

WorkCover

QUEENSLAND

General Practitioner Supplementary Services Table of Costs

Effective 1 December 2023

General Practitioner Supplementary Services Table of Costs

SERVICE	DESCRIPTION	INSURER PRIOR APPROVAL REQUIRED ¹	ITEM NUMBER	FEE – GST NOT INCLUDED ²
Communication				
Case conference	Relating to rehabilitation or treatment options	Yes	100158	\$494
Communications - less than 10 minutes	Telephone, online services, facsimile, email relating to rehabilitation or treatment options	No	100160	\$84
Communications - 11 to 20 minutes	Telephone, online services, facsimile, email relating to rehabilitation or treatment options	No	100162	\$168
Medical reports (see pages 6-8 for report conditions)				
Phone & fax report	Immediate	No	100208	\$166
Completed form	Received by insurer within 10 working days	No	100140	\$83
	Received by insurer after 10 working days		100139	\$41
Comprehensive report	Received by insurer within 10 working days	At the request of the insurer	100144	\$412
	Received by insurer after 10 working days		100145	\$206
Progress report	Received by insurer within 10 working days	At the request of the insurer	100141	\$166
	Received by insurer after 10 working days		100142	\$83
Short report	Received by insurer within 10 working days	At the request of the insurer	100297	\$82
	Received by insurer after 10 working days		100298	\$41
Interpreter	Additional fee for examination and report conducted with the assistance of an interpreter	No	100817	\$83

SERVICE	DESCRIPTION	INSURER PRIOR APPROVAL REQUIRED ¹	ITEM NUMBER	FEE - GST NOT INCLUDED ²
<i>Ancillary Services</i>				
Workplace Assessment	Relating to rehabilitation or treatment options	Yes	100156	\$412 per hour
Travel	Vehicle cost	No	100237	\$0.78 / km
	Travelling time per hour	Yes	100155	\$206 per hour
Facility fee	Facility fee	No	100164	\$109
Patient records	Application fee for the provision of patient records relating to the workers' compensation claim including file notes; results of relevant tests e.g., pathology, diagnostic imaging, and reports	No	100512	\$70 plus
		No	100513	\$0.32 per page

¹ Where prior approval is indicated the practitioner must seek approval from the insurer before providing services.

² Rates do not include GST. Check with the Australian Taxation Office if GST should be included.

[^]Hourly rates are to be charged pro-rata e.g., \$34.33 per 5 minutes

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Service conditions

Services provided to injured workers are subject to the following conditions:

- **Approval for other services** - approval must be obtained for any service requiring prior approval from the insurer
- **Payment**
 - o all fees payable are listed in the Supplementary Services Table of Costs. For services not outlined in the table of costs, prior approval from the insurer is required
 - o accounts for treatment must be sent to the insurer promptly, and within two (2) months after the treatment is completed.

Fees listed in the GP - Supplementary Services Table of Costs have not included GST. The practitioner is responsible for incorporating any applicable GST on taxable services/supplies into the invoice. Refer to a taxation advisor or the Australian Taxation Office for assistance if required.

Item number descriptions and conditions

Case conference

ITEM NUMBER	DESCRIPTOR
100158	<p>Case conference</p> <p>Face-to-face or telephone communication involving the treating doctor, insurer and one or more of the following: GP, specialist, employer or employee representative, worker, allied health provider or other.</p> <p>Prior approval is required by the insurer</p>

The objectives of a case conference are to plan, implement, manage, or review treatment options and/or rehabilitation plans and should result in an agreed direction for managing the worker's return to work.

The case conference must be authorised by the insurer prior to being provided and would typically be for a maximum of one hour (this excludes travelling to venue and return).

A case conference may be requested by:

- a treating medical practitioner
- the worker or their representative/s
- the insurer
- an employer
- an allied health provider.

Communication

ITEM NUMBER	DESCRIPTOR
100160	<p>Communication –less than 10 minutes</p> <p>Communication between doctors and stakeholders (insurer, employer and rehabilitation providers) relating to rehabilitation, treatment or return to work options for the worker. Does not include calls of a general administrative nature or if party is unavailable.</p>
100162	<p>Communication – 11 minutes to 20 minutes</p> <p>Communication between doctors and stakeholders (insurer, employer and rehabilitation providers) relating to rehabilitation, treatment or return to work options for the worker. Does not include calls of a general administrative nature or if party is unavailable.</p>

The communication should be **relevant** to the compensable injury and assist the insurer and other involved parties to resolve barriers and/or agree to strategies or intervention/s proposed.

This item can be used for **approval of documents** provided by other health professionals and/or insurer e.g., approval of a suitable duties program transmitted by facsimile or submitted by online services. It can also be used for the development or update of a suitable duties plan. This excludes the completion of Medical Certification per section 213(4) of the [Workers' Compensation and Rehabilitation Act 2003](#).

All invoices must include names of involved parties and reasons for contact. Item will only be paid once regardless of multiple recipients to email/fax.

The communication item is not intended to cover normal consultation communication that forms part of the usual best practice process of ongoing treatment.

Valid communication - relates to treatment or rehabilitation of a specific worker involving any of the parties listed:

- the insurer
- the worker's treating medical practitioner/specialist
- the worker's allied health/rehabilitation provider
- the worker's employer.

Exclusions - the insurer will not pay for the following calls/emails/faxes:

- where the party phoned is unavailable
- to and from the worker
- about the referral e.g., acceptance and basic acknowledgement of accepting referrals
- of a general administrative nature
- made during the duration of a billable service-these are considered part of the consultation
- conveying non-specific information such as 'worker progressing well'
- faxing of reports (these are included in the report cost).

Medical reports

Generally, there are two fees associated with written communication.

A full fee is payable if the form or report is received by the insurer within 10 working days.

A lesser fee is payable if the form or report is received by the insurer after 10 working days or if prepayment is requested.

- Forms/reports must be received by insurer having been mailed/faxed/emailed within the timeframe.
- The 10-day timeframe begins from date of receipt of letter/request from insurer.

Report essentials

All reports should contain the following information:

- worker's full name
- date first seen
- date of birth
- period of time covered by the report
- date of injury
- contact details/signature and title of practitioner responsible for the report
- claim number
- diagnosis

A report must be received by the insurer having been mailed/faxed/emailed within the 10-day timeframe. This timeframe begins from date of receipt of the letter/request from the insurer or date of the initial consultation with the patient, whichever is the later.

ITEM NUMBER	DESCRIPTOR
100208	<p>Phone & fax report</p> <p>Phone interview with insurer which includes the approval of the transcript provided to the doctor by the insurer.</p> <p>An insurer arranges a telephone interview with the doctor and during that conversation, types up a transcript/report of the discussion and/or outcomes. The insurer will then send the transcript to the doctor for their approval and signature before faxing back to the insurer.</p> <p>Discussion should be brief and no longer than 20 minutes. The fee for this report includes time spent in telecommunications.</p>

ITEM NUMBER	DESCRIPTOR
100140	<p>Completed form received by the insurer within 10 working days</p> <p>A form sent from the insurer by post/fax/email or online services</p>
100139	<p>Completed form received by the insurer after 10 working days</p> <p>A form sent from the insurer by post/fax/email or online services</p>

The intent of this item is to obtain additional specific information for the management of the claim. Forms must be received by insurer having been mailed/faxed/emailed within timeframe. The 10-day timeframe begins from date of receipt of letter/request from insurer. This excludes the completion of Medical Certification per section 213(4) of the [Workers' Compensation and Rehabilitation Act 2003](#).

ITEM NUMBER	DESCRIPTOR
100144	Comprehensive clinical report received by the insurer within 10 working days
100145	Comprehensive clinical report received by the insurer after 10 working days See below for report expectations and descriptions. At the request of the insurer only.
100141	Progress report received by the insurer within 10 working days
100142	Progress report received by the insurer after 10 working days See below for report expectations and descriptions. At the request of the insurer only.
100297	Short report received by the insurer within 10 working days
100298	Short report received by the insurer after 10 working days See below for report expectations and descriptions. At the request of the insurer only.

Report types

Comprehensive:

- written response to insurer's request for detailed information on diagnosis, investigations, prognosis, clarification of treatment and return to work goals
- may include clinical findings, summation and medical opinion helpful to the insurer management of the workers' compensation claim
- insurer questions may pertain phases of the claim e.g., establishment, ongoing management and return to work
- treating doctor opinion should be given outlining nature of the injury, capacity for work and advice on further management of case.

Progress:

- 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
- a progress report provides information on the worker's functional/psychosocial progress towards recovery and/or return to work (RTW). It is appropriate to use this report where the worker is progressing toward treatment/RTW goals or where minor changes to their program are required.
- a progress report may also be appropriate where the goals of a worker's program has altered or changed substantially, such that the original goal or treatment approach is no longer appropriate. This report would be used when re-examination of the worker is not a pre-requisite for the preparation of the report and the report is based on a transcription of existing clinical records, relates to the status of the claim, and comprises a clinical/professional opinion, statement or response to specific questions.

Short:

- written responses to insurer's very limited number of questions (2 or 3) seeking further information about the worker's condition at a specific stage of the claim
- provides relevant information about the worker's compensable injury
- may be used for conveying brief information that relates to simple injuries.

ITEM NUMBER	DESCRIPTOR
100817	Interpreter Additional fee for examination and report conducted with the assistance of an interpreter

This fee is payable in addition to the above consultation fees when additional time is required to conduct the examination and report due to the additional assistance of an interpreter.

Ancillary services

ITEM NUMBER	DESCRIPTOR
100156	Workplace assessment Assessment relating to rehabilitation or treatment options that involves a work site visit Prior approval is required by the insurer

Workplace assessment involves attending the workplace to assess aspects of the injured worker's job or environment. Item can be used in connection with the planning and/or implementation of a rehabilitation plan.

ITEM NUMBER	DESCRIPTOR
100237	Travel Vehicle cost - rate per km travelled
100155	Travelling time per hour Travel time will only be paid where the medical practitioner is required to leave their normal place of practice to provide a service to a worker at their place of residence or the workplace Prior approval is required by the insurer if more than 1-hour return trip

Approval is required for travel in excess of one (1) hour return trip. Prior approval is not required where the total travel time will exceed one (1) hour, but the time can be apportioned (divided) between a number of workers for the same trip and equates to one (1) hour or less per worker.

Exclusions

Travel may not be charged when:

- travelling between one site or another if the practitioner's business consists of multiple practice sites
- the practitioner conducts regular sessional visits to particular hospitals, medical specialist rooms or other sessional rooms/facilities.
- visiting multiple workers in the same workplace - the travel charge should be divided evenly between workers treated at that location
- visiting multiple worksites in the same journey - the travel charge should be divided accordingly between workers involved and itemised separately.

ITEM NUMBER	DESCRIPTOR
100164	Facility fee For the use of a specially set up, dedicated treatment room for emergency procedures Fee is payable once only on initial visit

The use of this item number is not associated with registered private health facilities¹ who offer private emergency departments and occupational medical clinics. Please refer to the Private Hospital Services Table of Cost for further information on appropriate billing.

The fee is payable **only** on the initial visit and includes all drugs, plasters, suture materials and dressings used in the procedure. The fee does not cover repeat dressings, removal of sutures or normal aftercare.

Procedures 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.

ITEM NUMBER	DESCRIPTOR
100512	Patient records Application fee for the provision of medical records
100513	Patient records Processing fee per page of records provided

The fee is payable upon request from the insurer for copies of patient records relating to the workers' compensation claim.

Assistance

Contact the relevant insurer for claim related information such as:

- payment of invoices and account inquiries
- claim numbers/status
- rehabilitation status.

For a current list of insurers or general advice about the tables of costs, visit <https://www.worksafe.qld.gov.au/service-providers> or call 1300 362 128.

¹ https://www.health.qld.gov.au/_data/assets/pdf_file/0033/443994/private-facilities-addresses.pdf
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