

# SPEECH PATHOLOGY SERVICES TABLE OF COSTS

## 1. INTRODUCTION

This document outlines the procedures and conditions and fees payable for the delivery of speech pathology services for workers' compensation claimants. The information contained should assist the speech pathologist, 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 speech pathology 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 speech pathologist and the worker or the employer (where services have been requested by the workplace rehabilitation coordinator).
  - (ii) The service provider should identify whether the injured 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 speech pathology services provided.**
- **The service provider should identify the appropriate item in the Speech Pathology 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 for the cost of an initial assessment and report where it has been requested by the treating medical practitioner or an accredited workplace/employer.**
- **For services not outlined in this Table of Costs, prior approval must be obtained from the insurer.**

## 2.2 Treatment

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

## 2.3 Provider Management Plan

- Where treatment/therapy sessions are required, the Speech Pathologist must complete a Provider Management Plan and submit it as an appendix to the standard report after the initial assessment. In all cases the treatment plan must focus on function.
- If treatment/therapy is required beyond the initial approved sessions, a further Provider Management Plan must be submitted indicating the functional improvements to date which clearly demonstrate the efficacy of the treatment, the number of future treatment sessions and goal of sessions.
- The Speech Pathologist will be advised of the insurer's decision regarding approval and payment of plans as soon as possible.
- The Provider Management Plan may be obtained by downloading a template from the internet site [www.qcomp.com.au](http://www.qcomp.com.au), or contacting Q-COMP by telephone on 1300 789 881.
- The insurer will not pay for any treatment, which is provided without prior approval.

## 2.4 Change of Service Provider

- When a worker changes speech pathologist from one practice 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 treatments already provided;
  - allow for an assessment and appropriate treatment; and
  - submit a provider management plan if further treatment is required.
- It is the responsibility of the speech pathologist to determine if the worker has received previous speech pathology treatment, ie. when and how many sessions.

## 3. PROVIDER INVOICE

3.1 Payment for services will be made in accordance with the Speech Pathology 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 Plan the speech pathologist should contact the insurer.

### **4.2 Policy Enquiries**

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

## SPEECH PATHOLOGY FEE SCHEDULE

The following table relates to speech pathology 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 GST Excl.
700051	Initial Consultation	First contact with the referred worker for comprehensive case history and assessment for diagnostic purposes. This item may include subjective reporting, objective tests (tape recordings, possible video recording, etc) and interpretation of results.	Hourly Rate \$134.03
700053	Subsequent Consultation	<b>Prior insurer approval required.</b> Use of therapeutic techniques to minimise deficiencies in a worker's performance with the goal of efficient functioning in the workplace. This may also include monitoring of treatment progress and outcomes.	Hourly Rate \$134.03
700155	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 unless prior approval</u> is obtained from the insurer.	Hourly Rate \$99.86
700076	Progress Report	Report to be provided only following a request from the insurer. Summary of interventions, including major findings, treatments delivered and results obtained and future treatment recommendations, if applicable.	\$40.22
700077	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
700176	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 to be negotiated with insurer
700226	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
700412	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