

General medical practitioners

Medical table of costs - supplementary schedule

Effective from **1 November 2009**

For use by General medical practitioners



Communication	Descriptor	Item number	Max. fee GST excluded
Case conference	*Relating to rehabilitation or treatment options	100158	\$332.00/ hour [^]
Telecommunications less than 10 minutes	Telephone, secure e-mail, facsimile relating to rehabilitation or treatment options	100160	\$56.00
Telecommunications for 10 to 20 minutes	Telephone, secure e-mail, facsimile relating to rehabilitation or treatment options	100162	\$111.00
Medical reports	Descriptor	Item number	Max. fee GST excluded
Phone and fax report	Immediate	100208	\$133.00
Completed form	Received by insurer within 10 working days	100140	\$66.00
	Received by insurer after 10 working days	100139	\$32.00
Comprehensive clinical report	Received by insurer within 10 working days	100144	\$332.00
	Received by insurer after 10 working days or if payment requested prior to supply of report	100145	\$165.00
Progress report	Received by insurer 10 working days	100141	\$133.00
	Received by insurer after 10 working days or if payment requested prior to supply of report	100142	\$66.00
Short report	Received by insurer within 10 working days	100297	\$66.00
	Received by insurer after 10 working days or if payment requested prior to supply of report	100298	\$34.00
Assessment of permanent impairment (PI) (only on insurer request)	Report conforming to Q-COMP endorsed format	100209	\$688.00
	Report not conforming to Q-COMP endorsed format	100210	\$453.00
Pre-consultation reading and preparation time (associated with PI assessment and report)	*30 to 60 minutes	100277	\$332.00
	*More than 60 minutes	100278	\$332.00 /hour [^]
Consultations associated with a report	Standard consultation	100204	\$66.00
	Extended consultation	100205	\$126.00
	Extra long consultation	100206	\$185.00
Non attendance fee	When appointment made for PI assessment	100136	\$126.00
Ancillary services	Descriptor	Item number	Max. fee GST excluded
Workplace assessment	*Relating to rehabilitation or treatment options	100156	\$332.00 /hour [^]
Travel	Vehicle cost	100237	\$0.74 /km
	Travelling time per hour	100155	\$167.00
Facility fee	See over	100164	\$100.00
Case management fee	*Insurer's prior approval required	100165	\$332.00 /hour [^]

*Insurer's prior approval required

[^] Pro-rata at \$28 per 5 minutes

Communication	
100158*	<ul style="list-style-type: none"> Face-to-face or via phone, conference to plan, implement, manage or review a rehabilitation plan/treatment options Contact initiated by treating practitioner, employer, rehabilitation provider or the insurer Participation of multiple involved parties
100160 100162	<ul style="list-style-type: none"> Contact initiated by treating practitioner, employer, rehabilitation provider or insurer Reason for contact to be submitted with account Not used if party called in unavailable or if enquiry is of a general administrative nature Approval of documents provided by other health professionals and/or the insurer e.g. suitable duties program transmitted by facsimile or secure email
Medical reports	
100208	<ul style="list-style-type: none"> Insurer prearranges phone interview with treating practitioner and documents response Treating practitioner signs faxed transcript of their response and faxes it back to insurer For process see <i>Communicating with Workers' Compensation Insurers</i> publication (also available at www.qcomp.com.au)
100140 100139	<ul style="list-style-type: none"> Treating specialist completes form (provided by insurer) to obtain basic information for the management of the claim Payment per form Form must be received by insurer having been mailed/faxed/emailed within timeframe – 10 day timeframe begins from date of receipt of letter/request from insurer Can be used for the development of a suitable duties plan/rehabilitation documentation
100144 100145	<ul style="list-style-type: none"> Written response to insurer's request for specific information May include clinical findings, summing-up and opinion helpful to insurer Insurer questions may pertain to phases of the claim e.g. establishment, ongoing management and return to work Information sought may include statement of attendance, diagnosis, investigations, prognosis, clarification of treatment and return to work goals Report must be received by insurer having been mailed/faxed/emailed within timeframe – 10 day timeframe begins from date of receipt of letter/request from insurer
100141 100142	<ul style="list-style-type: none"> Written response to insurer's request for specific information at a specific stage of the claim e.g. information about a specific line of treatment or progress for return to work Only information subsequent to previous reports should be provided Report must be received by insurer having been mailed/faxed/emailed within timeframe – 10 day timeframe begins from date of receipt of letter/request from insurer
100297 100298	<ul style="list-style-type: none"> Written responses to insurer's very limited number of question (2 or 3) seeking information about worker's condition at a specific stage of the claim Report must be received by insurer having been mailed/faxed/emailed within timeframe – 10 day timeframe begins from date of receipt of letter/request from insurer
100209	<ul style="list-style-type: none"> Written assessment in response to insurer's request for examination and report assessing permanent (PI) using <i>American Medical Association Guides 4th Edition</i> and the <i>Table of injuries schedule 2 (Workers' Compensation and Rehabilitation Regulation 2003 s92)</i> using Q-COMP endorsed template for reporting PI (available at www.qcomp.com.au or phone Q-COMP on 1300 789 881) Fee payable includes 30 minutes reading time Consultation fee may be charged in conjunction with this service
100210	<ul style="list-style-type: none"> Assessment of PI not reported using Q-COMP endorsed template for reporting PI Fee payable includes 30 minutes reading time Consultation fee may be charged in conjunction with this service
100277* 100278*	<ul style="list-style-type: none"> Reading material provided by insurer in preparation for a PI consultation
100204 100205 100206	<ul style="list-style-type: none"> Attendance – involves history taking, examining multiple systems, arranging necessary investigations associated with insurer's report request Attendance – involves detailed history taking and examination associated with insurer's report request Attendance – involves exhaustive history taking, comprehensively examining multiple systems, arranging necessary investigations associated with insurer's report request
100136	<ul style="list-style-type: none"> Fee payable only when insurer-arranged appointment for examination and report to assess PI is not kept and the injured worker does not provide notice of cancellation within two working days of the appointment If this occurs please advise the insurer by phone or fax within two working days of the appointment
Ancillary services	
100156*	<ul style="list-style-type: none"> Work-site-visit - involves attending at the workplace to assess aspects of the injured workers' job or environment In connection with planning or implementing rehabilitation plan Contact initiated by treating practitioner, employer, rehabilitation provider or insurer
100164	<ul style="list-style-type: none"> Use of specially set-up dedicated treatment room for emergency procedural services not associated with hospitals or day hospitals Fee payable when charged by private emergency departments and occupational medical clinics Fee payable only on initial visit and includes drugs, plasters, suture materials and dressings used Procedures provided in treatment room could include: sutures; removal of a foreign body requiring local anaesthetic; surgical excision and closure; removal of a foreign body from the eye using local anaesthetic; initial burns dressings; fractures requiring plaster cast; ECG and monitoring of an injured worker while waiting for arrival of an ambulance Fee payable does not cover repeat dressings, removal of sutures or normal aftercare.
100165*	<ul style="list-style-type: none"> Insurer will monitor outcomes and all medical and rehabilitation costs associated with the claim Fee payable where treating practitioner undertakes role of case manager for each period of 2 months during like of claim Treating practitioner (by agreement with insurer) may prepare and implement injured worker's case management plan in consultation with the insurer, employer and rehabilitation provider

* Insurer's prior approval required