

# CHIROPRACTIC SERVICES TABLE OF COSTS

## 1. INTRODUCTION

This document outlines the procedures and conditions and fees payable for chiropractic service delivery for workers' compensation claimants. The information contained should assist the chiropractor, treating medical practitioner, employer and the insurer by promoting a quality service and the provision of timely and relevant information for case management.

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 of chiropractic services

Payment for services outlined in this document are allowed subject to the following procedures and conditions:

- **The worker's compensation claim must be accepted by the insurer for the injury or condition being treated.**
  - (i) 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 the chiropractor and the worker.
  - (ii) The service provider should identify whether the worker is employed by a self-insured employer and if so forward all invoices for payment to the relevant self-insurer.
- **In all matters the worker must be referred by a registered medical practitioner and have a current medical certificate to cover any chiropractic services provided.**
- **The service provider should identify the appropriate item in the Chiropractic Services Table of Costs for services or treatment provided. The insurer will only consider payment for services or treatments relating to the compensable injury (not other pre-existing conditions).**
- **For services not outlined in this Table of Costs, prior approval must be obtained from the insurer.**

### 2.2 Allowable Treatment Period

- **A maximum number of 10 chiropractic consultations is payable by the insurer. No payment will be made in respect of treatment provided in excess of 10 consultations unless prior approval from the insurer has been obtained by the chiropractor.**

- An initial and subsequent treatment cannot be invoiced on the same day without prior approval from the insurer

### 2.3 Provider Management Plans

- The chiropractor is required to submit a Provider Management Plan in the following situations:
  - (i) **for any chiropractic treatment extending beyond 10 sessions from the first date of treatment.** Provider Management Plans are required to be completed in accordance with the guidelines and submitted to the insurer prior to the 10<sup>th</sup> consultation. In all cases the treatment plan must focus on function.
  - (ii) **for any service which requires prior insurer approval.**
- The chiropractor will be advised of the insurer's decision regarding approval and payment of plans as soon as possible. **The insurer will not pay for any of these services which are provided without prior approval.**
- The insurer will not pay for the preparation or completion of the Provider Management Plan.
- The Provider Management Plan may be obtained by downloading the template from the internet site [www.qcomp.com.au](http://www.qcomp.com.au) , or telephoning Q-COMP on 1300 789 881.

### 2.4 Treatment Period

- When a worker returns to work (including suitable duties) and requires further treatment, this will be considered as continuing treatment and the 10-treatment rule applies.
- In all cases treatment will be deemed to have ended if there is no treatment for a period of **2 calendar months**. Any subsequent treatment will require the chiropractor to conduct a new 'Initial assessment' and submit a Provider Management Plan for approval of further 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.

### 2.5 Change of Service Provider

- When a worker changes chiropractors from one practice to another (not within the same practice) the insurer will pay the cost of an initial consultation by the new chiropractor to:
  - determine the number of treatments already provided;
  - allow for an assessment and appropriate treatment; and
  - submit a provider management plan if required.
- It is the responsibility of the chiropractor to determine if the worker has received previous chiropractic treatment, ie. when and how many sessions, so that a Provider Management Plan can be submitted if required.

### 3 PROVIDER INVOICE

**3.1** Payment for services will be made in accordance with the Chiropractic Services Table of Costs. For insurer payment, the chiropractor is required to use an invoice indicating the following information:

- (i) The words 'Tax Invoice' stated prominently;
- (ii) The name of the provider and practice details;
- (iii) The date the tax invoice was issued;
- (iv) The provider's Australian Business Number (ABN);
- (v) The injured worker's name, residential address and date of birth;
- (vi) Claim Number (if known);
- (vii) Referring medical practitioner's name;
- (viii) Date of each attendance;
- (ix) Appropriate item number/s from the Table of Costs;
- (x) A brief description of each service item supplied, including areas treated;
- (xi) Cost of treatment; and
- (xii) Name of the service provider's staff member who provided the service.

Fees listed in the Table of Costs are **exclusive** of GST. It is the responsibility of a supplier to incorporate into invoices any applicable GST on taxable supplies. For guidance on the taxability of certain services, providers are advised to refer to a taxation advisor or the Australian Taxation Office.

**3.2 Please note** that the insurer requires individual tax invoices for services relating to individual workers. The insurer will return an invoice to you where the services relate to more than one injured worker.

### 4 ENQUIRIES

#### 4.1 Claims Issues

- For billing enquiries or for enquiries relating to claims eg. claim number, claim status, rehabilitation status, payment of invoices or approval of Provider Management Plans the chiropractor should contact the insurer.

#### 4.2 General

Any chiropractor seeking advice on policy issues relating to the Table of Costs should contact Q-COMP on 1300 789 881.

## CHIROPRACTIC FEE SCHEDULE

The following table relates to chiropractic services provided within the practitioner's rooms, private hospital or at the injured worker's place of residence.

**PLEASE REFER TO THE PRECEDING EXPLANATORY NOTES WHICH APPLY TO THE TABLE OF COSTS BELOW**

Item No	Service Type	Service Description	Max Fee GST Excl.
500021	Initial Consultation	Assessment involving the following elements: subjective reporting, objective examination; design & implementation of a treatment program; documentation and communication. Treatment at therapist's discretion	\$54.78
500313	Initial Consultation Complex	Assessment involving the following elements: subjective reporting; objective examination; communication and documentation of a complex condition or 2 or more separate clinical conditions (eg. injuries following major trauma, treatment of multiple injuries)  <i>* Refer Note (a)</i>	\$82.25
500108	Subsequent Consultation Level A	Selective review of a treatment program, where a standard consultation (Level B) is not required	\$34.10
500006	Subsequent Consultation Standard Level B	Services including reassessment (subjective & objective) treatment, documentation and communication of one area/condition	\$45.66
500101	Subsequent Consultation Level C	Services including reassessment, treatment, documentation and communication of a complex condition or 2 separate clinical conditions (eg. injuries following major trauma, treatment of multiple injuries)  <i>* Refer Note (a)</i>	\$65.77
500102	Subsequent Consultation Level D	Reassessment, treatment, documentation and communication of an extremely complex condition or treatment of 3 or more separate clinical conditions. This consultation should be required in a very limited number of cases (eg. multiple trauma)  <i>* Refer Note (a)</i>	\$87.73
500155	Travel	Travelling time will only be paid where the provider is required to leave their rooms to deliver a service to an injured worker at their place of residence, a rehabilitation facility or the workplace. Travelling expenses for periods in excess of 1 hour one way <u>will not be paid</u> unless prior approval is obtained from the insurer.	Hourly rate \$99.86

Item No	Service Type	Service Description	Max Fee GST Excl.
500076	Progress Report	Report to be provided only following a request from the insurer. Report should include: summary of interventions, including major findings, treatments delivered and results obtained and future treatment recommendations, if applicable.	\$40.22
500077	Standard Report	Report to be provided only following a request from the insurer. Report should contain summarised information of assessment findings, treatments/services delivered, results obtained and include interpretive information with specific recommendations for further rehabilitation management and return to work, if applicable. The report must include all information relevant to the worker's compensable injury. If recommendations include further treatment/services, a Provider Management Plan must also be completed.	\$113.96
500176	Comprehensive Report	Report to be provided only following a request from the insurer. Report contains all the elements of a standard report in addition to information relating to more detailed assessments and interventions performed. This report would only be required in a limited number of cases where the case and the treatment are extremely complex. Fee at hourly rate with number of hours negotiated with insurer.	Hourly rate \$134.03  Hours by negotiation prior to report preparation
500226	Independent Case Review	To be provided only following a request from the insurer. Examination and report of an injured worker by an independent case reviewer for the purposes of providing the insurer with an assessment and recommendations for ongoing treatment.	Hourly rate \$167.48
500412	Insurer Initiated Telephone Communication	<b>Insurer</b> initiated telephone discussion relating to treatment or rehabilitation of a specific worker. This does not include initial referral or requests for reports.	Per five minute blocks @ \$11.14
558100	X-rays	Cervical Spine	\$133
558103		Thoracic Spine	\$110
558106		Lumbar Spine	\$154
558112		Any 2 regions of spine	\$194
558115		Any 3 regions of spine	\$266

- (a) Treatments billed under this item number are for complex conditions or multiple clinical conditions. They may be paid by the insurer **providing there is a medical certificate which details each area or condition to be treated and it relates to the compensable injury.**