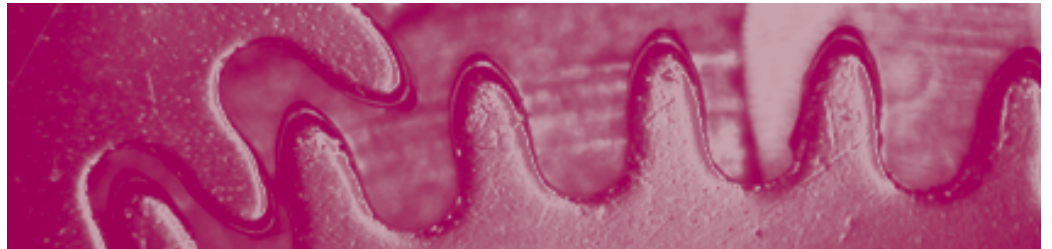




*The Workers' Compensation
Regulatory Authority*



Fairness. Accountability. Impartiality. Responsiveness.

MEDICAL TABLE OF COSTS SUPPLEMENTARY SCHEDULE

For

**Treating Specialists
Consulting Physicians
Psychiatrists**

1 November 2005

MEDICAL TABLE OF COSTS – SUPPLEMENTARY SCHEDULE

TREATING SPECIALISTS, CONSULTING PHYSICIANS and PSYCHIATRISTS (hereafter referred to as 'specialists' or 'practitioners')

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This document outlines the procedures, conditions and fees payable to Treating Specialists, consultant Physicians and Psychiatrists for medical and workplace rehabilitation services for workers' compensation claimants. The fee schedule is structured to promote the provision of quality, timely and relevant information for management of injured workers.

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MEDICAL TABLE OF COSTS – SUPPLEMENTARY SCHEDULE

TREATING SPECIALISTS, CONSULTING PHYSICIANS and PSYCHIATRISTS (hereafter referred to as 'specialists' or 'practitioners')

1. CONSULTATION FEES - associated with a REPORT

A consultation fee to be used in cases where the practitioner feels the examination is necessary in order to effectively compile a report that has been requested by an Insurer.

CONSULTANT PHYSICIANS:		
Item #	Service Description	Max Fee GST Excluded
100300	INITIAL CONSULTATION FEE associated with Insurer's request for an examination and report by a consultant physician.	\$228.00
100301	SUBSEQUENT CONSULTATION associated with Insurer's request for an examination and report by a consultant physician.	\$108.00

SPECIALISTS:		
Item #	Service Description	Max Fee GST Excluded
100279	INITIAL CONSULTATION FEE associated with Insurers' request for an examination and report by a specialist.	\$126.00
100293	SUBSEQUENT CONSULTATION FEE associated with Insurer's request for an examination and report by a specialist.	\$66.00

PSYCHIATRISTS:		
Item #	Service Description	Max Fee GST Excluded
100296	CONSULTATION FEE associated with Insurer's request for an examination and report by a psychiatrist. More than 45 minutes but not more than 75 minutes.	\$284.00
100302	CONSULTATION FEE associated with Insurer's request for an examination and report by a psychiatrist. More than 75 minutes.	\$403.00

2. MEDICAL REPORTS

2.1 (A) For use by Treating Specialists

Item #	Service Description	Time Frame	Max. Fee GST Excluded
100150	<p>Comprehensive Clinical report This is written in response to a request from the Insurer for specific information. It may include the clinical findings, summing up and an opinion helpful to the Insurer.</p> <p>The Insurer may ask questions pertaining to the phases of the claim e.g. establishment, ongoing management and return to work.</p> <p>The type of information sought may include: statement of attendance, diagnosis, investigations, prognosis, clarification of treatment and return to work goals. Specialist opinion outlining the nature of the injury, capacity for work and advice on the future management of the case should be given.</p>	Rec'd up to 10 working days*	\$421.20
100151	Comprehensive Clinical Report – as above	Rec'd after 10 working days*	\$210.61

100806	Progress report This is written in response to a request for specific information in a specific stage of the claim e.g. information about a specific line of treatment or progress for return to work. Only information that is subsequent to previous reports should be provided.	Rec'd up to 10 working days*	\$168.92
100807	Progress Report – as above.	Rec'd after 10 days *	\$84.23
100801	Phone & fax report The Insurer prearranges phone interview with specialist and documents response. The practitioner signs a faxed transcript of their response.	immediate	\$84.23
100808	Completed form The specialist completes a form provided by the Insurer to elicit basic information for the management of the claim. Payment per form.	Rec'd up to 10 days*	\$42.12

*A doctor attending a worker who has sustained an injury must give the Insurer a detailed report on the worker's condition within 10 days after receiving the Insurer's request to do so. (*Workers' Compensation and Rehabilitation Regulation 2003, Sections 86(3) and 88(3)*)

**2.1 (B) For use by Specialists who are REQUESTED BY THE INSURER to provide an Independent Medical Examination and Report (IME)
A report fee is paid in addition to a consultation fee.**

Item #	Service Description	Max. Fee GST Excluded
100211	Independent Comprehensive Clinical Report – straightforward case This is written when the Insurer requests an independent examination and report. It should include a medical summary of the case, the clinical findings and a medical opinion on aspects of the case, as requested by the Insurer. The Insurer may ask questions pertaining to the phases of the claim eg establishment, ongoing management and return to work. The type of information sought <i>may</i> include: statement of attendance, history, diagnosis, investigations, prognosis, clarification of treatment and return to work goals. Specialist opinion outlining the nature of the injury, capacity for work and advice on the future management of the case should be given.	\$421.20
100212	Independent Comprehensive Clinical Report – Complex case (3 or more organ systems or distinct regions of the body or a complex psychological condition) Details as above	\$505.45

**2.1 (C) For use by specialists WHERE INSURER HAS REQUESTED an Assessment of Permanent Impairment (PI)
Report fee is in addition to a consultation fee**

Item #	Service Description	Max. Fee GST Excluded
	Assessment of Permanent Impairment This is written when the Insurer requests an examination and report for the purpose of assessing permanent impairment, using the methodology of the AMA guides and the Table of Injuries Schedule 2 (<i>Workers' Compensation and Rehabilitation Regulation 2003, s92</i>)	
100802	a) reported using the Q-COMP endorsed template for PI reporting	\$505.45
100803	b) NOT reported using the Q-COMP endorsed template for PI reporting	\$375.50

2.2 PRE-CONSULTATION READING & PREPARATION TIME

(Associated with Independent Medical Examinations and Permanent Impairment Assessments only)

- Insurers are liable to pay for reading time only where prior approval has been given
- Refers to reading material provided by the Insurer

Item #	Service Description	Time-frame	Max Fee GST Excluded
100804	Reading time by a specialist for the purpose of preparation <i>before</i> a consultation for Independent Medical Examination (IME) or Permanent Impairment (PI) Assessment	30–60 minutes	\$168.92
100805	Reading time by a specialist for the purpose of preparation <i>before</i> a consultation for IME or PI	More than 60 minutes	\$337.82

3. NON-ATTENDANCE FEE

(Associated with Independent Medical Examinations and Permanent Impairment Assessments only)

The non-attendance fee is **payable only** when an Insurer-arranged appointment for an examination and report is not kept. Where an injured worker **does not provide notice** of cancellation within two *working* days of the appointment, the non-attendance fee is payable.

Examples:

- *When an appointment is scheduled for Monday, the patient would need to advise of non-attendance by Thursday in order to provide the required two working days notice*

Should an injured worker **fail to attend** the appointment and also **fail to provide notification** within two working days, the medical practitioner is requested to **advise the Insurer by telephone or facsimile** within **two working days** of the appointment. Non-attendance is payable at the rate of 100% of the relevant initial consultation fee set out in section 1.

Item #	Service Description	Max. Fee GST Excluded
100303	CONSULTANT PHYSICIAN: As above	\$174.99
100304	SPECIALIST: As above	\$112.61
100305	PSYCHIATRIST: As above	\$202.94

4. ANCILLARY SERVICES

4.1 WORKPLACE ASSESSMENT

Item #	Service Description	Max. Fee GST Excluded
100157	SPECIALIST Requirement: Prior approval from Insurer – initiated by a treating practitioner, employer, rehab provider or Insurer. Work site visit, involving an attendance at the workplace for the purpose of assessing aspects of an Injured Worker's job/environment. Must be in connection with the planning or implementation of a rehabilitation plan.	\$189.55 per hour

4.2 CASE CONFERENCE

Item #	Service Description	Max. Fee GST Excluded
100159	SPECIALIST Requirement: Prior approval from the Insurer – initiated by a treating practitioner, employer, rehab provider or the Insurer. Conference to plan, implement, manage or review a rehabilitation plan or treatment options. Must result in an agreed plan with strict timeframes and be evaluated for outcome on completion.	\$189.55 per hour

4.3 TRAVEL (Both Payable)

Item #	Service Description	Max. Fee GST Excluded
100809	Travel: vehicle cost	52.9 c per km
100800	Travelling time: per hour	\$97.05 per hour

4.4 TELECOMMUNICATION

(including telephone, electronic media e.g. secure e-mail, facsimile). Reason for contact to be submitted with account. No payment where called party is unavailable or where inquiry is of a general administrative nature.

Item #	Service Description	Max. Fee GST Excluded
100161	Telephone or electronic contact initiated by a treating practitioner, employer, rehab provider or Insurer for planning rehabilitation for a specific worker -for less than 10 minutes	\$28.26
100163	Telephone or electronic contact initiated by a treating practitioner, employer, rehab provider or Insurer for planning rehabilitation for a specific worker - for 10-20 minutes	\$56.50

4.5 CASE MANAGEMENT FEE

Item #	Service Description	Max. Fee GST Excluded
100222	Requirements: By agreement with the Insurer, the Specialist may undertake preparation and implementation of a case management plan in consultation with the Insurer, employer and rehabilitation providers. Monitoring of the outcomes and all medical and rehabilitation costs associated with the claim will be undertaken by the Insurer. Payable where the approved Specialist undertakes the role of case manager, for each period of 2 months during the life of the claim.	\$189.55 per hour

5. NOTES FOR PRACTITIONERS

5.1 PAYMENT FOR MEDICAL 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 i.e. WorkCover or a self-Insurer, including the injury or condition being treated
- Where a report is requested by an Insurer from the treating medical practitioner, and the claim is subsequently rejected, the appropriate report fee is payable to compensate for the clinical input necessarily required to provide the report.
- If the application for compensation has been rejected, the responsibility for payment for any services provided to the injured worker during any period remains a matter between the medical practitioner and the worker or the employer (where services have been requested by the workplace rehabilitation coordinator).
- The medical practitioner should identify whether the worker is employed by a self-insured employer and if so forward all invoices for payment to them.
- Due to the diversity of medical services and rehabilitation program content, there may be other expenses which are not covered in this document. These expenses are to be negotiated with the Insurer prior to the delivery of such services e.g. a treating practitioner may apply for reading time if required to consider reports from an IME that may reflect on future treatment.

Medical Service Provider Invoice

For Insurer payment, the medical service provider is required to use an invoice indicating the following information:

- worker's name
- date of birth
- residential address
- claim number (if known)
- referring medical practitioner name
- appropriate item numbers detailed in the fee schedule
- description of treatment provided including areas treated
- date of each attendance
- cost of treatment

GST Requirements

- 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 seek clarification from a taxation advisor or the Australian Taxation Office.

Payment of Invoices

Payment of medical services will only be made in accordance with the Medical Table of Costs – Supplementary Schedule.

Please note that the Insurer requires individual tax invoices for services relating to individual patients. The Insurer will return an invoice to you, where the services relate to more than one patient.

Enquiries

Claims Issues

- **For enquiries relating to claims eg claim numbers, claim status, rehabilitation status, or payment of invoices the medical provider should contact the relevant Insurer eg. WorkCover or a Self-Insurer.**

Policy Enquiries

- Any medical practitioner seeking advice on issues relating to the Table of Costs should contact Q-COMP by telephone on (07) 3238 3536.

5.2 PRIVATE HOSPITALISATION

The requirements for private hospitalisation approvals are contained in legislation. They are mandatory and bind the Insurer.

The Insurer is not liable for medical treatment provided to a person as an in-patient at a hospital by a Medical Practitioner, where required approval from the Insurer has not been obtained.

The Insurer has no liability until a claim is allowed.

Hospitalisation means treatment provided to a person as an in-patient at a private hospital.

The following criteria apply to private hospitalisation.

The Insurer's liability for the cost of hospitalisation of a worker extends only to the cost of hospitalisation of the worker as an inpatient in a private hospital –

- for non-elective hospitalisation for not more than 4 days; or**
- for non-elective hospitalisation for more than 4 days** – to the extent agreed to by the Insurer under arrangements entered into between the Insurer and the worker or someone for the worker *before the hospitalisation or any extension of the hospitalisation.*
- for elective hospitalisation** – to the extent agreed by the Insurer under arrangements entered into between the Insurer and the worker or someone for the worker *before the hospitalisation.*

Before agreeing to arrangements referred to in (b) and (c) above, the Insurer must be satisfied that –

(a) a public hospital is not reasonably available to the worker or a public hospital that is reasonably available cannot admit the worker as an in-patient to a public ward within a reasonable time;

or)

admission of the injured worker to a private hospital –

- (i) would relieve prolonged pain and suffering to the worker; or
- (ii) would result in material saving of costs.

The approval of hospitalisation costs in retrospect is **not** allowable.

The maximum cost that the Insurer is liable to pay for hospitalisation of a worker is \$10,000. This amount is prescribed in legislation. When a Medical Practitioner performs an operative procedure for non-elective hospitalisation for more than 4 days or for elective hospitalisation without first obtaining approval from the Insurer, the cost of such hospitalisation **will not be the responsibility of the Insurer.**