

Specialist medical practitioners

Medical table of costs- supplementary schedule

Effective from 1 November 2008

For use by Treating Specialists, Consulting Physicians and Psychiatrists



Communication	Descriptor	Item Number	Max. Fee GST Excluded
Case conference	*Relating to rehabilitation or treatment options	100159	\$438.00 /hour^
Telecommunications less than 10 minutes	Telephone, secure e-mail, facsimile relating to rehabilitation or treatment options	100161	\$73.00
Telecommunications for 10 to 20 minutes	Telephone, secure e-mail, facsimile relating to rehabilitation or treatment options	100163	\$146.00

Medical Reports	Descriptor	Item number	Max. Fee GST Excluded
Phone and fax report	Immediate	100801	\$175.00
Completed form	Received by insurer within 10 working days	100808	\$109.00
	Received by insurer after 10 working days	100814	\$54.00
Comprehensive clinical report	Received by insurer within 10 working days	100150	\$547.00
	Received by insurer after 10 working days or if payment requested prior to supply of report	100151	\$274.00
Progress report	Received by insurer within 10 working days	100806	\$328.00
	Received by insurer after 10 working days or if payment requested prior to supply of report	100807	\$165.00
Short report	Received by insurer within 10 working days	100810	\$109.00
	Received by insurer after 10 working days or if payment requested prior to supply of report	100811	\$52.00
Assessment of permanent impairment (PI) (only on insurer request)	Report conforming to Q-COMP endorsed format	100802	\$657.00
	Report not conforming to Q-COMP endorsed format	100803	\$432.00
Independent comprehensive clinical report (only on insurer request)	Received by insurer within 10 working days	100211	\$547.00
	Received by insurer after 10 working days or if payment requested prior to supply of report	100212	\$274.00
Pre-consultation reading and preparation time (associated with PI assessment and report)	*30 to 60 minutes	100804	\$438.00
	*More than 60 minutes	100805	\$438.00 /hour^
Consultant physician	Initial consultation	100300	\$263.00
	Subsequent consultation	100301	\$124.00
Consultations associated with a report	Specialist	100279	\$145.00
	Subsequent consultation	100293	\$76.00
Psychiatrist	Consultation (45 -75 mins)	100296	\$327.00
	Consultation (>75 mins)	100302	\$464.00
Non attendance fee	Consultant physician	100303	\$263.00
	Specialist	100304	\$145.00
	Psychiatrist	100305	\$327.00

Ancillary Services	Descriptor	Item number	Max Fee GST Excluded
Workplace assessment	*Relating to rehabilitation or treatment options	100157	\$438.00 /hour^
Travel	Vehicle cost	100809	\$0.71 /km
	*Travelling time per hour	100800	\$219.00 /hour^
Case management fee	*Insurer's prior approval required	100222	\$438.00

*Insurer's prior approval required

^Pro-rata at \$37 per 5 minutes

Communication	
100159*	<ul style="list-style-type: none"> Face-to-face or via phone, conference to plan, implement, manage or review a rehabilitation plan/treatment options Contact initiated by treating practitioner, employer, rehabilitation provider or the insurer Participation of multiple involved parties
100161 100163	<ul style="list-style-type: none"> Contact initiated by treating practitioner, employer, rehabilitation provider or insurer Reason for contact to be submitted with account Not used if party called in unavailable or if enquiry is of a general administrative nature Approval of documents provided by other health professionals and/ or the insurer e.g. suitable duties program transmitted by facsimile or secure email
Medical reports	
100801	<ul style="list-style-type: none"> Insurer prearranges phone interview with treating practitioner and documents response Treating specialist signs faxed transcript of their response and faxes it back to insurer For process see <i>Communicating with Workers' Compensation Insurers</i> publication (available at www.qcomp.com.au)
100808 100814	<ul style="list-style-type: none"> Treating specialist completes form (provided by insurer) to obtain basic information for the management of the claim Payment per form Form must be received by insurer having been mailed/faxed/mailed within timeframe – 10 day timeframe begins from date of receipt of letter/request from insurer or date of initial consultation with patient whichever is the later Can be used for the development of a suitable duties plan/rehabilitation documentation
100150 100151	<ul style="list-style-type: none"> Written response to insurer's request for specific information May include clinical findings, summing-up and opinion helpful to insurer Insurer questions may pertain phases of the claim e.g. establishment, ongoing management and return to work Information sought may include statement of attendance, diagnosis, investigations, prognosis, clarification of treatment and return to work goals Treating specialist opinion should be given outlining nature of the injury, capacity for work and advice on further management of case Report must be received by insurer having been mailed/faxed/mailed within timeframe – 10 day timeframe begins from date of receipt of letter/request from insurer or date of initial consultation with patient whichever is the later
100806 100807	<ul style="list-style-type: none"> 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 Only information subsequent to previous reports should be provided Report must be received by insurer having been mailed/faxed/mailed within timeframe – 10 day timeframe begins from date of receipt of letter/request from insurer or date of initial consultation with patient whichever is the later
100810 100811	<ul style="list-style-type: none"> 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 Report must be received by insurer having been mailed/faxed/mailed within timeframe – 10 day timeframe begins from date of receipt of letter/request from insurer or date of initial consultation with patient whichever is the later
100802	<ul style="list-style-type: none"> Written assessment in response to insurer's request for examination and report assessing permanent (PI) using <i>American Medical Association Guides 4th Edition</i> and the <i>Table of injuries schedule 2 (Workers' Compensation and Rehabilitation Regulation 2003 s92)</i> using Q-COMP endorsed template for reporting PI (available at www.qcomp.com.au or phone Q-COMP on 1300 789 881) Fee payable includes 30 minutes reading time Consultation fee may be charged in conjunction with this service
100803	<ul style="list-style-type: none"> Assessment of PI not reported using Q-COMP endorsed template for reporting PI Fee payable includes 30 minutes reading time Fee payable in addition to consultation fee
100211 100212	<ul style="list-style-type: none"> Written response to insurer's request for independent examination and report Response should include medical summary of case, clinical findings and medical opinion on aspects of the case as requested by insurer Insurer questions may pertain to phases of claim e.g. establishment, ongoing management and return to work Information sought may include statement of attendance, history diagnosis, investigations, prognosis, clarification of treatment and return to work goals Treating specialist opinion should be given outlining nature of the injury, capacity for work and advice on further management of case Report must be received by insurer having been mailed/faxed/mailed within timeframe – 10 day timeframe begins from date of receipt of letter/request from insurer or date of initial consultation with patient whichever is the later
100804* 100805*	<ul style="list-style-type: none"> Reading time in preparation for consultation for independent medical examination (IME) or PI assessment
100303 100304 100305	<ul style="list-style-type: none"> Fee payable only when insurer-arranged appointment for examination and report for an IME or to assess PI is not kept and the injured worker does not provide notice of cancellation within two working days of the appointment Should the injured worker fail to attend and fail to notify within two working days please advise insurer by phone or fax within two days of the appointment
Ancillary services	
100157*	<ul style="list-style-type: none"> Work-site-visit- involves attending at the workplace to assess aspects of the injured workers' job or environment In connection with planning or implementing rehabilitation plan Contact initiated by treating practitioner, employer, rehabilitation provider or insurer
100222	<ul style="list-style-type: none"> Requires agreement with the insurer, the specialist may undertake preparation and implementation of a case management plan in consultation with the insurer, employer and rehabilitation providers Monitoring of the outcomes and all medical and rehabilitation costs associated with the claim will be undertaken by the insurer Payable where the approved specialist undertakes the role of case manager, for each period of 2 months during the life of the claim

* Insurer's prior approval required