

Speech pathology services

Table of costs and guidelines
Effective from 1 July 2008

[View table of costs only](#)

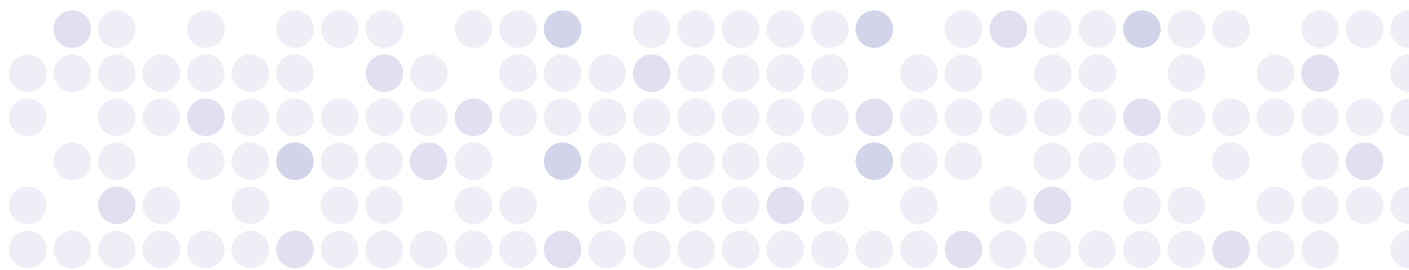


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Section A

1. Introduction

This document outlines the general standards, expectations, procedures and conditions for delivering speech pathology 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 speech pathologist, 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 speech pathology services?

Only a person registered as a speech pathologist with the Queensland Registration Board is qualified to deliver speech pathology services to workers in Queensland. For services provided to workers outside Queensland, the treating speech pathologist 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 speech pathology services provided.

Although it is usual practice for an ear, nose and throat specialist to be the referring medical practitioner, neurologists and neurosurgeons may refer workers to a speech pathologist following a head injury.

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's in the initial consultation session, and provide the insurer with a completed initial provider management plan (see the *Allied health provider form guidelines*) and notify the referrer of the assessment outcome.

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

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2.3 Treatment approval

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

For all services except an initial assessment (700051), you must obtain **prior approval** from the insurer by submitting an initial provider management plan (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 forms guidelines).

For treatment/therapy sessions required beyond the initial approved sessions, you must submit a provider management plan. The plan should indicate the functional improvements to date, which clearly demonstrate the efficacy of the treatment, the number of future treatment sessions and the goal of the sessions.

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

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

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 work capacity and treatment progress in case notes and where appropriate provide timely recommendations about return to work/suitable duties to relevant parties
- 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
- maintain practice competencies relevant to speech pathology and the delivery of services within the Queensland workers' compensation environment. This includes maintaining currency of skills and knowledge of specific speech pathology modalities
- keep detailed, appropriate, up-to-date treatment records and any relevant information obtained in the service delivery.

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

2.4.2 Treatment period

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 insurer finalises/ceases the claim.

2.4.3 Change of provider

When a worker changes speech pathologists from one to another—not within the same practice—the insurer will pay the cost of an initial consultation by the new speech pathologist 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 speech pathology 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 or call 1300 789 881.

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.

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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 or call Q-COMP on 1300 789 881.

Identify the appropriate item in the *Speech pathology services 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. 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.

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

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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 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.

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Section B

6. Service type (service codes)

The following service items are for speech pathology services provided within the provider's rooms.

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 (700051)

Item number	Descriptor
700051	Initial speech pathology consultation, including activities outlined below.

Service conditions

Prior approval required from the insurer – No

An initial consultation by a speech pathologist may include all or some of the following elements.

Subjective (history) reporting – consider major symptoms and lifestyle dysfunction; current history and treatment; past history and treatment; pain; aggravating and relieving factors; general health; medication; risk factors and key functional requirements of the worker's job.

Objective (physical) assessment – use appropriate procedures and tests to assess communication—including speech, writing, reading, signs, symbols and gestures—and/or difficulties swallowing food and drink.

Assessment results (prognosis formulation) – provisional prognosis for treatment, limitations to function and progress for return to work.

Treatment (intervention) – provide treatment during the initial consultation at your discretion. Discuss working hypotheses, treatment goals and expected outcomes, initial treatment and expected response with the worker. Advise on home/workplace care, including any exercise programs to be followed.

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

Communication (with the referrer) – use the initial provider management plan form to communicate relevant information for the worker's rehabilitation and return to work to the insurer. Acknowledge referral and liaise with the treating medical practitioner about treatment.

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Initial provider management plan – complete the plan at the worker's initial assessment where more treatment/therapy sessions are required. The plan is meant to provide indication of the expected recovery of the worker during the initial acute phase of their injury.

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6.2 Subsequent consultation (700053)

Item number	Descriptor
700053	Uses therapeutic techniques to minimise deficiencies in a worker's performance with the goal of efficient functioning in the workplace. This will also include monitoring of treatment progress and outcomes.

Service conditions

Prior approval required from the insurer – Yes

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

Treatment (intervention) – provide treatment modalities and/or therapeutic exercises according to an approved provider management plan. May include appropriate in-rooms treatment or home program modifications in line with progress or otherwise identified from reassessment. This includes feedback to the 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 about case conferencing, which has a specific item number (see the *Supplementary services table of costs and guidelines*).

Reassessment (subjective and objective) – evaluate the 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.

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6.3 Independent case review (700226)

Item number	Descriptor
700226	Independent case review – includes assessment and report 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 speech pathologist) to provide the insurer with an assessment and recommendations for ongoing treatment and prognosis. This service includes assessment and report.

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 speech pathology treatment
- propose a recommended course of speech pathology management
- make recommendations for strategic planning to progress the case. This should relate to treatment goals and steps to achieve those goals, which will assist in a safe and durable return to work
- provide a professional opinion where this is unclear from the current speech pathology program or where required, determine prognosis for return to work
- provide an opinion and/or recommendation on the other criteria as determined by the requestor

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

Speech pathology services table of costs

Effective 1 July 2008
For use by a registered speech pathologist

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 ¹	Item number ²	Fee GST excluded [#]
Initial consultation				
Initial consultation	First consultation with worker.	No	700051	\$144.54 per hour
Subsequent consultation				
Subsequent consultation	Therapeutic techniques to minimise deficiencies in a worker's performance with the goal of efficient functioning in the workplace; includes monitoring of treatment progress and outcomes.	Yes	700053	\$144.54 per hour
Other				
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.	700226	\$180.61 per hour

For details of when and how to use an *Initial provider management plan* see the *Allied health provider form guidelines* – both available from Q-COMP's website at www.qcomp.com.au or call Q-COMP on 1300 789 881.

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

² Before billing for services please read the *Speech pathology services table of costs and guidelines* available from Q-COMP's website at www.qcomp.com.au.

[#] 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.