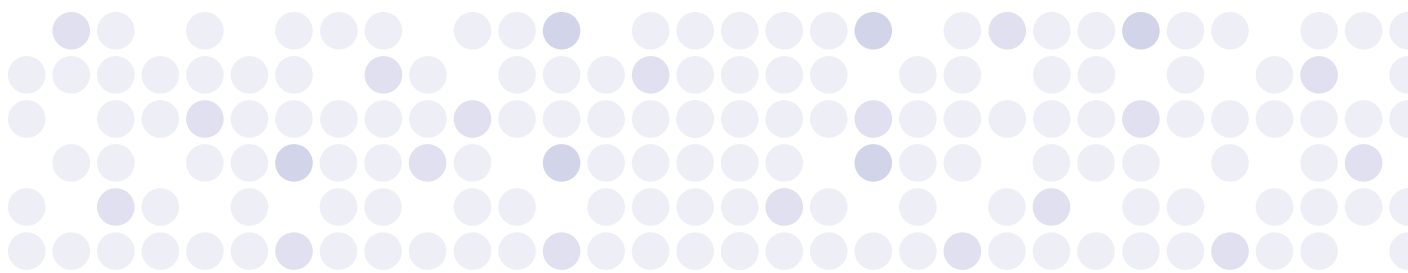


Nursing services

Table of costs and guidelines
Effective from 26 March 2008

[View table of costs only](#)



Developed by Q-COMP in partnership with the Queensland Nursing council, Australian Practice Nurses Association, Queensland Health, WorkCover Queensland and the Queensland Workers' Compensation Self-Insurers' Association Inc.

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Table of costs and guidelines

1. Introduction

This document outlines the general standards and expectations, procedures and conditions for delivering nursing services to workers' compensation patients. It also explains and clarifies the use of specific item numbers. This information should assist the treating medical practitioner, practice staff, public hospital staff, employer, the insurer and you, the nurse, by promoting quality service provision and timely, relevant rehabilitation information.

Table 5.1 is for registered nursing services including public hospital outpatients.

Table 5.2 is for home nursing services.

Table 5.3 is for public hospital emergency department nursing services.

The *Nursing services table of costs and guidelines* covers clinical services and reference should be made to the *Supplementary services table of costs and guidelines* for ancillary services such as communication, reports, travel and incidentals.

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.

2. Procedures and conditions

2.1 Payment for nursing services

- Identify the appropriate item in this table of costs and guidelines for services for treatment provided. The insurer will determine the reasonable cost of treatment as outlined in this document and will only consider payment for services or treatments for the compensable injury (not other pre-existing conditions).
- There may be other expenses not covered in this table of costs and guidelines. The insurer will fund reasonable and appropriate expenses for accepted claims. If possible, negotiate these expenses with the insurer prior to delivering the service.
- 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. See list of insurers at www.qcomp.com.au.

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).

Queensland Health advise that public patients deemed to have an invalid claim for workers' compensation are entitled to revert to public patient status in accordance with the provisions of the Australian Health Care Agreement.

For medical practices and consulting rooms, some nursing services may be provided on behalf of and under the supervision of a treating doctor. The only exception to this is nursing services delivered by advanced practice registered nurses (i.e. nurse practitioners or rural and isolated practice nurses). When a doctor is not available in rural and isolated locations, a claimant should obtain a medical certificate from a

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medical practitioner as soon as possible. As an interim measure, a declaration may be made by the claimant. See the declaration where no medical certificate at www.qcomp.com.au.

For home nursing services, the worker must be referred by a registered medical practitioner and have a current medical certificate to cover any nursing services provided.

2.2 Treatment

The insurer will not pay for nursing services for any period in excess of four (4) weeks without a treating medical practitioner review.

Refer to the *Supplementary services table of costs and guidelines* for incidental items.

3. 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.

Public hospitals please refer to the *Public health services table of costs and guidelines*.

Fees listed in this table 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. See a current list of self-insurers at www.qcomp.com.au.

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

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4. Inquiries

4.1 Claims issues

Contact the appropriate insurer for claims issues, including:

- payment of invoices and account inquiries
- claim numbers
- claim status
- rehabilitation status.

See a current list of insurers, visit Q-COMP's website at www.qcomp.com.au.

4.2 General inquiries

Call Q-COMP on 1300 789 881 for advice about the tables of costs and guidelines.

5. Service type (service codes)

The following service items are for nursing services provided to injured workers. 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.

Nursing services table of costs

Effective 26 March 2008
For use by a registered nurse

5.1 Registered nursing services (including public hospital outpatients – public hospital emergency departments refer to Table 5.3)

NB. Where multiple services are provided – the maximum fee is \$92.00 (GST excluded)

Service type	Service description	Item number	Maximum fee GST excluded
Immunisation	<p>Can be claimed only once per patient visit, even if more than one vaccine is administered.</p> <p>Item 10993 can only be claimed by a medical practitioner (not including a specialist or consultant physician) where an immunisation is provided to a patient by a practice nurse on behalf of the medical practitioner.</p> <p>Where the medical practitioner also provides a service to the patient in addition to the immunisation being administered by the practice nurse, the medical practitioner is able to claim for the professional service they provide to the patient.</p>	*10993 ¹	\$21.00
Wound management	<p>Treatment of a person's wound (other than normal aftercare) can be claimed only once per patient visit, even if more than one wound is treated during the same patient visit.</p> <p>Item 10996 can only be claimed by a medical practitioner (not including a specialist or consultant physician) where wound management (other than normal aftercare) is provided to a patient by a practice nurse on behalf of the medical practitioner.</p> <p>Where the medical practitioner also provides a service to the patient in addition to the treatment by the practice nurse, the medical practitioner is able to claim for the professional service they provide to the patient.</p>	*10996 ¹	\$21.00
General medical procedures	<p>Payable where a patient does not see a doctor and an advanced practice registered nurse (i.e. nurse practitioner or rural and isolated practice nurse) performs straightforward medical procedures that would normally be payable as part of a doctor's CMBS attendance fee i.e. suturing a wound or removal of a superficial foreign body.</p> <p>NB. For public hospitals without recognised emergency departments please see table 5.3 for emergency nursing services.</p>	300081	\$21.00 per procedure to a maximum of \$92.00
Incidental expenses	Refer to the <i>Supplementary services table costs and guidelines</i> for a description of incidental expenses and conditions.	300085	

¹Items asterisked are as per the Commonwealth Medical Benefits Schedule (CMBS) – these services have been moved from the *Q-COMP Medical Items Schedule of Fees* to this *Table of costs and guidelines*

Nursing services table of costs

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5.2 Home nursing services

Item number	Service type	Service description	Maximum fee GST excluded
300014	Home nursing services by a registered nurse	<p>Prior approval from the insurer is required</p> <p>Home nursing services such as dressing of wounds and assistance with daily care.</p> <p>The insurer will not pay for home nursing services for any period in excess of four (4) weeks without a treating medical practitioner review.</p> <p>The insurer will pay the reasonable cost of wound dressing in full provided the wound dressings have been itemised on the invoice.</p>	<p>Hourly rates</p> <p>Day and evening: Hourly rate \$54.60</p> <p>Weekend²: Hourly rate \$70.18</p> <p>Public holiday: Hourly rate \$117.87</p>
300290	Incidental expenses	Refer to the <i>Supplementary services table of costs and guidelines</i> for a description of incidental expenses and conditions. (Wound dressings should be charged under this item number).	

²Weekend is midnight Friday to midnight Sunday

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5.3 Public hospital emergency nurse services

Item number	Service type	Service description	Maximum fee GST excluded
300087	Public hospital emergency nurse services	<p>To be billed where a worker receives primary emergency services provided by nursing staff only.</p> <p>This code is only for hospitals not covered by the emergency department fees listed in the <i>Public health services table of costs and guidelines</i> who therefore cannot use the emergency department service item codes.</p> <p>In these instances consider whether the care is of an emergency nature or would be the equivalent of outpatient care. If the latter applies refer to table 5.1 - General medical procedures – 300081.</p> <p>NB. Services provided in small hospitals by medical practitioners are to be billed using MBS item numbers.</p>	\$92.00/day
300089	Assisting doctor in minor surgery	<p>This will be payable only if the procedure attracts a CMBS assistance fee and there is no other doctor available to assist.³</p> <p>Reserved for public hospitals without recognised emergency departments⁴.</p>	\$30.00

³ Refer to asterisked items in the *Index to General Medical Services* of the Commonwealth Medicare Benefits Schedule.

⁴ Hospitals without recognised emergency departments (Group X and select group T hospitals as listed in the Table of costs and guidelines for public health services).