



**Workers Compensation
and Injury Management:**

**A Guide for
Treating
Medical
Practitioners**

A workers compensation and injury management scheme that works for all.

workcover.wa.gov.au

WorkCover WA



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About WorkCover WA

WorkCover WA is the government agency responsible for overseeing the workers compensation and injury management scheme in Western Australia.

This includes monitoring compliance with the *Workers Compensation and Injury Management Act 2023*, informing and educating workers, employers and others about workers compensation and injury management, and providing an independent dispute resolution system.

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Disclaimer

This publication contains information regarding workers compensation and injury management. It is intended to provide general information only. You should not act or omit to act on the basis of anything contained herein. This guide should be read in conjunction with the *Workers Compensation and Injury Management Act 2023*. You should seek appropriate legal/professional advice about your particular circumstances.

For more information, visit the WorkCover WA website. Workers compensation legislation is also available from the Parliamentary Counsel's Office website at legislation.wa.gov.au

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Foreword

As the scheme regulator, WorkCover WA's primary objective is to ensure work-related injuries are actively managed while assisting injured workers to achieve a safe and sustainable return to work.

Treating medical practitioners play a central role in assisting injured workers following a work injury and guiding their recovery. From diagnosing and assessing a work injury to certifying capacity and liaising with employers, insurer claims officers, medical specialists and other members of the treating team, it requires skill, experience, patience and care.

This guide will assist treating medical practitioners to gain a greater understanding of the essential components that will optimise patient health outcomes and facilitate return to work.

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Workers compensation in Western Australia

WorkCover WA is the government agency responsible for administering Western Australia's workers compensation scheme.

Established by the *Workers Compensation and Injury Management Act 2023* (the Act) and supported by the *Workers Compensation and Injury Management Regulations 2024* (the Regulations), the scheme requires employers to maintain workers compensation insurance coverage for full-time, part-time, and casual employees, and in some circumstances, contractors and subcontractors. This insurance protection is provided by licensed insurers and provides financial support to cover worker wages, reasonable medical and allied health treatment, and support the worker's return to work.

As a privately underwritten scheme, workers compensation insurance and claims management functions are undertaken by insurers and self-insured employers licensed by WorkCover WA.

An injured worker is entitled to see a treating medical practitioner of their choice.

A treating medical practitioner's diagnosis of the worker's injury and assessment of work capacity is recorded in a certificate of capacity. The certificate is not just a document to certify injury. It is also an important communication tool used to:

- initiate a claim for workers compensation
- help insurers to make decisions about the injured worker's claim
- advise the employer what the worker can safely do at work and inform return to work planning
- share information with other medical practitioners on the worker's condition.

Successful recovery and return to work is a team effort. With the treating medical practitioner playing a lead role, all parties, including the worker, their employer, the insurer claims officer, medical and allied health providers and workplace rehabilitation providers will need to communicate and work together to achieve a positive outcome.

The health benefits of work

WorkCover WA endorses the *Realising the Health Benefits of Good Work Consensus Statement* released by the Australasian Faculty of Occupational and Environmental Medicine of the Australian College of Physicians.

This initiative is based on evidence demonstrating that for most individuals, working improves general health and wellbeing, and reduces psychological distress. The longer an injured worker is away from work, the chances of them ever returning to work decreases¹.

Long term work absence, work disability and unemployment can cause, contribute to and accentuate negative physical and mental health, as well as increase mortality rates.

The evidence shows that good work may benefit an individual by:



Ensuring that some physical activity is undertaken on most days



Providing a sense of community and social inclusion



Allowing workers to feel they are making a contribution to their family and society



Giving structure to days and weeks



Providing financial security



Decreasing the likelihood that an individual will engage in risky behaviour

A copy of the *Realising the Health Benefits of Good Work Consensus Statement* is available on the WorkCover WA website, and should be read and understood by treating medical practitioners.

¹<https://www.racp.edu.au/realising-the-health-benefits-of-work.pdf>

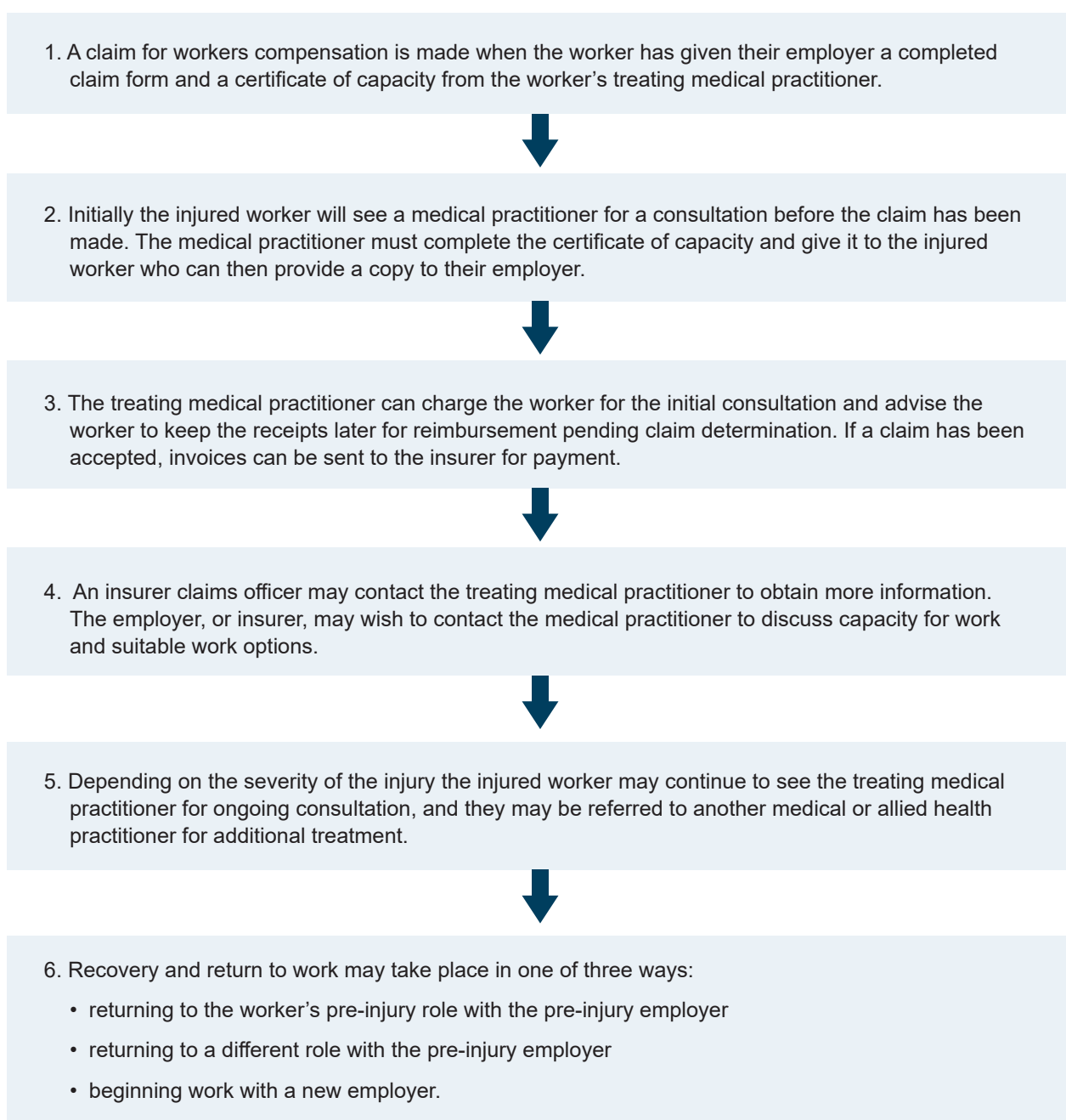
Your role as treating medical practitioner

As the treating medical practitioner, you are primarily responsible for assessing the work injury and, in collaboration with the worker and other healthcare professionals, deciding what kind of treatment is required including its frequency and duration.

You will also help the worker set treatment goals, provide details via certificates of capacity of what the worker is able to do, contribute to the development of a return to work program, participate in medical case conferences and more formal return to work case conferences and liaise with other key parties such as the employer (or the employer's representatives), the insurer claims officer, other medical or allied health practitioners and workplace rehabilitation providers.

The Claim Journey

The following graphic illustrates the claim journey and how the treating medical practitioner is involved as the injured worker progresses through the workers compensation process:



What makes a claim?

A workers compensation claim can be made by a worker as defined by the Act who suffers an injury from employment.

A claim is made when a worker submits a completed WorkCover WA approved claim form accompanied by a certificate of capacity signed by the injured worker's treating medical practitioner to the employer. The employer then forwards these documents to their insurer.

The worker's claim is determined by the employer's insurer or self-insurer. The treating medical practitioner may be asked to provide information to help determine whether the claim should be accepted.

Once an injured worker's claim has been accepted, workers compensation will be paid for treatment that is reasonable and necessary for that injury.

If a claim is not accepted by the insurer, the treating medical practitioner can choose to continue treatment of the patient under the Medicare scheme.



What is reasonable and necessary treatment?

Before approving or paying for medical treatment or a health service, the insurer or self-insurer must determine (based on the facts of each case) that the treatment or service is:

- required as a result of the work related injury
- reasonably necessary
- charged in accordance with the scales of fees and charges in respect of medical and allied health services fixed by Ministerial Fee Order (published on the WorkCover WA website)
- if no fixed scales of fees and charges apply, charged reasonably having regard to prevailing market rates and any other relevant circumstances.

When determining reasonableness, the insurer or self-insurer will consider:

- whether the particular medical or health service is recognised by the Act and Regulations
- whether the medical or allied health service is recommended by the worker's treating medical practitioner or by a specialist in a certificate of capacity or report
- in relation to particular modes of medical treatment or surgical interventions:
 - whether the service is likely to alleviate, remedy or cure the worker's injury, restore the worker's health and increase their prospects of returning to work
 - evidence or industry acceptance of clinical appropriateness and cost effectiveness.

These factors are not conclusive and must be considered in light of the worker's unique circumstances because what may be reasonably necessary for one worker may not be for another worker with a similar injury.

Medical Management

Medical appointments with workers

The Act provides for a worker's right to choose their treating medical practitioner and prescribes the following functions for the treating medical practitioner:

- diagnose the nature of the worker's injury
- provide primary medical treatment to the worker and to coordinate medical treatment in relation to the worker's injury
- to issue certificates of capacity
- to monitor, review and advise on the worker's condition and treatment
- to advise on the suitability of, and to specify restrictions on, duties the worker may be expected to perform
- to participate in the development of a return to work program for the worker and in return to work case conferences.

If a worker has signed the consent authority in the workers compensation claim form and/or the certificate of capacity the consent applies for the life of the claim and enables the treating medical practitioner to discuss the worker's medical condition with the worker's employer, insurer and other medical and health professionals.

The Act expressly prohibits employers, insurers, and agents of insurers from being present whilst a worker is being physically or clinically examined at medical appointments. This protects the privacy and dignity of workers.

This does not prevent a treating medical practitioner discussing return to work options or restrictions with the worker's employer. This could be undertaken at the medical appointment with the permission of the worker after the worker has been physically or clinically examined, or as part of a medical case conference or return to work case conference.

The treating medical practitioner's role in medical management should extend beyond the initial assessment and diagnosis of the injury to support the worker with their recovery and return to work.

1. Assess and diagnose

- Undertake a thorough assessment to assess and diagnose the injury
- Assess how the injury affects work capacity

2. Advise

- Advise the worker what they can and can't safely do
- Discuss the benefits of returning to work
- Address potential barriers

3. Set expectations

- Set realistic expectations for recovery and return to work
- Reinforce that return to safe work is an important part of recovery

4. Certify capacity

- Detail the worker's functional capacity
- Provide sufficient information to enable the employer to modify the work in line with capacity

5. Co-ordinate

- Refer to other health care providers as appropriate
- Communicate with the claims manager and employer as appropriate

6. Advocate

- Advocate for early return to work as a part of the recovery process
- Advocate for return to safe work by certifying appropriate capacity and workplace modifications

7. Review

- Undertake appropriate and regular review to assess progress in recovery, changes to capacity and re-certify as needed
- Provide advice on preventing re-injury

Certificates of capacity

Certificates of capacity can only be completed by the worker's treating medical practitioner.

The only exception is if the worker is in a regional or remote area or has been admitted to hospital in which case a medical practitioner who has provided initial treatment to the worker can issue a certificate of capacity.

In addition to recording a diagnosis and assessing the injured worker's capacity for work, certificates of capacity are a vital communication tool for:

- helping insurers to make decisions about the injured worker's claim
- advising the employer what the worker can safely do at work and inform return to work planning
- share information with other health practitioners on the worker's condition (where a worker has given consent in the workers compensation claim form and/or certificate of capacity).

Each part of the certificate must be completed. To be effective it is important certificates are clear, legible and free from acronyms and jargon. If employers or insurers cannot understand the findings and recommendations, the worker's recovery or return to work may be impacted.

The more information provided, the easier it will be for the worker and their employer to identify suitable duties and structure a return to work program.

It is not the treating medical practitioner's role to determine whether a worker has a valid workers compensation claim. Medical opinion should be restricted to whether the medical condition could have resulted from the incident reported by the worker and the consequential capacity of the worker to perform their work duties.



There are three template certificates of capacity the treating medical practitioner must use at different stages of the injured worker's treatment and recovery.

1. First Certificate of Capacity

The first certificate of capacity is used when a worker first seeks treatment. The first certificate is also required to initiate a compensation claim by the worker (accompanied by the approved claim form). The first certificate of capacity will record clinical findings, medical assessment and treatment, assessment of work capacity including how long it is estimated any incapacity for work will continue, set out the injury management plan and expectations regarding review.

2. Progress Certificate of Capacity

The progress certificate of capacity is used for all subsequent consultations. It provides for a progress report in addition to the assessment of work capacity including how long it is estimated any incapacity for work will continue, and the injury management plan and expectations regarding review. Over a worker's recovery, a treating medical practitioner may issue more than one progress certificate.

3. Final Certificate of Capacity

The final certificate of capacity is usually issued when the worker's condition is unlikely to change materially in the next 12 months.

Tips on completing certificates of capacity

- Use the patient's words to record the cause of their injury/condition.
- Record your opinion on whether it is reasonable to conclude that the symptoms your patient is presenting with could reasonably have resulted from their stated cause.
- Recording a clear clinical diagnosis is important for educating your patient and their insurer's perception about the severity of the condition, and expectations about recovery timeframes.
- Outlining a treatment plan will help your patient have a clear understanding of what is required to help their recovery. It also helps their employer, insurer claims officer, and other health practitioners to plan and manage treatment and other support services for your patient.
- Aim to document the activities your patient can do safely at work. Think about what they can do, irrespective of whether suitable duties currently exist at their place of employment. It is the role of the employer to accommodate your patient's level of function within the workplace. The employer and insurer claims officer will then use the information you provide to identify suitable work activities your patient could do while recovering.
- Prescribing a graduated increase in activity over a specific timeline can be a practical way of encouraging an active recovery and building activity as your patient's function improves during their recovery period.
- For assistance with mental health injuries, you may wish to refer to *the Clinical guidelines for the diagnosis and management of work related mental health conditions in general practice*.²

A treating medical practitioner may charge for completing a certificate of capacity. The approved fee is set in the *Workers Compensation (Medical Services) Fees Order*. Copies of certificates of capacity and guidance notes are also available on the WorkCover WA website.

² <https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/endorsed-guidelines/diagnosis-and-management-of-work-related-mental-he>

Return to work programs

A return to work program is a program for assisting an injured worker to return to work in a timely, safe and durable way.

Employers have an obligation to establish return to work programs for partially incapacitated workers, or when required by the worker's treating medical practitioner.

The return to work program sets out how, when, where, and in what way the injured worker will return to work.

An employer of a worker on a return to work program must give a copy of the return to work program, and any amended return to work program, to the worker and the worker's treating medical practitioner.

An employer is also required to amend the worker's return to work program if the worker's treating medical practitioner amends a certificate of capacity or modifies in writing the restrictions on the work that the worker is considered capable of doing.

Treating medical practitioners may therefore be called on to review a return to work program. The signature of the worker's treating medical practitioner on a return to work program is optional as medical endorsement has been provided through the certificate of capacity.

A treating medical practitioner may charge for activities related to reviewing return to work programs. The approved fee is set in the *Workers Compensation (Medical Services) Fees Order*.

Working in a treatment team

Allied health professionals play an important role in assisting medical practitioners to support recovery and return to work.

Physiotherapy

Physiotherapists help people affected by injury, illness or disability through various approaches including manual therapy, movement, functional exercise, education and advice. They use physical techniques to improve function, reduce pain to increase a worker's capacity for work and transition to a self-managed program.

Exercise Program

Exercise program services can be provided by an exercise physiologist or physiotherapist and involve the prescription of functional exercise to facilitate physical recovery and increasing the worker's capacity for work.

Psychology

Clinical, counselling and general psychologists help people to improve their mental health and recover from an injury that has resulted from their work.

Occupational Therapy

Occupational therapists focus on promoting health and wellbeing by enabling people to participate in everyday activities such as self-care and working. By utilising assessments they can guide activities based on capacity, set goals and offer advice on how to perform tasks more easily and safely.

Other members of a treatment team may include:

- Acupuncturists who are either named on the Register of Chinese Medicine Practitioners or registered as an acupuncturist under Health Practitioner Regulation National Law (Western Australia).
- Chiropractors registered with the Australia Health Practitioner Regulation Agency (AHPRA).
- Osteopaths registered with AHPRA.
- Mental Health Social Workers accredited by the Australian Association of Social Workers.
- Speech Pathologists who are certified practicing members of Speech Pathology Australia.

Workplace rehabilitation providers

A workplace rehabilitation provider (WRP) can assist the employer and injured worker if there are problems with the return to work process. A WRP is an organisation which provides expert services using health professionals who have expertise in addressing the physical, psychological and/or workplace barriers that may prevent an injured worker returning to work.

WRPs are approved by WorkCover WA, and their staff have the appropriate qualifications and experience to provide services based on the assessed needs of the worker and the workplace. WRPs are required to operate according to the *Workplace Rehabilitation Providers Principles and Standards of Practice* issued by WorkCover WA.

If a treating medical practitioner believes a WRP would assist to optimise a worker's return to work, there is a field on the progress certificate of capacity to indicate this. Irrespective of who makes a referral, workers have the right to choose a WRP to support their return to work.

A register of approved workplace rehabilitation providers is available on the WorkCover WA website.

The Clinical Framework

WorkCover WA expects all allied health professionals to deliver their services in line with the *Clinical Framework for the Delivery of Health Services*³.

This includes ensuring that:

1. workers are empowered to manage their injury
2. a biopsychosocial approach is adopted
3. goals are focused on optimising function, participation and return to work
4. treatment effectiveness is measured and demonstrated on an ongoing basis
5. treatment is based on best available research evidence.

Further information on the Clinical Framework is available on the WorkCover WA website.

³ <https://www.workcover.wa.gov.au/health-providers/clinical-framework/>

Forms of engagement

WorkCover WA encourages treating medical practitioners to engage with medical and allied health professionals in the treatment team.

Medical case conference

A medical case conference is a useful forum which can be arranged to discuss with the worker and other scheme participants the treatment of an injured worker, a worker's capacity for work or strategies to overcome barriers to return to work.

These are generally held with one or more of the following: the worker, medical or allied health practitioners, employer, employer's insurer, an approved workplace rehabilitation provider.

Medical case conferences can be held at any time during the life of the claim.

A medical case conference can be requested by the treating medical practitioner, insurer, employer or a member of the treating team. It is expected the organiser of the case conference will set an agenda and coordinate arrangements. It is not mandatory for a worker to attend a medical case conference and there are no restrictions on what may be discussed.

A treating medical practitioner may charge for time spent in a medical case conference along with any other similar discussions in addition to usual medical management.

The *Workers Compensation (Medical Services) Fees Order* sets out the relevant service code and fee to apply if participating in these discussions (which may be called a medical case conference or discussion).

There are also specific items in the *AMA Fees List* for case conferences which may be utilised if the type of case conference meets the description in the *AMA Fees List*.

Return to work case conference

A return to work case conference has a defined meaning and specific requirements set out in the Act.

An injured worker with an incapacity for work may be required to attend a return to work case conference arranged by the worker's employer, the employer's insurer, treating medical practitioner or approved workplace rehabilitation provider for the purpose of supporting a worker's recovery and enhancing opportunities for return to work.

Regulations set out the matters which may and may not be discussed in a return to work case conference. The focus is on return to work options and barriers - not medical or health treatment issues.

As it is mandatory for workers to participate, the person arranging a return to work case conference must notify the worker setting out the time and place of the conference and if the worker needs to attend in person or by other means.

A worker cannot be required to attend more frequently than once every four weeks, unless arranged by the worker's treating medical practitioner.

If a treating medical practitioner is initiating discussions with other scheme participants and seeks to discuss both medical and return to work issues, a medical case conference should be requested, rather than a return to work case conference.

In any event, a treating medical practitioner may charge for time spent preparing for and attending a return to work case conference. The *Workers Compensation (Medical Services) Fees Order* sets out the relevant service code and fee.

The role of the treating medical practitioner as an educator

The role of the medical practitioner as an educator is becoming an increasingly important part of everyday practice. In a return to work clinical situation, the following skills may be utilised in a number of ways.

- The medical practitioner actively listens to an injured worker to obtain a thorough history of events that have taken place and the symptoms they are experiencing.
- The medical practitioner observes non-verbal cues, such as an injured worker saying they are coping well, but are fidgeting and appear distressed or anxious.
- The medical practitioner enquires about the non-verbal cues to understand why the worker may be presenting in an anxious manner. For example, the medical practitioner may be able to determine that the worker may hold concerns about loss of income, fear of return to the workplace or re-injury. These fears are important to be discussed and addressed for improving outcomes for the worker.
- The medical practitioner may then assist the worker in addressing these fears by focusing on the workers capacity to undertake duties or discussing available supports or services available with the insurer claims officer. This may enable early return to work while reducing the risk of re-injury.
- Recognise the importance of building the workers confidence with returning to work using positive language around what the worker can do, and the health benefits of work.
- The medical practitioner can provide education on why early return to work is beneficial for the worker's long-term health and wellbeing.
- If this is inadequate, the medical practitioner can contact the insurer claims officer to discuss the support that can be provided that may be beneficial in assisting the injured worker at this point.
- Finally, the feedback and reflection following these strategies will then take place over ongoing review consultations.

Treating and managing the care of a work injured patient can be time consuming, which is why WorkCover WA encourages the use of long consultations, medical case conferences and continued communication throughout the claim.

It is important to note that in some instances, challenging the injured worker's fears will not be enough to help the worker overcome them. If there is significant anxiety and fear surrounding return to work, psychological support, (for example cognitive behavioural therapy) may be necessary in order to overcome these barriers.



Suggested actions for medical practitioner treating a workplace injury

	EARLY INTERVENTION Within 3 weeks post-injury	4-12 WEEKS POST INJURY Detailed review and modify treatment	CHRONIC PHASE Rethink, reassess Consider multidisciplinary approach
Risk assessment	<p>Use brief screeners like Orebro, K10 and pain intensity to gain insight into the worker's:</p> <ul style="list-style-type: none"> • Function • Prediction of Return to Work • Fear/avoidance behaviour • Fears of re-injury 	<p>Reassess and consider the specific risks test with:</p> <ul style="list-style-type: none"> • Pain Catastrophising Scale • Pain Self Efficacy Questionnaire Orebro (coping with pain) • K10 for distress 	<p>To identify and treat persistent pain issues, re-administer DASS / K10, pain self-efficacy</p> <p>Refer to pain psychologist and or multidisciplinary team for detailed risk assessment</p>
Clinical response	<ul style="list-style-type: none"> • Refer to allied health practitioner for active treatment and monitor progress • Listen, reassure, foster self-management, extend activity levels to be 'active despite pain' • Educate about pain e.g. it does equate to severity of injury 	<ul style="list-style-type: none"> • Review allied health treatment, are SMART goals being achieved? • Refer to claims officer for workplace issues • For clinical signs of low mood, high anxiety, depression consider referral to pain psychologist • Reassess patient's understanding of their condition • Certificate of Capacity to reflect functional abilities 	<ul style="list-style-type: none"> • Review role of allied health treatment • Assess impact of deactivation • Review and treat if sleep difficulties • Refer to multi-disciplinary team of experienced clinicians • Coordinate with all parties
Additional clinical management	<ul style="list-style-type: none"> • Expand treatment options beyond pain medication and reducing the worker's hours of work to address broader pain beliefs and anxiety issues • Refer to: (a) claims officer to manage workplace problems e.g. suitable duties, relationships; or (b) claims officer to arrange mediation/relationship management 	<p><i>Now consider</i></p> <p>Cognitive behaviour techniques (CBT) for persistent pain addressing:</p> <ul style="list-style-type: none"> • Fear avoidance/behaviour at work • High pain focus and distress • Re-activation strategy <p>Pain management techniques using:</p> <ul style="list-style-type: none"> • Pain education • Physical exercise regime • Coaching/motivational techniques 	<p><i>Now consider</i></p> <p>Cognitive behaviour techniques to counter:</p> <ul style="list-style-type: none"> • Distress, depression, anxiety • Self-perceived disability • Pain management techniques <p>Review impact of CBT to identify specific ongoing difficulties and modify management including pain education approach</p>

Helpful responses to unhelpful flags

There are a number of risk factors that medical practitioners should be aware of and actively consider when treating work-injured patients. Medical practitioners are very good at assessing red flags and identifying and treating physical symptoms and injuries. However, failure to recognise the presence of other flags, and respond appropriately, can be detrimental to a worker's health and wellbeing and may negatively impact return to work if left unaddressed.

YELLOW FLAGS

Refer to psychosocial risk factors i.e. unhelpful attitudes, beliefs and behaviours. This encompasses emotional distress that is not severe enough for the diagnosis of a mental disorder. Examples include:

- a belief that pain and activity will cause harm
- fear and avoidant behaviour (i.e. relying on 'bedrest')
- reduced activity, expectation of passive treatment
- low or negative mood
- social withdrawal
- overprotective family or lack of support

The injured worker may say:

- "If I go back to work, the pain will get worse"
- "Treatment will fix my injury"
- "I don't know what the future holds for me"
- "I have to lie down because of the pain"

Useful responses may include:

- "There is no sign of anything serious"
- "It is important to stay active"
- "Pain does not mean there is harm"
- "The pain will settle"
- "Most people make a full recovery"

Consider: involving allied health referral.

BLUE FLAGS

Encompass perceptions about the relationship between work and health. Examples include:

- lack of job satisfaction
- poor social support from colleagues
- concerns about meeting job demands
- perceived time pressure for recovery

The injured worker may say:

- "There aren't any light duties at my work"
- "It is embarrassing for me to be on light duties"
- "Work doesn't stop while I'm recovering"
- "I never enjoyed it there anyway"

Useful responses may include:

- "I am here to support and work with you, your employer and claims manager to find meaningful work that you can do within your capacity"
- "Not being at work can have a negative impact on your health and overall wellbeing"
- "Your claims officer will work with you and your employer to find suitable duties"

Consider: requesting a case conference with the claims officer, the worker and the employer.

BLACK FLAGS

Black flags relate to systemic or contextual obstacles such as:

- threats to financial security
- lack of contact with work
- involvement of litigation
- uncertainty around claim acceptance

The injured worker may say:

- "I can't afford to lose this income"
- "I haven't heard from my employer since my injury"
- "I think they are reviewing my claim, but I don't know if it will be accepted"
- "They can deal with my lawyer"

Useful responses may include:

- "Your claims officer can help support you with this"
- "These are great things to discuss with your claims officer"
- "Explore what options may be available with your claims officer"

Consider: requesting a case conference or speaking with a claims officer directly.

Confidentiality of information

Treating medical practitioners may need to discuss a worker's medical condition with the worker's employer, their insurer or other medical and health providers. To make liability decisions and manage claims, insurers and self-insurers also require access to a worker's medical and personal information relevant to the injury or claim.

The approved workers compensation claim form includes a consent authority which is signed at the option of the worker. If signed, the consent authority authorises:

- Any doctor who treats the injured worker to discuss the worker's medical condition in relation to their claim for workers compensation and return to work options with their employer and with their insurer (also included in the certificate of capacity consent authority).
- The employer's insurer and its appointed service providers collecting personal information, inclusive of sensitive information such as medical information about the worker and using it for the purpose of assessing and managing the worker's claim for compensation.
- The employer's insurer disclosing the worker's personal information, inclusive of sensitive information, to other insurers, medical practitioners, workplace rehabilitation providers, investigators, legal practitioners and other experts or consultants for the purpose of assessing and managing the worker's claim.

If you receive a request for information and are concerned about the right of that party to obtain confidential information about the worker, you should establish that the request has been made with the worker's consent or contact the insurer claims officer.

Payments for services

Fees of medical services provided to compensable patients are set by the Minister for Industrial Relations.

Medical Services Fees Order

The *Workers Compensation (Medical Services) Fees Order* sets out the maximum amounts (excluding GST) that can be paid for each type of medical service. The current Fees Order is published on the WorkCover WA website.

Under the *Workers Compensation (Medical Services) Fees Order* the fees published in the Australian Medical Association's *List of Medical Services and Fees* apply to most clinical medical services.

The exceptions are fees for diagnostic imaging services and workers compensation ancillary services which are set out in the *Workers Compensation (Medical Services) Fees Order*.

Workers compensation ancillary services include:

1. Certificates of capacity

Issuing a first, progress, and/or final certificate of capacity.

2. Return to work case conferences

Preparation for and attendance at a return to work case conference arranged by the worker's employer, the employer's insurer, or the worker's treating medical practitioner.

3. Medical reports

Any requested or required report other than a certificate of capacity that provides information about any or all of the following:

- The worker's diagnosis and present condition
- Any medical co-morbidities that are likely to impact on the management of the worker's condition
- Treatment/management services provided, and results obtained
- Recommendations for further treatment/management
- Progress, functional and objective improvements
- Likely treatment duration required
- The worker's capacity for work.

4. Return to work program

Activities associated with a worker's treating medical practitioner recommending a return to work program be established for the worker.

Activities associated with a worker's treating medical practitioner reviewing a worker's return to work program and any amended return to work program.

5. Services additional to usual medical management

Activities associated with time spent by the medical practitioner (in addition to usual medical management) relating to:

- Discussions with a worker, an employer, insurer, approved workplace rehabilitation provider, medical specialist or other health professional about the treatment of an injured worker, a worker's capacity for work or strategies to overcome barriers to work (includes medical case conferences)
- Visiting work sites
- Providing additional reports, documents or records that are required by an insurer.

Different rates apply depending on whether the ancillary service is provided by a medical practitioner or medical specialist as defined in the *Workers Compensation (Medical Services) Fees Order*.

Invoices for medical services must include service codes and fees relevant to the service or services required.

Fees for allied health, workplace rehabilitation and approved permanent impairment assessors are set out in separate Fee Orders which are available on the WorkCover WA website.

Fees are generally indexed annually and are exclusive of GST. If GST is payable on a service listed in the Fee Orders, the fee for the service is the applicable fee increased by 10%.

Queries, feedback or complaints

The employer's insurer is the first point of contact for further information about the worker's claim and recovery at work.

For any questions or if you require further information relating to the WA workers compensation scheme, please contact the WorkCover WA Advice and Assistance Service on 1300 794 744.

Frequently asked questions about payments

How do I charge for a medical case conference?

The 'services additional to usual medical management' item can be used for medical case conferences.

Alternatively, the AMA Fees List also contains medical case conference items with specific service descriptors. If the treating medical practitioner can satisfy the relevant AMA service descriptor, the corresponding AMA fee can be charged.

As a specialist General Practitioner, can I charge for ancillary services at the specialist rate?

Yes. A specialist General Practitioner who meets the definition of a medical specialist as set out in the *Workers Compensation (Medical Services) Fees Order* is entitled to charge for ancillary items at specialist rates.

Can I charge for cancellations or non-attendance?

There are no provisions for charging fees for cancellations or non-attendance of medical appointments.

Can I charge for communicating with other treating practitioners about the worker's treatment or sending documents?

Yes, in accordance with 'services additional to usual medical management' item.

What do I do if the claim is rejected?

If a claim is rejected, all fees payable will need to be addressed with the worker, who may be able to claim through Medicare.

Who pays the treating medical practitioner if a claim is disputed and there are outstanding fees payable?

If a claim is disputed, all costs incurred must be addressed with the worker.

Appendix 1

Key stakeholders in the WA Scheme

Worker's treating medical practitioner

A medical practitioner who is chosen by the injured worker to diagnose and treat the worker's injury and issue certificates of capacity.

They are able to coordinate patient care and work within the multidisciplinary team to optimise health outcomes for individuals.

They have a critical role in injury management by assisting patients to achieve good health outcomes and a safe return to life and work.

Workers

Workers are covered by their employer's workers compensation insurance in the event of a work-related injury. This insurance provides financial support to cover wages, access to reasonable and necessary medical, health and workplace rehabilitation provider services and a range of return to work services to help them recover and return to work safely and efficiently.

Employers

Employers of workers are required to have workers compensation insurance and have return to work obligations.

Self-insurers

There are also a small number of employers who are self-insured. Self-insured employers are responsible for all claims liabilities and managing the rehabilitation and return to work of their injured workers. Details of licensed self-insurers can be found on the WorkCover WA website.

Insurer Claims Officers

Coordinate and manage day to day claims activities for the insurer.

WorkCover WA

WorkCover WA is a statutory authority responsible for the regulation and administration of the workers compensation scheme in Western Australia accountable to the Minister for Industrial Relations.

Allied Health Providers

These include physiotherapists, exercise physiologists, occupational therapists, clinical, counselling and general psychologists, acupuncturists, chiropractors, mental health social workers, osteopaths and speech pathologists who provide treatment and return to work services. Allied health providers liaise with the injured worker, as well as the claims officer and employer.

Workplace Rehabilitation Provider

A worker may be referred to a WorkCover WA approved workplace rehabilitation provider for specialist support to help them return to their pre-injury employer or secure new employment.

Appendix 2

Additional resources

The Clinical Framework

<https://www.workcover.wa.gov.au/health-providers/clinical-framework/>

Clinical guidelines for the diagnosis and management of work related mental health conditions in general practice

<https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/endorsed-guidelines/diagnosis-and-management-of-work-related-mental-he>

Supporting patients affected by workplace injury

<https://www.racgp.org.au/running-a-practice/practice-resources/general-practice-guides/supporting-patients-affected-by-workplace-injury>

Principles on the role of the GP in supporting work participation

<https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/principles-on-the-role-of-the-gp>

It Pays to Care – RACP

<https://www.racp.edu.au/policy-and-advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/it-pays-to-care>

ReachForTheFacts

<https://reachforthefacts.com.au/>

This website provides information for health professionals and consumers about the use of opioid medication.



Need further assistance?



Call WorkCover WA's Advice and Assistance Service on
1300 794 744 (8:30am to 4:30pm, Monday to Friday)



Visit [workcover.wa.gov.au](https://www.workcover.wa.gov.au)

