

**WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION  
(MEDICAL EXAMINATIONS AND REPORTS FEES) ORDER 2023**

under the

***Workplace Injury Management and Workers Compensation Act 1998***

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

Dated this 10<sup>th</sup> day of January 2023



Dr. Petrina Casey  
Acting Chief Executive  
State Insurance Regulatory Authority

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**Explanatory Note**

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

**Workplace Injury Management and Workers Compensation  
(Medical Examinations and Reports Fees) Order 2023**

**1. Name of Order**

This Order is the *Workplace Injury Management and Workers Compensation (Medical Examinations and Reports Fees) Order 2023*.

**2. Commencement**

This Order commences on 1 February 2023.

**3. Definitions**

In this Order:

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

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

**File Review** means a review of a file when the Medical Practitioner is able to provide a report on the basis of a file review alone.

**General Practitioner** has the meaning given by *subsection 3(1) of the Health Insurance Act 1973 (Cth)*. Schedule A of this Order applies to a General Practitioner.

**GST** means the Goods and Services Tax payable under the GST Law.

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

**Health Service Provider** has the meaning given by section 339 of the Act.

**Independent Medical Examiner** means an appropriately qualified Medical Practitioner with the expertise to appropriately respond to the questions(s) outlined in the referral. They must have qualifications relevant to the treatment of the worker's injury. If the referral includes a question of causation or treatment, the Independent Medical Examiner is to be in current clinical practice or have recently been in clinical practice or undertake professional activities such that they are well abreast of current clinical practice.

**Insurer** means the employer's workers compensation insurer.

**Medical Examination and Report**

- i) means an examination and report completed by an Independent Medical Examiner where additional information is required by a party to a current or potential dispute in relation to a claim for workers compensation or work injury damages.

Video examinations are permissible in limited and special circumstances when requested to provide an opinion in relation to a dispute or potential dispute in respect of a claim made by the worker when approved in advance by the party requesting the service. A pandemic, such as the outbreak of COVID-19 (Coronavirus) is considered a special circumstance.

Video examination services are to be coded and paid in accordance with the examination items in this Order. The fee payable remains the same. No additional payment fee (e.g. facility fees) can be charged in relation to the examination;

- ii) includes a report prepared by a General Practitioner or a Medical Specialist, who is treating the worker, when requested to provide an opinion in relation to a dispute or potential dispute in respect of a claim made by the worker. For example, when there is lack of agreement regarding liability, causation, capacity for work or treatment between key parties;
- iii) does not include reports on the routine management of the worker's injury (these reports are not billable separately as they constitute part of an initial or subsequent specialist consultation (see Clause 6 'Specialist consultations' in the *Workers Compensation (Medical Practitioner Fees) Order*);
- iv) may be requested to assist decision making on any part of the claim when reports available relating to the management of the worker's injury do not adequately address the issue;
- v) are categorised as follows:
  - a. **Standard Reports** are reports relating solely to a single event or injury in relation to:
    - causation; or

- capacity for work; or
- treatment; or
- simple permanent impairment assessment of one body system.

b. **Moderately Complex Reports** are:

- reports relating to issues involving a combination of two of the following:
  - causation
  - capacity for work
  - treatment
  - simple permanent impairment assessment of one body system;
- or
- reports of simple permanent impairment assessment of two body systems or more than one injury to a single body system.

c. **Complex Reports** are:

- reports relating to issues involving a **combination of three or more** of the following:
  - causation
  - capacity for work
  - treatment
  - simple permanent impairment assessment of one body system;
- or
- a complex method of permanent impairment assessment on a single body system or multiple injuries involving more than one body system.

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

**Medical Specialist** means a Medical Practitioner recognised as a Specialist in accordance with the *Health Insurance Regulations 2018 (Cth)*, Part 2, Division 4, who is remunerated at specialist rates under Medicare. Schedule B of this Order applies.

**Supplementary report** means where additional information is provided for review and/or requested, or additional questions are posed. This fee does not apply where the referring party is required to seek clarification because a previous report was ambiguous and/or did not answer questions previously posed.

**Unreasonably late attendance** means that the worker or interpreter arrives for the scheduled appointment, or joins their scheduled telehealth appointment, unreasonably late to the degree that a full examination is prevented from being conducted.

**Workers Compensation (Medical Practitioner Fees) Order** means the *Workers Compensation (Medical Practitioner Fees) Order* in force on the date the service is provided.

**Workers Compensation (Surgeon and Orthopaedic Surgeon Fees) Order** means the *Workers Compensation (Surgeon and Orthopaedic Surgeon Fees) Order* in force on the date the service is provided.

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

#### **4. Application of Order**

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

#### **5. Maximum fees for medical assessments**

The following maximum fees are fixed under section 339 of the Act:

- a. Maximum fees for the provision of Medical Examinations and/or Reports by General Practitioners as set out in Schedule A.
- b. Maximum fees for the provision of Medical Examinations and Reports by Medical Specialists as set out in Schedule B.
- c. The incorrect use of any item referred to in this Order can result in penalties, including the Medical Practitioner being required to repay monies that the Medical Practitioner has incorrectly received.

#### **6. Goods and Services Tax**

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

#### **7. Procedure for Requesting & Paying for Schedules A & B Services**

- (1) The party requesting a Medical Examination and/or Report described in Schedules A and B is to either:
  - a. agree the category of report being requested with the Medical Practitioner in advance and confirm the request in writing indicating that payment will be made within 10 business days of receipt of a properly completed report and tax invoice; or
  - b. pay in accordance with a contractual arrangement between the medical practice/Medical Practitioner/medico-legal organisation and the referring body on receipt of a properly completed report and tax invoice.
- (2) Where the Medical Practitioner disagrees with the category of report stated in the referral, the Medical Practitioner must explain the complexity of the Medical Examination and/or Report that is required by reference to the 3 categories of complexity specified in the definition of Medical Examination and/or Report and obtain agreement from the referrer before accepting the referral.
- (3) Under section 339(3) of the Act, a Health Service Provider is not entitled to be

paid or recover any fee for providing a service that exceeds the maximum fee fixed for the provision of that service by this Order. As such, the contractual arrangement referred to in paragraph 7(1) b. above must not provide for the payment of a fee above the maximum fee prescribed in Schedules A and B of this Order.

- (4) Schedules A and B apply to Medical Examinations and/or Reports that are requested for the purpose of resolving a dispute in relation to a claim for workers compensation or work injury damages, for example, by proving or disproving an entitlement, or the extent of an entitlement to workers compensation or work injury damages. Schedules 1 and 2 do not apply to medical or related treatment reports. Fees for those reports, which usually contain information to assist the insurer determine prognosis for recovery and timeframes for return to work are fixed under the *Workers Compensation (Medical Practitioner Fees) Order*.
- (5) Schedules A and B provide the maximum fees allowed for the purposes of Items 4 and 5 of the disbursements regulated by Part 3 of Schedule 6 to *The Workers Compensation Regulation 2016*.

#### **8. Requirements for invoices**

All invoices should be submitted within 30 calendar days of the service provided and must comply with the Authority's itemised invoicing requirements for the invoice to be processed. Refer to the *Doctors in workers compensation* webpage on the SIRA website – [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au)

#### **9. No pre-payment of fees**

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

## SCHEDULE A

### Maximum fees for the provision of Medical Examination and/or Report by General Practitioners

Payment Classification Code	Service description	Fee (excl. GST)
IMG001 or WIG001	Examination and report - Standard Report (see definition of Medical Examination and Report)	\$635.30
IMG301 or WIG301	Video examination and report - Standard Report (see definition of Medical Examination and Report)	\$635.30
IMG002 or WIG002	Examination conducted with the assistance of an interpreter and report— Standard Report (see definition of Medical Examination and Report)	\$709.10
IMG302 or WIG302	Video examination conducted with the assistance of an interpreter and report— Standard Report (see definition of Medical Examination and Report)	\$709.10
IMG003 or WIG003	Examination and report - Complex Report (see definition of Medical Examination and Report)	\$948.40
IMG303 or WIG303	Video examination and report - Complex Report (see definition of Medical Examination and Report)	\$948.40
IMG004 or WIG004	Examination conducted with the assistance of an interpreter and report – Complex Report (see definition of Medical Examination and Report)	\$1,104.90
IMG304 or WIG304	Video examination conducted with the assistance of an interpreter and report – Complex Report (see definition of Medical Examination and Report)	\$1,104.90
IMG005 or WIG005	Cancellation with 2 working days' notice or less, worker or interpreter fails to attend the scheduled appointment/join the video appointment, or the worker or interpreter attends the appointment/joins the	\$154.80

Payment Classification Code	Service description	Fee (excl. GST)
	video appointment <b>unreasonably late</b> preventing a full examination being conducted.	
IMG006 or WIG006	File review and report (see definition of File Review)	\$470.10
IMG007 or WIG007	Supplementary report (See definition of Supplementary report).	\$313.60
IMG008 or WIG008	Update examination and report of worker previously reviewed, where there is no intervening incident	\$396.10
IMG308 or WIG308	Update video examination and report of worker previously reviewed, where there is no intervening incident	\$396.10
IMG009 or WIG009	Travel	Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 of Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009, at the rate effective 1 July 2020.</i>  <i>Use of private motor vehicle: 72 cents per kilometre</i>
WCO005	Fees for providing copies of clinical notes and records	Where medical records are maintained electronically by a Medical Practitioner/practice a flat fee of \$62.00 is payable (for provision of all requested medical records held by the medical practice) inclusive of postage and handling.  A Medical Practitioner/practice should not provide or bill for hard copy medical records if they are maintained electronically.  Where medical records are not maintained electronically the maximum fee for providing hard copies of medical records is \$39.30 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee is inclusive of postage and handling.

Payment Classification Code	Service description	Fee (excl. GST)
		Where a Medical Practitioner has been requested to provide medical records and the doctor needs to review the records prior to provision (to redact non-work-related injury information), the time taken to review the records is to be billed under <b>WCO002</b> at the rate specified in the <i>Workers Compensation (Medical Practitioner Fees) Order</i> . The hourly rate is to be pro-rated into 5 minute blocks to reflect the time taken. This fee can be billed in addition to the fees stated above for provision of medical records by hard copy or electronically.



## SCHEDULE B

### Maximum fees for the provision of Medical Examination and Report by Medical Specialists

Payment Classification Code	Service description	Fee (excl. GST)
IMS001 or WIS001	Examination and report - Standard Report (see definition of Medical Examination and Report)	\$858.30
IMS301 or WIS301	Video examination and report - Standard Report (see definition of Medical Examination and Report)	\$858.30
IMS002 or WIS002	Examination conducted with the assistance of an interpreter and report – Standard Report (see definition of Medical Examination and Report)	\$1,071.60
IMS302 or WIS302	Video examination conducted with the assistance of an interpreter and report – Standard Report (see definition of Medical Examination and Report)	\$1,071.60
IMS003 or WIS003	ENT examination (includes audiological testing) and report - Standard Report (see definition of Medical Examination and Report)	\$858.30
IMS031 or WIS031	ENT examination (includes audiological testing) conducted with the assistance of an interpreter and report – Standard Report (see definition of Medical Examination and Report)	\$1,071.60
IMS004 or WIS004	Examination and report – Moderately Complex Report (see definition of Medical Examination and Report)	\$1,286.50
IMS304 or WIS304	Video examination and report – Moderately Complex Report (see definition of Medical Examination and Report)	\$1,286.50
IMS005 or WIS005	Examination conducted with the assistance of an interpreter and report – Moderately Complex Report (see definition of Medical Examination and Report)	\$1,501.50

Payment Classification Code	Service description	Fee (excl. GST)
IMS305 or WIS305	Video examination conducted with the assistance of an interpreter and report – Moderately Complex Report (see definition of Medical Examination and Report)	\$1,501.50
IMS006 or WIS006	Examination and report – Complex Report including complex psychiatric (see definition of Medical Examination and Report)	\$1,706.70
IMS306 or WIS306	Video examination and report – Complex Report including complex psychiatric (see definition of Medical Examination and Report)	\$1,706.70
IMS007 or WIS007	Examination conducted with the assistance of an interpreter and report – Complex Report (see definition of Medical Examination and Report)	\$2,136.50
IMS307 or WIS307	Video examination conducted with the assistance of an interpreter and report – Complex Report (see definition of Medical Examination and Report)	\$2,136.50
IMS008 or WIS008	Examination and report – psychiatric	\$1,501.50
IMS308 or WIS308	Video examination and report – psychiatric	\$1,501.50
IMS081 or WIS081	Examination conducted with the assistance of an interpreter and report – psychiatric	\$1,879.50
IMS381 or WIS381	Video examination conducted with the assistance of an interpreter and report – psychiatric	\$1,879.50
IMS092 or WIS092	Cancellation with 2 working days' notice or less, worker or interpreter fails to attend the scheduled appointment/join the video appointment, or the worker or interpreter attends the appointment/joins the video appointment <b>unreasonably late</b> preventing a full examination being conducted.	\$430.50

Payment Classification Code	Service description	Fee (excl. GST)
IMS010 or WIS010	File review and report (see definition of File Review)	\$643.10
IMS011 or WIS011	Supplementary report where additional information is provided and requested, or additional questions are posed. This fee does not apply where the referring party is required to seek clarification because a previous report was ambiguous and/or did not answer questions previously posed. (See definition of Supplementary report).	\$428.50
IMS012 or WIS012	Update examination and report of worker previously reviewed, where there is no intervening incident.	\$630.50
IMS312 or WIS312	Update video examination and report of worker previously reviewed, where there is no intervening incident.	\$635.40
IMS013 or WIS013	Travel	Reimbursed in accordance with the "Use of private motor vehicle" & "Flying allowance" set out in Item 6 & 14 of Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009, at the rate effective 1 July 2020.</i>  <i>Use of private motor vehicle:</i> <i>72 cents per kilometre</i>  <i>Flying allowance:</i> <i>\$21.80 per hour This is in addition to actual expenses incurred for air travel e.g. airfare, taxi fares.</i>
IMS014 or WIS014	Consolidation of assessments from different Medical Specialists by Lead Assessor to determine the final degree of permanent impairment resulting from the individual assessments.	\$215.20
WCO005	Fees for providing copies of clinical notes and records	Where medical records are maintained electronically by a Medical Practitioner/practice a flat fee of \$62.00 is

Payment Classification Code	Service description	Fee (excl. GST)
		<p>payable (for provision of all requested medical records held by the medical practice) inclusive of postage and handling.</p> <p>A Medical Practitioner/practice should not provide or bill for hard copy medical records if they are maintained electronically.</p> <p>Where medical records are not maintained electronically the maximum fee for providing hard copies of medical records is \$39.30 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee is inclusive of postage and handling.</p> <p>Where a Medical Practitioner has been requested to provide medical records and the doctor needs to review the records prior to provision (to redact non-work-related injury information), the time taken to review the records is to be billed under <b>WCO002</b> at the rate specified in the <i>Workers Compensation (Medical Practitioner Fees) Order</i>. The hourly rate is to be pro-rated into 5-minute blocks to reflect the time taken. This fee can be billed in addition to the fees stated above for provision of medical records by hard copy or electronically.</p>