



Insurance Commission
of Western Australia

12 January 2024

Kevin Gillingham
Manager Policy and Legislative Services
WorkCover WA
2 Bedbrook Place
SHENTON PARK WA 6008

Level 13, Forrest Centre
221 St Georges Terrace
PERTH WA 6000

GPO Box L920
PERTH WA 6845
Tel: (08) 9264 3333
Fax: (08) 9264 3966
icwa.wa.gov.au

BY EMAIL: consultation@workcover.wa.gov.au

Dear Kevin

WORKERS COMPENSATION AND INJURY MANAGEMENT ACT 2023 – IMPLEMENTATION CONSULTATION PAPERS 20 AND 24-27

The Insurance Commission of Western Australia (**Insurance Commission**) appreciates the opportunity to make this submission on the implementation consultation papers, covering proposed regulations and WorkCover WA administrative instruments supporting the *Workers Compensation and Injury Management Act 2023 (WCIMA23)*.

This submission provides comment on implementation consultation papers 24 and 25 where the Insurance Commission would like to seek clarification on 8 issues. The numbering of issues continues on from our previous submission.

Consultation Paper 24 – Fees Order for Medical Services

Issue 16: The timing to align medical fees with Australian Medical Association's List of Medical Services (AMA Fees List) with commencement of the *WCIMA23*.

The Insurance Commission supports the proposal of aligning compensable medical fees to the AMA fees list in principle. However, the introduction of a new fee structure (and new service codes) on commencement of the new Act would put an additional burden on insurers and medical providers at a time of significant change.

We anticipate that there may be confusion with providers using old codes which could result in invoices not being paid in a timely manner.

Additionally, updates to AMA rates on 1 November would mean a change in the fees four months after commencement which will add to the burden.

The Insurance Commission recommends delaying the introduction of the new fee structure and item codes until 1 July 2025. At a minimum, we recommend that the proposed medical fees should commence on 1 November 2024 to align with the update in AMA rates. This will give a sufficient period of time for the implementation of the new Act, and focus can then switch to supporting medical providers with the change in fees and codes.

The Insurance Commission also seeks clarification that WorkCover will continue to publish the service item codes and the fees applicable.

Issue 17: Certificates of Capacity – Clarification of Fees for General Practitioners.

The rate to be charged for certificates of capacity issued by general practitioners will now be calculated as part of the time based consultations (AA220 - AA320).

Clarification is required on whether this rate is to be used instead of the current commonly used item codes (AA010 – AA040), for Level A to D consultation, not in addition to.

Issue 18: Certificates of Capacity – Clarification of Fees for Specialists.

Clarification is required on whether there will be a maximum amount a specialist will be allowed to charge for issuing of a certificate of capacity. We anticipate that the introduction of this new fee will lead to inconsistent charging for this service.

We also seek confirmation on whether a specialist will be allowed to charge for the issuing of a certificate, in addition to the consultation fee for the same service date.

Issue 19: Reports – No fees to be charged for providing the record of the specialist consult to the treating general practitioner.

Clarification is required that charging for reports is limited to requests for specific information. This will not include the record of a consult that the specialist currently provides to the general practitioner following a review.

Issue 20 – Surgery Operation Reports doubling up a patient’s health records.

The consultation paper does not clearly address what is driving the need for surgery operation reports to be a chargeable item under the *WC/IMA23*. Surgeons currently record the details of the operation for the purpose of a patient’s health record, which substantially contains the same information.

The requirements for specific surgery operation reports for Workers Compensation claimants would appear to be a double up of information that is already captured. If an insurer has a query regarding the nature of the operation that has been performed that they don’t get in the regular record, then contact can be made with the surgeon directly. This could then be charged using the regular report fee.

The Insurance Commission does not support the creation of a new claimable item for operation reports.

Issue 21 – Proposed fee for clinical notes and records does not appear to be adequate.

Whilst the Insurance Commission supports the proposal for a set fee for the provision of clinical notes and records, the fee proposed is not commensurate with the current fees providers charge for this service. Records may well need to be redacted to provide relevant information requiring additional time and resources.

As clinical notes and records are often requested to assist with the determination of liability, an inadequate fee will cause delays or failure to provide these records.

The Insurance Commission recommends a further period of consultation with providers and insurers to determine an adequate fee for this service.

Consultation Paper 25 – Fees Order for Allied Health Services

Issue 22: The introduction of new service fees for Allied Health Services when the WC/MA23 commences operation.

As outlined in Issue 16, the Insurance Commission recommends delaying the introduction of the new fee structure and item codes until 1 July 2025. At a minimum, we recommend that the proposed allied health service fees should commence on 1 November 2024 to align with the update in AMA rates. This will give a sufficient period of time for the implementation of the new Act, and focus can then switch to supporting medical providers with the change in fees and codes.

Other matters

Issue 23: Q2 reporting requirements

In view of the proposed changes to medical and allied health services fees, along with the requirement to report provisional payments, the Insurance Commission seeks clarity on when the new Q2 reporting requirements will be available for review.

A period of time will be required to ensure claims systems are correctly capturing and reporting new and or changing data, to minimise the number of errors and confirmations that may occur post implementation of the WC/MA23.

If you have any questions about our submission, please contact Karen Van Der Hoeven, Workers Compensation Section Manager on 08 9264 3378.

The Insurance Commission confirms that this submission can be made public.

Sincerely



**JANICE GARDNER
GENERAL MANAGER, GOVERNMENT INSURANCE DIVISION**