



Osteopathy Services Table of Costs

Effective from 1 July 2007

For use by a registered osteopath

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

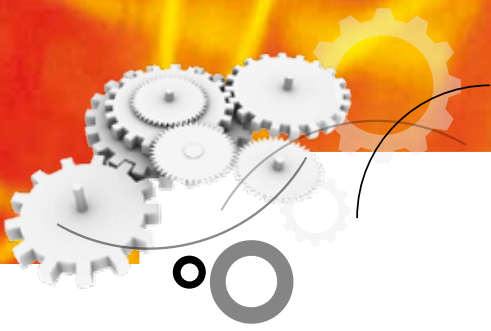
Initial consultation	Descriptor	Insurer prior approval required ¹	Item number ²	Fee GST excluded [#]
Initial consultation	First consultation with worker	No	900021	\$62.00
Initial consultation (multiple area)	Two or more entirely separate injuries/conditions assessed and treated; treatment applied to one condition does not affect the symptoms of the other injury; must relate to the compensable injury ; requires medical certificate detailing each area/condition to be treated	No	900313	\$93.09
Subsequent consultation				
Subsequent consultation – Level A	Selective review of treatment or exercise program where a standard consultation (level B) is not required; may include brief or partial reassessment	The first seven sessions (including initial consultation) are pre-approved	900108	\$38.59
Subsequent consultation – Level B	Standard treatment consultation—management of one area/condition only		900006	\$52.00
Subsequent consultation – Level C	Two entirely separate injuries/conditions treated; treatment applied to one condition does not affect the symptoms of the other injury; does not include a condition with referred pain to another area		900101	\$74.90
Subsequent consultation – Level D	More than two entirely separate injuries/conditions assessed and treated; treatment applied to one condition does not affect the symptoms of the others; does not include a condition with referred pain to another area	Additional session/s require prior approval	900102	\$99.91
Reassessment/program review				
Reassessment/program review	Indicated when the worker has been in active rehabilitation for six weeks and further treatment is likely	Yes	900055	\$72.00
X-Ray				
	Cervical spine	No (must be clinically justifiable)	958100	\$136.86
	Thoracic spine		958103	\$113.19
	Lumbosacral spine		958106	\$158.47
	Any two regions of the spine		958112	\$199.63
	Any three regions of the spine		958115	\$273.71
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	900226	\$172.34 per hour

For details of when and how to use a *Provider Management Plan* see the *Guidelines for Allied Health Provider Forms* – both available from Q-COMP's website at www.qcomp.com.au or call Q-COMP on 1 300 789 881

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

² Before billing for services please read the *Osteopathy Services Table of Costs Guidelines* available from Q-COMP's website at www.qcomp.com.au under Health Professionals.

[#] 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 ATO.



Supplementary Services Schedule

Effective from 1 July 2007

For use by allied health providers

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

Communication	Descriptor	Insurer prior approval required ¹	Item number ²	Fee GST excluded [#]
Communication	Consult list of exclusions in the guidelines before using this code Communication between providers and stakeholders—insurer, employer and doctors—should be purposeful and direct, to assist faster and more effective rehabilitation and return to work for the worker— only to exceed 5 to 10 minutes in exceptional or unusual circumstances	No	300079	\$11.46 per 5 min blocks
Case conference	Face-to-face or telephone communication involving the treating provider, insurer and one or more of the following: treating medical practitioner; specialist; employer or employee representative; worker; allied health providers or other	Yes	300082	\$137.92 per hour
Clinical reports				
Progress report	Brief summary of the worker's progress	Yes (must be requested by the insurer)	300086	\$41.39
Standard report	Provides relevant information about the worker's compensable injury where there has been a shift or change in the original/initial goals for the program		300088	\$117.26
Comprehensive report	Only required in a limited number of cases where the case and the treatment are extremely complex; charged at an hourly rate; negotiate the number of hours with the insurer prior to providing the report		300090	\$137.92 per hour (negotiate hours with the insurer)
Ancillary services				
Travel	Only paid where the provider is required to leave their normal place of practice to deliver a service to a worker at their place of residence, rehabilitation facility, hospital or the workplace; for visits to multiple workers or facilities, divide the travel charge accordingly between workers assessed/treated at each location	Yes (for return trips greater than 60 minutes)	300092	\$102.76 per hour
Incidental expenses	Reasonable charges for incidental items the worker takes with them	No ³	300094	Up to \$45.00 per claim
	Reasonable charges for supportive devices			Up to \$90.00 per claim
	Hire of equipment	Yes ³		Negotiate with the insurer

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

² Before billing for services please read the *Supplementary Services Schedule Guidelines* available from Q-COMP's website at www.qcomp.com.au under Health Professionals.

³ If costs exceed pre-approved levels, or you need to hire equipment, you must submit a *Request for Incidental Expenses, Supportive Devices or Equipment Hire* form detailing items and cost to the insurer available from Q-COMP's website at www.qcomp.com.au under Health Professionals.

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