

PODIATRY SERVICES TABLE OF COSTS

1. INTRODUCTION

This document outlines the procedures and conditions and fees payable for podiatry services delivery for workers' compensation claimants. The information contained should assist the podiatrist, the 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 podiatry 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 podiatrist 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 podiatry services provided.**
- **The service provider should identify the appropriate item in the Podiatry 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).**
- **Where the claim has been accepted, the insurer will pay the cost of an initial assessment and report where it has been requested by the treating medical practitioner.**
- **For services not outlined in this Table of Costs, prior approval must be obtained from the insurer.**

2.2 Treatment

- Following the initial consultation, the podiatrist must obtain prior approval from the insurer for any ongoing treatment that is necessary and reasonable. The insurer will determine the reasonable cost of treatment.

- Following the initial assessment, podiatrists are required to submit to the insurer a Provider Management Plan detailing a description of proposed treatments, treatment duration, provision of orthotics and costs.

The podiatrist 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 services which are provided without prior approval.**

The Provider Management Plan may be obtained by downloading a template from the internet site www.qcomp.com.au, or contacting Q-COMP by telephone on 1300 789 881.

3. PROVIDER INVOICE

- 3.1 Payment for services will be made in accordance with the Podiatry Services Table of Costs. For insurer payment, the provider 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 numbers, claim status, rehabilitation status, payment of invoices or approval of Provider Management Plans the podiatrist should contact the insurer.

4.2 General

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

PODIATRY FEE SCHEDULE

The following table relates to podiatry services provided within the practitioner's rooms.

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

Item No	Service Type	Service Description	Max Fee Excl. GST
800028	Initial Consultation	Assessment and treatment of a worker involving the following elements: subjective reporting, objective examination; design & implementation of a treatment program; documentation.	Hourly Rate \$134.03
800029	Subsequent Consultation	Prior insurer approval is required. Reassessment (subjective & objective) treatment & documentation of one area/condition	Hourly Rate \$134.03
800049 800050	Casts	Prior insurer approval is required. Negative impression - single - pair	\$49.94 \$65.77
800039 800040 800041 800042 800043 800044 800045 800046 800084 800283	Insoles	Prior insurer approval is required. Plain (single) Plain (pair) Padded insole (single) Padded insole (pair) Balance Inlay – (single) custom Balanced Inlay – (pair) custom Balanced Inlay – Thermo (non-cast) single Balanced Inlay – Thermo (non-cast) pair Soft Tissue supplement (pair) Covers (plain)	\$21.97 \$43.86 \$45.08 \$90.15 \$115.70 \$231.16 \$75.60 \$151.07 \$41.26 \$21.84
800037 800038 800048 800232 800047 800284	Orthoses	Prior insurer approval is required. Thermoplastic shell - Intrinsic fore/rearfoot post (single) - Intrinsic fore/rearfoot post (pair) Extrinsic rearfoot posts (single) Extrinsic rearfoot posts (pair) Heel lift (single) Nail surgery under local anaesthetic	\$129.11 \$258.23 \$20.74 \$41.39 \$21.27 By negotiation
800076	Progress Report	Report to be provided only following a request from the insurer. Report should include a summary of interventions including major findings, treatments delivered and results obtained and future treatment recommendations, if applicable.	\$40.22
800077	Standard Report	Report to be provided only following a request from the insurer. Report should contain detailed 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
800226	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
800412	Insurer Initiated Telephone Communication	Insurer 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