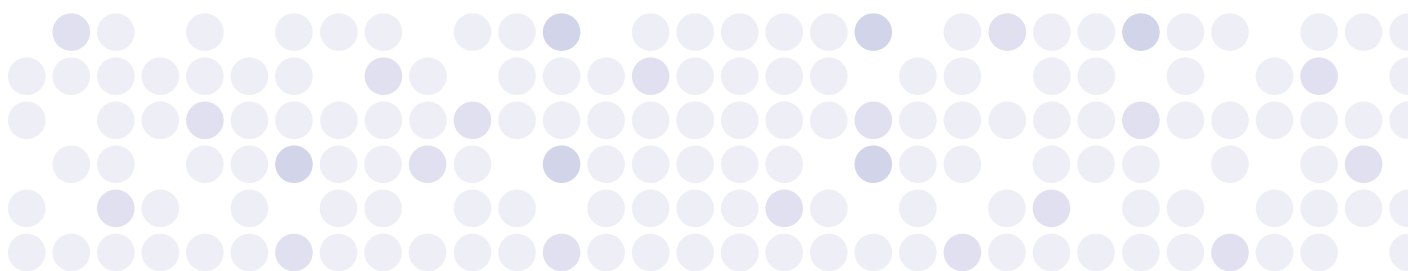


# Podiatry services

Table of costs and guidelines  
Effective from 1 July 2009

[View table of costs only](#)



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# Table of costs and guidelines

## Section A

### 1. Introduction

This document outlines the general standards and expectations, procedures and conditions for delivering podiatry services to workers. It also explains and clarifies the use of specific item codes. This information should assist the treating medical practitioner, the employer, the insurer and you, the podiatrist by promoting quality service provision and timely, relevant rehabilitation information.

In the majority of cases, the rehabilitation goal is for the worker to return to work. In situations where the injury prevents the worker returning to work, rehabilitation must focus on maximising functional independence.

#### 1.1 Who is qualified to deliver podiatry services?

Only a person registered as a podiatrist with the Queensland Registration Board is qualified to deliver podiatry services to workers in Queensland. For services provided to workers outside Queensland, the treating podiatrist must be eligible for registration in Queensland.

### 2. Procedures and conditions

Payment for services outlined in this document is subject to the following procedures and conditions.

#### 2.1 Referral

The worker may only be referred by a registered medical practitioner and must have a current medical certificate to cover any podiatry services provided.

Insurers will not pay for general communication such as receiving and reviewing referrals.

#### 2.2 Assessment

You are expected to assess the needs of the worker in the initial consultation session and up to a maximum of one (1) subsequent consultation and then notify the referrer of the outcome of the assessment and future goals of treatment.

You **may not** invoice for both an initial and subsequent consultation on the same day without **prior** approval from the insurer.

#### 2.3 Treatment approval

For an accepted claim, the insurer will pay the cost of an initial consultation and report when it has been requested by the treating medical practitioner or an accredited workplace/employer or insurer.

Where the claim has been accepted, the insurer will pay for a maximum number of **two (2)** podiatry sessions **without prior approval**—this includes the initial assessment.

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For any services which require **prior approval** from the insurer, you must submit a provider management plan and obtain approval before treatment commences (see the *Allied health provider form guidelines*).

For services not outlined in this table of costs and guidelines, you must obtain **prior approval** from the insurer by submitting a provider management plan (see the *Allied health provider form guidelines*).

Where you are required to submit a provider management plan, the insurer will advise you of their decision about approval of the plan as soon as possible. The insurer **will not pay** for any services provided **without prior approval**.

The insurer will not pay you for preparing or completing the provider management plan.

## 2.3.1 Allowable treatment period

The insurer will pay for a maximum number of **two (2)** podiatry sessions **without prior approval**.

The two (2) treatments may be a combination of various services—for example in-room treatments or hospital consultations. This excludes those services where prior approval is required.

The insurer will not pay for more than two (2) sessions unless you have obtained their prior approval by submitting an Initial provider management plan (see *Allied health provider form guidelines*).

The initial two (2) pre-approved sessions may not be undertaken concurrently with sessions requiring the insurer's prior approval.

## 2.4 Treatment

### 2.4.1 General standards and expectations

When treating a worker with a compensable injury, you should, where appropriate:

- liaise with relevant parties involved in managing the claim to coordinate medical treatment for the worker, promoting an early and safe return to work
- advise and liaise with the relevant treating practitioners and insurer at the start of a treatment program for each new claim or re-opening of a claim where it is in the best interest of the worker's ongoing management
- regularly review and document the worker's treatment progress in case notes
- ensure that the worker has given their written authority prior to the exchange of information with third parties other than the referrer
- deliver outcome-focused and goal-orientated services, which are focused on achieving maximum function and safely returning the worker to work
- be accountable for the services provided, ensuring those services incurred for the compensable injury are reasonable

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- maintain practice competencies relevant to podiatry and the delivery of services within the Queensland workers' compensation environment. This includes maintaining currency of skills and knowledge of specific podiatry modalities
- keep detailed, appropriate, up-to-date treatment records and any relevant information obtained in the service delivery.

Note: long-term maintenance therapy is generally not supported unless sustained improvement in function can be demonstrated.

## 2.4.2 Treatment period

When a worker returns to work (including suitable duties) and needs more podiatry, treatment will be considered as continuing and the two (2) session rule applies.

In all cases treatment will be deemed to have ended if there is no treatment for a period of **two (2) calendar months**. You need to conduct a new initial consultation and submit a provider management plan for approval of any subsequent treatment. In this situation, the worker must obtain another referral from a registered medical practitioner.

All insurer payments for treatment end when there is no further medical certification or the insurer finalises/ceases a claim.

## 2.4.3 Change of provider

When a worker changes podiatrists from one to another—not within the same practice—the insurer will pay the cost of an initial consultation by the new podiatrist to:

- determine the number of sessions already provided
- allow for an assessment and appropriate treatment
- submit a provider management plan.

You are responsible for determining if the worker has received previous podiatry treatment, including when and how many sessions, so that a provider management plan can be submitted.

## 2.5 Provider management plans

For details of when and how to use provider management plans, see the *Allied health provider form guidelines*.

Obtain the provider management plan and *Allied health provider form guidelines* from Q-COMP's website at [www.qcomp.com.au](http://www.qcomp.com.au) or call 1300 789 881.

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## 3. Indicators for ending treatment/intervention

There are a number of indicators highlighting that treatment is no longer needed or should be stopped. These include:

- the outcome and goals are achieved
- the presenting condition has been resolved
- the worker is not complying and there is lack of progress (you must discuss this with the insurer)
- the worker has achieved maximum function of the injured area, meaning progress has reached a plateau.

## 4. Payment for services

Payment for services outlined in this document is allowed subject to the relevant conditions of service outlined in section B for the relevant item number.

**The worker's compensation claim must have been accepted by the insurer for the injury or condition being treated.**

If the application for compensation is pending or has been rejected, the responsibility for payment for any services provided during any period remains a matter between you and the worker or the employer (where services have been requested by the Rehabilitation and Return to Work Coordinator).

Send all invoices to the relevant insurer for payment—check whether the worker is employed by a self-insured employer or an employer insured by WorkCover Queensland. For a current list of insurers visit Q-COMP's website at [www.qcomp.com.au](http://www.qcomp.com.au) or call Q-COMP on 1300 789 881.

Identify the appropriate item in this table of costs and guidelines for services or treatment provided. The insurer will only consider payment for services or treatments for the compensable injury, not other pre-existing conditions.

### 4.1 Provider invoice

Insurers will pay for services in accordance with this table of costs and guidelines. To ensure payment, your invoice must contain the following information:

- the words 'Tax Invoice' stated prominently
- your name and practice details
- tax invoice issue date
- your Australian Business Number (ABN)
- worker's name, residential address and date of birth
- worker's claim number (if known)
- referring medical practitioner's name
- date of each attendance
- appropriate table of costs item number/s
- a brief description of each service item supplied, including areas treated
- treatment cost
- name of your staff member who provided the service.

Fees listed in the tables of costs and guidelines **do not include** GST. You are responsible for incorporating any applicable GST on taxable supplies into your invoice.

# Table of costs and guidelines

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Refer to a taxation advisor or the Australian Taxation Office for help on the taxability of certain services.

Self-insurers require **separate tax invoices** for services to individual workers. The self-insurer will return an invoice to you where the services are for more than one injured worker. For a current list of self-insurers, visit Q-COMP's website at [www.qcomp.com.au](http://www.qcomp.com.au).

WorkCover Queensland will accept billing for more than one worker on a single invoice.

## 5. Inquiries

### 5.1 Claims issues

Contact the appropriate insurer for claims issues, including:

- payment of invoices and account inquiries
- claim numbers
- claim status
- rehabilitation status
- approval of provider management plans.

For a current list of insurers, visit Q-COMP's website at [www.qcomp.com.au](http://www.qcomp.com.au) or call Q-COMP on 1300 789 881.

### 5.2 General inquiries

For advice about the tables of costs and guidelines, call Q-COMP on 1300 789 881.

# Table of costs and guidelines

## Section B

### 6. Service type (service codes)

The following service items relate to podiatry services provided within the provider's rooms or a hospital.

Before providing services to workers, you are responsible for ensuring that you understand the service conditions and objectives of the tables of costs and guidelines.

#### 6.1 Initial consultation (800028)

Item number	Descriptor
800028	<b>Initial consultation</b> Initial podiatry consultation, providing activities outlined below.

#### Service conditions

##### Prior approval required from the insurer – No

An initial consultation by a podiatrist may include all or some of the following elements:

**Subjective (history) reporting** – consideration of clinical, medical and surgical history, footwear, occupational and lifestyle factors.

**Objective (physical) assessment** – assessment of the injury site and determination of a diagnosis by means of palpation and the prescription of appropriate diagnostic imaging (if required). Assessment of motion studies, gait analysis, postural alignment evaluation or other relevant techniques by carrying out appropriate procedures and tests.

**Assessment results (prognosis formulation)** – provisional prognosis for treatment and limitations to function.

**Treatment (intervention)** – provide treatment during the initial consultation at your discretion. Discuss working hypothesis, treatment goals and expected outcomes, initial treatment and expected response with the worker. Advise on footwear and home care including any exercise programs to be followed. Commence and trial any physical therapy including, but not limited to, padding, strapping, footwear modification and wedging.

**Clinical records** – record information in the worker's clinical records, including the purpose and results of procedures and tests.

**Communication (with the referrer)** – communicate any relevant information for the worker's rehabilitation to the insurer. Acknowledge referral and liaise with the treating medical practitioner about treatment.

# Table of costs and guidelines

## 6.2 Subsequent consultation (800029)

Item number	Descriptor
800029	<b>Subsequent Consultation</b> Involves reassessment (subjective and objective), treatment and documentation of one area/condition.

### Service conditions

**Prior approval required from the insurer** – Yes (after the first subsequent consultation).

A subsequent consultation by a podiatrist may include all or some of the following elements.

**Treatment (intervention)** – provide treatment in accordance with goals of therapy. May include appropriate supply of strapping, padding, casts, insoles and orthoses or modifications in line with progress or otherwise identified from reassessment. Give feedback to worker on their progress or otherwise and expected outcomes of the plan.

**Clinical Records** – record information in the worker's clinical records, including the purpose and results of procedures and tests.

**Communication** – discuss any relevant factors impeding progress with the worker's treating medical practitioner and/or insurer as soon as possible. This does not include extended communication such as case conferencing, which has a specific item number (see *Supplementary services table of costs and guidelines*).

**Reassessment (subjective and objective)** – evaluate the physical progress of the worker using outcome measures for relevant, reliable and sensitive assessment. Compare against the baseline measures and treatment goals. Identify factors compromising treatment outcomes. This includes physical palpation and the reviewing of diagnostic imaging to determine/confirm an accurate prognosis.

# Table of costs and guidelines

## 6.3 Casts (800049 & 800050)

Item number	Descriptor
<b>Casts</b> A negative plaster impression of the foot is taken and a positive plaster reproduction is produced. The plaster impression individualises the therapy and ensures accurate fit to the foot.	
800049	Negative impression – single
800050	Negative impression – pair

### Service conditions

**Prior approval required from the insurer – Yes**

### Service objectives

The objectives of this service are to:

- provide an accurate three (3) dimensional impression of the foot to manufacture a custom-made orthosis
- clearly mark or represent anatomical markers of the foot requiring pressure redistribution or accommodation
- ensure the worker understands the reason for prescription of the orthosis
- ensure the worker agrees to adjunctive therapies during footwear changes and prescribed exercises.

# Table of costs and guidelines

## 6.4 Insoles (800039, 800040, 800041, 800042, 800043, 800044, 800045, 800046, 800084 & 800283)

Item number	Descriptor
<b>Insoles</b> A flexible or pliable insole, made from cushioning materials such as rubber or other similar composite materials, the design of which is based upon measurements of the foot and/or the shoe.	
800039	Plain (single).
800040	Plain (pair).
800041	Padded insole (single).
800042	Padded insole (pair).
800043	Balance inlay – (single) custom.
800044	Balanced inlay – (pair) custom.
800045	Balance inlay – thermo (non-cast) single.
800046	Balanced inlay – thermo (non-cast) pair.
800084	Soft tissue supplements (pair).
800283	Covers (plain).

### Service conditions

**Prior approval required from the insurer – Yes**

### Service objectives

The objectives of this service are to:

- provide cushioning and padding underfoot to:
  - absorb shock in gait
  - redistribute load from a focal point of increased pressure
- relieve foot or lower limb pain and symptoms
- prevent or reduce the rate of cutaneous hypertrophy and/or soft tissue inflammation or other localised pathology
- ensure there is no new foot pain, symptoms or pathology created by the orthosis
- ensure the worker understands the reason for prescription of the orthosis
- ensure the worker agrees to adjunctive therapies including footwear changes and prescribed exercises
- where pressure relief is the objective, to modify the forces applied to a selected area of the foot by increasing the forces applied to an alternative area of the foot.

# Table of costs and guidelines

## 6.5 Orthoses (800037, 800038, 800048, 800232 & 800047)

Item number	Descriptor
<b>Orthoses – thermoplastic shell</b> A low-temperature-sensitive thermoplastic (heat sensitive material) is warmed until soft and then moulded directly to the foot. The orthosis may be modified with further additions for cushioning, pressure relief or support, based on the clinical assessment findings and individual patient needs.	
800037	Intrinsic fore/rear foot post (single).
800038	Intrinsic fore/rear foot post (pair).
800048	Extrinsic fore/rear foot post (single).
800232	Extrinsic fore/rear foot post (pair).
800047	Heel lift (single).

### Service conditions

**Prior approval required from the insurer – Yes**

### Service objectives

The objectives of this service are to:

- relieve foot or lower limb pain and symptoms
- prevent or reduce the rate of cutaneous hypertrophy and/or soft tissue inflammation or other localised pathology
- ensure there is no new foot pain, symptoms or pathology created by the orthosis
- ensure the worker agrees to adjunctive therapies including footwear changes and prescribed exercises.

# Table of costs and guidelines

## 6.6 Nail surgery (800284)

Item number	Descriptor
800284	<b>Nail surgery under local anaesthetic</b> Partial or total nail resection performed under local anaesthetic.

### Service conditions

**Prior approval required from the insurer – Yes**

### Service objectives

The objectives of this service are to:

- relieve foot or lower limb pain and symptoms
- prevent or reduce the rate of cutaneous hypertrophy and/or soft tissue inflammation or other localised pathology
- ensure there is no new foot pain, symptoms or pathology created by the orthosis
- ensure the worker agrees to adjunctive therapies including footwear changes and prescribed exercises.

# Table of costs and guidelines

## 6.7 Independent case review (800226)

Item number	Descriptor
800226	<b>Independent case review – includes assessment and report</b> Where progress of treatment and/or rehabilitation falls outside the plan or expected course of injury management, the insurer may request an examination and report of a worker by an independent case reviewer (not the treating podiatrist) to provide the insurer with an assessment and recommendations for ongoing treatment and prognosis. <b>This service includes assessment and report.</b>

### Service conditions

**Prior approval required from the insurer** – Yes. Only to be provided following a request from the insurer.

### Service objectives

The purpose of an independent clinical assessment is to:

- assess and make recommendations about the appropriateness and necessity of current or proposed podiatry treatment
- propose a recommended course of podiatry management
- make recommendations for strategic planning to progress the case.  
Recommendations should relate to treatment goals and steps to achieve these goals, which will assist in a safe and durable return to work
- provide a professional opinion where this is unclear from the current podiatry program
- provide an opinion and/or recommendation on the other criteria as determined by the requestor.

Note: this may also require communication with the current treating provider. This service includes assessment and report.

# Podiatry services table of costs

Effective 1 July 2009  
For use by a registered podiatrist

**Important note – the worker must always be referred by a registered medical practitioner and have a current medical certificate to cover any services provided.**

Service	Descriptor	Insurer prior approval required <sup>1</sup>	Item number <sup>2</sup>	Fee GST excluded <sup>#</sup>
<b>Initial consultation</b>				
Initial consultation	First consultation with worker.	No	800028	\$149.02 per hour
<b>Subsequent consultation</b>				
Subsequent consultation	Standard treatment consultation.	Yes (After the first subsequent consultation).	800029	\$149.02 per hour
<b>Insoles</b>				
	Plain – single.	Yes	800039	\$27.87
	Plain – pair.	Yes	800040	\$52.99
	Padded insole – single.	Yes	800041	\$59.96
	Padded insole – pair.	Yes	800042	\$115.12
	Balance inlay – single custom.	Yes	800043	\$147.37
	Balance inlay – pair custom.	Yes	800044	\$278.98
	Balance inlay – thermo non-cast single.	Yes	800045	\$100.91
	Balance inlay – thermo non-cast pair.	Yes	800046	\$161.42
	Soft tissue supplements – pair.	Yes	800084	\$55.05
	Covers – plain.	Yes	800283	\$29.01
<b>Orthoses</b>				
Thermoplastic shell	Intrinsic fore/rear foot post – single.	Yes	800037	\$172.28
	Intrinsic fore/rear foot post – pair.	Yes	800038	\$335.05
	Extrinsic rearfoot post – single.	Yes	800048	\$21.78
	Extrinsic rearfoot post – pair.	Yes	800232	\$43.45
	Heel lift – single.	Yes	800047	\$24.20
<b>Cast</b>				
	Negative impression – single.	Yes	800049	\$67.85
	Negative impression – pair.	Yes	800050	\$95.24

<sup>1</sup> Where prior approval is indicated you must seek approval from the insurer before providing services.

<sup>2</sup> Before billing for services please read the *Podiatry services table of costs and guidelines* available from Q-COMP's website at [www.qcomp.com.au](http://www.qcomp.com.au).

<sup>#</sup> Rates do not include GST. If GST is required it is up to the provider to include it in the invoice. For clarification regarding GST contact the Australian Taxation Office.

# Podiatry services table of costs

Effective 1 July 2009  
For use by a registered podiatrist

Service	Descriptor	Insurer prior approval required <sup>1</sup>	Item number <sup>2</sup>	Fee GST excluded <sup>#</sup>
<b>Other</b>				
	Nail surgery under local anaesthetic.	Yes	800284	\$300.32
Independent case review	Independent examination and report of a worker—not by the treating therapist; includes assessment and report.	To be provided only following a request from the insurer.	800226	\$186.21

For details of when and how to use a *Provider management plan* see the *Allied health provider form guidelines* – both available from Q-COMP's website at [www.qcomp.com.au](http://www.qcomp.com.au) or call Q-COMP on 1300 789 881

<sup>1</sup> Where prior approval is indicated you must seek approval from the insurer before providing services.

<sup>2</sup> Before billing for services please read the *Podiatry services table of costs and guidelines* available from Q-COMP's website at [www.qcomp.com.au](http://www.qcomp.com.au).

<sup>#</sup> Rates do not include GST. If GST is required it is up to the provider to include it in the invoice. For clarification regarding GST contact the Australian Taxation Office.