GST)
PIA21	General Practitioners: permanent impairment assessor highly complex report, assessment of: - One body system combined with eight body parts - One body system combined with nine body parts - Two body systems combined with seven body parts - Two body systems combined with eight body parts - Three body systems combined with six body parts - Three body systems combined with seven body parts - Four body systems combined with five body parts - Four body systems combined with six body parts - Five body systems combined with five body parts including reading up to 100 pages, examination, and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$3973.20 flat fee
PIA71	Specialists (excluding psychiatrists): permanent impairment assessor highly complex report, assessment of: - One body system combined with eight body parts - One body system combined with nine body parts - Two body systems combined with seven body parts - Two body systems combined with eight body parts - Three body systems combined with six body parts - Three body systems combined with seven body parts - Four body systems combined with five body parts - Four body systems combined with six body parts - Five body systems combined with five body parts including reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$3973.20 flat fee

Note 1: Reports will be requested by a claims manager or self-insured employer.

Note 2: Permanent impairment assessment reports must be requested in writing, specifying whether a standard, moderately complex, complex, very complex, highly complex or supplementary report is required.

Note 3: Reports are to be provided to ReturnToWorkSA within 10 business days of the examination unless the assessor believes there are reasonable grounds for an extension of time and has sought the requestor's prior consent for an extension of time.

Note 4: Corrections, amendments and clarifications to a report after initial submission are covered in the fee above, and do not attract an additional fee.

Note 5: 'Specialist' means a specialist in a surgical discipline or a consultant physician.

Note 6: The lead assessor may only bill for the final complete report including the sub-assessor's report(s).

Note 7: A reference to body system herein means one or more of the 15 body systems in which Impairment Assessors are accredited by the Minister and which correspond with chapters 2 to 16 of the Return to Work Scheme Impairment Assessment Guidelines.

Permanent impairment assessor - ENT report

Item no.	Service description	Max fee (ex GST)
PIA50	ENT specialists: permanent impairment assessor ENT report - reading up to 100 pages, examination of ear, nose and/or throat only, including audiometric testing and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$1718.60 flat fee

Note 1: Reports will be requested by a claims manager or self-insured employer.

Note 2: Permanent impairment assessment reports must be requested in writing, specifying whether a standard, moderately complex, complex or supplementary report is required.

Note 3: Reports are to be provided to ReturnToWorkSA within 10 business days of the examination unless the assessor believes there are reasonable grounds for an extension of time and has sought the requestor's prior consent for an extension of time.

Note 4: Corrections, amendments and clarifications to a report after initial submission are covered in the fee above, and do not attract an additional fee.

Note 5: 'Specialist' means a specialist in a surgical discipline or a consultant physician.

Permanent impairment assessor - standard report where an examination is conducted with the assistance of an interpreter

Item no.	Service description	Max fee (ex GST)
PIA13	General practitioners: permanent impairment assessor standard report with interpreter, simple assessment of one body system combined with one body part - reading up to 100 pages, examination conducted with the assistance of an interpreter and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$2148.40 flat fee
PIA33	Specialists (excluding psychiatrists): permanent impairment assessor standard report with interpreter, simple assessment of one body system combined with one body part - reading up to 100 pages, examination conducted with the assistance of an interpreter and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$2148.40 flat fee
PIA43	Psychiatrists: permanent impairment assessor standard report with interpreter, for the assessment of psychiatric disorders; assessment where there is one disorder or condition related to the work injury - reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines and using the Guidelines for the Evaluation of Psychiatric Impairment by Clinicians (GEPIC). Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$2684.90 flat fee

Note 1: Reports will be requested by a claims manager or self-insured employer.

Note 2: Permanent impairment assessment reports must be requested in writing, specifying whether a standard, moderately complex, complex, very complex, highly complex or supplementary report is required.

Note 3: Reports are to be provided to ReturnToWorkSA within 10 business days of the examination unless the assessor believes there are reasonable grounds for an extension of time and has sought the requestor's prior consent for an extension of time.

Note 4: If an interpreter is present at the examination, the medical fee payable is in accordance with the fees set out above.

Note 5: Corrections, amendments and clarifications to a report after initial submission are covered in the fee above, and do not attract an additional fee.

Note 6: 'Specialist' means a specialist in a surgical discipline or a consultant physician.

Note 7: A reference to body system herein means one or more of the 15 body systems in which Impairment Assessors are accredited by the Minister and which correspond with chapters 2 to 16 of the Return to Work Scheme Impairment Assessment Guidelines.

Permanent impairment assessor - moderately complex report where an examination is conducted with the assistance of an interpreter

Item no.	Service description	Max fee (ex GST)
PIA14	General practitioners: permanent impairment assessor moderately complex report with interpreter, simple assessment of: - one body system combined with two body parts - one body system combined with three body parts - two body systems combined with two body parts - reading up to 100 pages, examination conducted with the assistance of an interpreter and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$2578.00 flat fee
PIA34	Specialists: permanent impairment assessor moderately complex report with interpreter, simple assessment of: - one body system combined with two body parts - one body system combined with three body parts - two body systems combined with two body parts - reading up to 100 pages, examination conducted with the assistance of an interpreter and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$2578.00 flat fee

Note 1: Reports will be requested by a claims manager or self-insured employer.

Note 2: Permanent impairment assessment reports must be requested in writing, specifying whether a standard, moderately complex, complex, very complex, highly complex or supplementary report is required.

Note 3: Reports are to be provided to ReturnToWorkSA within 10 business days of the examination unless the assessor believes there are reasonable grounds for an extension of time and has sought the requestor's prior consent for an extension of time.

Note 4: If an interpreter is present at the examination, the medical fee payable is in accordance with the fees set out above.

Note 5: Corrections, amendments and clarifications to a report after initial submission are covered in the fee above, and do not attract an additional fee.

Note 6: 'Specialist' means a specialist in a surgical discipline or a consultant physician.

Note 7: A reference to body system herein means one or more of the 15 body systems in which Impairment Assessors are accredited by the Minister and which correspond with chapters 2 to 16 of the Return to Work Scheme Impairment Assessment Guidelines.

Permanent impairment assessor - complex report where an examination is conducted with the assistance of an interpreter

Item no.	Service description	Max fee (ex GST)
PIA15	General practitioners: permanent impairment assessor complex report with interpreter, complex assessment of: - one body system combined with four body parts - one body system combined with five body parts - two body systems combined with three body parts - two body systems combined with four body parts - three body systems combined with three body parts – or lead assessor report - reading up to 100 pages, examination conducted with the assistance of an interpreter and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$3150.90 flat fee
PIA35	Specialists (excluding psychiatrists): permanent impairment assessor complex report with interpreter, complex assessment of: - one body system combined with four body parts - one body system combined with five body parts - two body systems combined with three body parts - two body systems combined with four body parts - three body systems combined with three body parts – or lead assessor report - reading up to 100 pages, examination conducted with the assistance of an interpreter and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$3150.90 flat fee
PIA45	Psychiatrists: permanent impairment assessor complex report, with interpreter, for the assessment of psychiatric disorders; assessment where there is more than one disorder related to the work injury or pre-existing or non-work-related and/or neurological considerations - reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines and using the Guidelines for the Evaluation of Psychiatric Impairment by Clinicians (GEPIC). Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$3758.50 flat fee

Note 1: Reports will be requested by a claims manager or self-insured employer.

Note 2: Permanent impairment assessment reports must be requested in writing, specifying whether a standard, moderately complex, complex, very complex, highly complex or supplementary report is required.

Note 3: Reports are to be provided to ReturnToWorkSA within 10 business days of the examination unless the assessor believes there are reasonable grounds for an extension of time and has sought the requestor's prior consent for an extension of time.

Note 4: If an interpreter is present at the examination, the medical fee payable is in accordance with the fees set out above.

Note 5: Corrections, amendments and clarifications to a report after initial submission are covered in the fee above, and do not attract an additional fee.

Note 6: 'Specialist' means a specialist in a surgical discipline or a consultant physician.

Note 7: The lead assessor may only bill for the final complete report including the sub-assessor's report(s).

Note 8: A reference to body system herein means one or more of the 15 body systems in which Impairment Assessors are accredited by the Minister and which correspond with chapters 2 to 16 of the Return to Work Scheme Impairment Assessment Guidelines.

Note 9: Assessment for the Visual System are considered complex assessments.

Permanent impairment assessor - very complex report where an examination is conducted with the assistance of an interpreter

Item no.	Service description	Max fee (ex GST)
PIA26	General Practitioners: permanent impairment assessor very complex report with interpreter, assessment of: - One body system combined with six body parts - One body system combined with seven body parts - Two body systems combined with five body parts - Two body systems combined with six body parts - Three body systems combined with four body parts - Three body systems combined with five body parts - Four body systems combined with four body parts including reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$3900.90 flat fee
PIA76	Specialists (excluding psychiatrists): permanent impairment assessor very complex report with interpreter, assessment of: - One body system combined with six body parts - One body system combined with seven body parts - Two body systems combined with five body parts - Two body systems combined with six body parts - Three body systems combined with four body parts - Three body systems combined with five body parts - Four body systems combined with four body parts including reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$3900.90 flat fee

Note 1: Reports will be requested by a claims manager or self-insured employer.

Note 2: Permanent impairment assessment reports must be requested in writing, specifying whether a standard, moderately complex, complex, very complex, highly complex or supplementary report is required.

Note 3: Reports are to be provided to ReturnToWorkSA within 10 business days of the examination unless the assessor believes there are reasonable grounds for an extension of time and has sought the requestor's prior consent for an extension of time.

Note 4: If an interpreter is present at the examination, the medical fee payable is in accordance with the fees set out above.

Note 5: Corrections, amendments and clarifications to a report after initial submission are covered in the fee above, and do not attract an additional fee.

Note 6: 'Specialist' means a specialist in a surgical discipline or a consultant physician.

Note 7: The lead assessor may only bill for the final complete report including the sub-assessor's report(s).

Note 8: A reference to body system herein means one or more of the 15 body systems in which Impairment Assessors are accredited by the Minister and which correspond with chapters 2 to 16 of the Return to Work Scheme Impairment Assessment Guidelines.

Permanent impairment assessor - highly complex report where an examination is conducted with the assistance of an interpreter

Item no.	Service description	Max fee (ex GST)
PIA27	General Practitioners: permanent impairment assessor highly complex report with interpreter, assessment of: - One body system combined with eight body parts - One body system combined with nine body parts - Two body systems combined with seven body parts - Two body systems combined with eight body parts - Three body systems combined with six body parts - Three body systems combined with seven body parts - Four body systems combined with five body parts - Four body systems combined with six body parts - Five body systems combined with five body parts including reading up to 100 pages, examination, and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$4385.40 flat fee
PIA77	Specialists (excluding psychiatrists): permanent impairment assessor highly complex report with interpreter, assessment of: - One body system combined with eight body parts - One body system combined with nine body parts - Two body systems combined with seven body parts - Two body systems combined with eight body parts - Three body systems combined with six body parts - Three body systems combined with seven body parts - Four body systems combined with five body parts - Four body systems combined with six body parts - Five body systems combined with five body parts including reading up to 100 pages, examination and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$4385.40 flat fee

Note 1: Reports will be requested by a claims manager or self-insured employer.

Note 2: Permanent impairment assessment reports must be requested in writing, specifying whether a standard, moderately complex, complex, very complex, highly complex or supplementary report is required.

Note 3: Reports are to be provided to ReturnToWorkSA within 10 business days of the examination unless the assessor believes there are reasonable grounds for an extension of time and has sought the requestor's prior consent for an extension of time.

Note 4: If an interpreter is present at the examination, the medical fee payable is in accordance with the fees set out above.

Note 5: Corrections, amendments and clarifications to a report after initial submission are covered in the fee above, and do not attract an additional fee.

Note 6: 'Specialist' means a specialist in a surgical discipline or a consultant physician.

Note 7: The lead assessor may only bill for the final complete report including the sub-assessor's report(s).

Note 8: A reference to body system herein means one or more of the 15 body systems in which Impairment Assessors are accredited by the Minister and which correspond with chapters 2 to 16 of the Return to Work Scheme Impairment Assessment Guidelines.

Permanent impairment assessor - ENT report where an examination is conducted with the assistance of an interpreter

Item no.	Service description	Max fee (ex GST)
PIA51	ENT specialists: permanent impairment assessor ENT report with interpreter, reading up to 100 pages, examination of ear, nose and/or throat only, conducted with the assistance of an interpreter, including audiometric testing and report in accordance with the Impairment Assessment Guidelines. Corrections, amendments and clarifications to a report after initial submission are covered in the fee and do not attract an additional fee.	\$2148.40 flat fee

Note 1: Reports will be requested by a claims manager or self-insured employer.

Note 2: Permanent impairment assessment reports must be requested in writing, specifying whether a standard, moderately complex, complex, very complex, highly complex or supplementary report is required.

Note 3: Reports are to be provided to ReturnToWorkSA within 10 business days of the examination unless the assessor believes there are reasonable grounds for an extension of time and has sought the requestor's prior consent for an extension of time.

Note 4: If an interpreter is present at the examination, the medical fee payable is in accordance with the fees set out above.

Note 5: Corrections, amendments and clarifications to a report after initial submission are covered in the fee above, and do not attract an additional fee.

Note 6: 'Specialist' means a specialist in a surgical discipline or a consultant physician.

Permanent impairment assessor - non attendance or cancellation of an appointment or non-attendance

Item no.	Service description	Max fee (ex GST)
PIA16	General practitioners: permanent impairment assessor non-attendance at, or cancellation with less than 48 hours' notice (excluding weekends or public holidays in South Australia) before an appointment.	\$467.20 flat fee
PIA36	Specialists: permanent impairment assessor non-attendance at, or cancellation with less than 48 hours' notice (excluding weekends or public holidays) before an appointment.	\$467.20 flat fee

Note 1: A fee for a cancellation with more than 48 hours' notice (excluding weekends and public holidays in South Australia) is not payable.

Note 2: A fee for a cancellation or non-attendance does not apply if the appointment is subsequently filled with any other earning activity.

Permanent impairment assessor - supplementary report

Item no.	Service description	Max fee (ex GST)
PIA17	General practitioners: permanent impairment assessor supplementary report, where additional information is requested by the report requestor. A supplementary report fee is not payable if additional work is required to respond to a clarification request from ReturnToWorkSA or a self-insured employer as a result of an error or omission on the part of the assessor.	\$324.20 flat fee
PIA37	Specialists (including psychiatrists): permanent impairment assessor supplementary report, where additional information is requested by the report requestor. A supplementary report fee is not payable if additional work is required to respond to a clarification request from ReturnToWorkSA or a self-insured employer as a result of an error or omission on the part of the assessor.	\$324.20 flat fee

Note 1: A supplementary report fee will only be paid where either ReturnToWorkSA, a claims manager, or a self-insured employer specifically requests a separate report that addresses matters that are additional to the original report request.

Permanent impairment assessor - travel for examinations

Item no.	Service description	Max fee (ex GST)
PIA60	General practitioners or specialists (including psychiatrists): permanent impairment assessor travel, a full day attendance at a venue more than 100 kilometres from the Adelaide GPO for the purpose of providing a permanent impairment report.	\$189.70 flat fee
PIA62	General practitioners or specialists (including psychiatrists): permanent impairment assessor - cancellation of an attendance at a venue more than 100 kilometres from the Adelaide GPO.	\$303.40 flat fee
PIA64	General practitioners or specialists (including psychiatrists): permanent impairment assessor accommodation - overnight accommodation including meals and incidentals.	\$401.80 flat fee
PIA66	General practitioners or specialists (including psychiatrists): permanent impairment assessor motor vehicle travel - travel by motor vehicle, to and from a venue for the purpose of an appointment made by the report requestor.	ATO rates
PIA68	General practitioners and specialists (including psychiatrists): permanent impairment assessor aircraft travel - travel by aircraft, to and from a venue for the purpose of an appointment made by the report requestor.	Economy airfare

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

Note 2: If an assessor is travelling for the purpose of conducting more than one permanent impairment assessment, the travel fees must be apportioned accordingly.

Note 3: 'A full day' as per item PIA60 refers to a stay of more than five hours at the venue including travel time.

Note 4: ATO rates means the rate, applicable to the type of motor vehicle in which the assessor 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.

Permanent impairment assessor - additional reading time

Item no.	Service description	Max fee (ex GST)
PIA29	General Practitioners: permanent impairment assessor 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 request, 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.	\$648.50 per hour Max 2 hours
PIA79	Specialists (including psychiatrists): permanent impairment assessor 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 request, 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.	\$648.50 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. If greater than 500 pages remain, prior approval from ReturnToWorkSA must be sought for reading time exceeds 2-hours.

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 six 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.

List of body parts

This list of body parts is for the purpose of determining the appropriate report fee. Multiple injuries to the same body part must be counted as one body part.

Body part	Body System
Shoulder	Upper Extremity
Elbow	Upper Extremity
Wrist	Upper Extremity
Thumb	Upper Extremity
Index finger	Upper Extremity
Middle finger	Upper Extremity
Ring finger	Upper Extremity
Little finger	Upper Extremity
Peripheral nerves (per nerve excluding digital nerves which are rated in individual finger body parts)	Upper Extremity
Upper limb vascular	Upper Extremity
Bladder	Urinary and Reproductive
Urethra	Urinary and Reproductive
Male reproductive organs	Urinary and Reproductive
Female reproductive organs	Urinary and Reproductive
Other urinary and reproductive disorder/disease	Urinary and Reproductive
Thyroid	Endocrine System
Hypothalamic-Pituitary Axis	Endocrine System
Adrenal disorder	Endocrine System
Parathyroid glands	Endocrine System
Pancreas	Endocrine System
Mammary glands	Endocrine System
Adrenal Medulla	Endocrine System
Other endocrine disorders	Endocrine System
Anaemia	Haematopoietic System
White blood cell disorders	Haematopoietic System

Haemorrhagic and platelet disorders	Haematopoietic System
Thrombotic disorders	Haematopoietic System
Other haematopoietic disorders/disease	Haematopoietic System
Visual - per eye	Visual System
Hip	Lower Extremity
Knee	Lower Extremity
Ankle	Lower Extremity
1st toe	Lower Extremity
1 or more lesser toes	Lower Extremity
Lower limb Vascular	Lower Extremity
Forefoot	Lower Extremity
Midfoot	Lower Extremity
Hindfoot	Lower Extremity
Peripheral nerves (per nerve)	Lower Extremity
Cervical	Spine
Thoracic	Spine
Lumbar	Spine
Pelvis	Spine
Traumatic Brain injury	Nervous System
Cranial nerves	Nervous System
Acquired Brain injury	Nervous System
Other CNS impairments	Nervous System
Scarring and disfigurement	Skin
Upper digestive tract	Digestive System
Colon, rectum	Digestive System
Anus	Digestive System
Liver and biliary tract	Digestive System
Hernias	Digestive System
Other digestive disorder/disease	Digestive System

Asthma	Respiratory System
Sleep apnoea	Respiratory System
Other respiratory disorders/disease	Respiratory System
Vestibular disorder	ENT and Related Structures
Facial disorder/disfigurement	ENT and Related Structures
Nose/air passage defects	ENT and Related Structures
Speech/voice	ENT and Related Structures
Olfaction/smell and taste	ENT and Related Structures
Mastication and deglutition	ENT and Related Structures
Other ENT disorder/disease	ENT and Related Structures
Hypertensive Cardiovascular Disease	Cardiovascular System
Disease of the Aorta	Cardiovascular System
Peripheral vascular disease	Cardiovascular System
Pulmonary Hypertension	Cardiovascular System
Other cardiovascular disorders	Cardiovascular System

Example application of the matrix

Example 1

An Assessor may be requested to provide assessments for:

Date of injury	Injury/condition(s) to be assessed
13/03/2017	Lumbar spine
07/06/2018	Left knee and surgical scarring
12/11/2008	Right knee and surgical scarring
25/02/2019	Lumbar spine
TBC	Right ankle

This would be considered a very complex assessment and report, as there are 3 body systems (spine, lower extremities and skin) and 5 different body parts (lumbar spine, left knee, right knee, ankle, scarring).

Example 2

An Assessor may be requested to provide assessments for:

Date of injury	Injury/condition(s) to be assessed
12/08/2019	Right shoulder
14/03/2020	Right carpal tunnel syndrome and surgical scarring
31/05/2021	Right upper extremity CRPS and surgical scarring

This would be considered a highly complex assessment and report, as the assessment includes CRPS. The right shoulder and nerve impairments will be incorporated into the assessment for CRPS, therefore no additional fee is necessary.

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.

Online Services

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 wpi@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 EnABLE 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.

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 are 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 1800 469 931

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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