

## General medical practitioners

Medical table of costs - supplementary schedule

Effective from **1 November 2008**

For use by General medical practitioners



Communication	Descriptor	Item number	Max. fee GST excluded
Case conference	*Relating to rehabilitation or treatment options	100158	317.00/ hour <sup>^</sup>
Telecommunications less than 10 minutes	Telephone, secure e-mail, facsimile relating to rehabilitation or treatment options	100160	\$53.00
Telecommunications for 10 to 20 minutes	Telephone, secure e-mail, facsimile relating to rehabilitation or treatment options	100162	\$106.00
Medical reports	Descriptor	Item number	Max. fee GST excluded
Phone and fax report	Immediate	100208	\$127.00
Completed form	Received by insurer within 10 working days	100140	\$63.00
	Received by insurer after 10 working days	100139	\$31.00
Comprehensive clinical report	Received by insurer within 10 working days	100144	\$317.00
	Received by insurer after 10 working days or if payment requested prior to supply of report	100145	\$158.00
Progress report	Received by insurer 10 working days	100141	\$127.00
	Received by insurer after 10 working days or if payment requested prior to supply of report	100142	\$63.00
Short report	Received by insurer within 10 working days	100297	\$63.00
	Received by insurer after 10 working days or if payment requested prior to supply of report	100298	\$32.00
Assessment of permanent impairment (PI) (only on insurer request)	Report conforming to Q-COMP endorsed format	100209	\$657.00
	Report <b>not</b> conforming to Q-COMP endorsed format	100210	\$432.00
Pre-consultation reading and preparation time (associated with PI assessment and report)	*30 to 60 minutes	100277	\$317.00
	*More than 60 minutes	100278	\$317.00 /hour <sup>^</sup>
Consultations associated with a report	Standard consultation	100204	\$63.00
	Extended consultation	100205	\$120.00
	Extra long consultation	100206	\$176.00
Non attendance fee	When appointment made for PI assessment	100136	\$120.00
Ancillary services	Descriptor	Item number	Max. fee GST excluded
Workplace assessment	*Relating to rehabilitation or treatment options	100156	\$317.00 /hour <sup>^</sup>
Travel	Vehicle cost	100237	\$0.71 /km
	Travelling time per hour	100155	\$159.00
Facility fee	See over	100164	\$96.00
Case management fee	*Insurer's prior approval required	100165	\$317.00 /hour <sup>^</sup>

\*Insurer's prior approval required

<sup>^</sup> Pro-rata at \$27 per 5 minutes

Communication	
100158*	<ul style="list-style-type: none"> <li>Face-to-face or via phone, conference to plan, implement, manage or review a rehabilitation plan/treatment options</li> <li>Contact initiated by treating practitioner, employer, rehabilitation provider or the insurer</li> <li>Participation of multiple involved parties</li> </ul>
100160 100162	<ul style="list-style-type: none"> <li>Contact initiated by treating practitioner, employer, rehabilitation provider or insurer</li> <li>Reason for contact to be submitted with account</li> <li>Not used if party called in unavailable or if enquiry is of a general administrative nature</li> <li>Approval of documents provided by other health professionals and/or the insurer e.g. suitable duties program transmitted by facsimile or secure email</li> </ul>
Medical reports	
100208	<ul style="list-style-type: none"> <li>Insurer prearranges phone interview with treating practitioner and documents response</li> <li>Treating practitioner signs faxed transcript of their response and faxes it back to insurer</li> <li>For process see <i>Communicating with Workers' Compensation Insurers</i> publication (also available at <a href="http://www.qcomp.com.au">www.qcomp.com.au</a>)</li> </ul>
100140 100139	<ul style="list-style-type: none"> <li>Treating specialist completes form (provided by insurer) to obtain basic information for the management of the claim</li> <li>Payment per form</li> <li>Form must be received by insurer having been mailed/faxed/emailed within timeframe – 10 day timeframe begins from date of receipt of letter/request from insurer</li> <li>Can be used for the development of a suitable duties plan/rehabilitation documentation</li> </ul>
100144 100145	<ul style="list-style-type: none"> <li>Written response to insurer's request for specific information</li> <li>May include clinical findings, summing-up and opinion helpful to insurer</li> <li>Insurer questions may pertain to phases of the claim e.g. establishment, ongoing management and return to work</li> <li>Information sought may include statement of attendance, diagnosis, investigations, prognosis, clarification of treatment and return to work goals</li> <li>Report must be received by insurer having been mailed/faxed/emailed within timeframe – 10 day timeframe begins from date of receipt of letter/request from insurer</li> </ul>
100141 100142	<ul style="list-style-type: none"> <li>Written response to insurer's request for specific information at a specific stage of the claim e.g. information about a specific line of treatment or progress for return to work</li> <li>Only information subsequent to previous reports should be provided</li> <li>Report must be received by insurer having been mailed/faxed/emailed within timeframe – 10 day timeframe begins from date of receipt of letter/request from insurer</li> </ul>
100297 100298	<ul style="list-style-type: none"> <li>Written responses to insurer's very limited number of question (2 or 3) seeking information about worker's condition at a specific stage of the claim</li> <li>Report must be received by insurer having been mailed/faxed/emailed within timeframe – 10 day timeframe begins from date of receipt of letter/request from insurer</li> </ul>
100209	<ul style="list-style-type: none"> <li>Written assessment in response to insurer's request for examination and report assessing permanent (PI) using <i>American Medical Association Guides 4<sup>th</sup> Edition</i> and the <i>Table of injuries schedule 2 (Workers' Compensation and Rehabilitation Regulation 2003 s92)</i> using <b>Q-COMP endorsed template for reporting PI</b> (available at <a href="http://www.qcomp.com.au">www.qcomp.com.au</a> or phone Q-COMP on 1300 789 881)</li> <li>Fee payable includes 30 minutes reading time</li> <li>Consultation fee may be charged in conjunction with this service</li> </ul>
100210	<ul style="list-style-type: none"> <li>Assessment of PI <b>not reported using Q-COMP endorsed template for reporting PI</b></li> <li>Fee payable includes 30 minutes reading time</li> <li>Consultation fee may be charged in conjunction with this service</li> </ul>
100277* 100278*	<ul style="list-style-type: none"> <li>Reading material provided by insurer in preparation for a PI consultation</li> </ul>
100204 100205 100206	<ul style="list-style-type: none"> <li>Attendance – involves history taking, examining multiple systems, arranging necessary investigations associated with insurer's report request</li> <li>Attendance – involves detailed history taking and examination associated with insurer's report request</li> <li>Attendance – involves exhaustive history taking, comprehensively examining multiple systems, arranging necessary investigations associated with insurer's report request</li> </ul>
100136	<ul style="list-style-type: none"> <li>Fee payable <b>only</b> when insurer-arranged appointment for examination and report to assess PI is <b>not</b> kept and the injured worker does <b>not</b> provide notice of cancellation within two working days of the appointment</li> <li>If this occurs please advise the insurer by phone or fax within two working days of the appointment</li> </ul>
Ancillary services	
100156*	<ul style="list-style-type: none"> <li>Work-site-visit - involves attending at the workplace to assess aspects of the injured workers' job or environment</li> <li>In connection with planning or implementing rehabilitation plan</li> <li>Contact initiated by treating practitioner, employer, rehabilitation provider or insurer</li> </ul>
100164	<ul style="list-style-type: none"> <li>Use of specially set-up dedicated treatment room for <b>emergency</b> procedural services not associated with hospitals or day hospitals</li> <li>Fee payable when charged by private emergency departments and occupational medical clinics</li> <li>Fee payable <b>only</b> on initial visit and includes drugs, plasters, suture materials and dressings used</li> <li>Procedure would include: sutures; removal of a foreign body requiring local anaesthetic; surgical excision and closure; removal of a foreign body from the eye using local anaesthetic; initial burns dressings; fractures requiring plaster cast; ECG and monitoring of an injured worker while waiting for arrival of an ambulance</li> <li>Fee payable <b>does not</b> cover repeat dressings, removal of sutures or normal aftercare.</li> </ul>
100165*	<ul style="list-style-type: none"> <li>Insurer will monitor outcomes and all medical and rehabilitation costs associated with the claim</li> <li>Fee payable where treating practitioner undertakes role of case manager for each period of 2 months during like of claim</li> <li>Treating practitioner (by agreement with insurer) may prepare and implement injured worker's case management plan in consultation with the insurer, employer and rehabilitation provider</li> </ul>

\* Insurer's prior approval required