

Medical Items Table of Costs

Rules for use

This document outlines the maximum fees payable by workers' compensation insurers for medical service delivery to workers' compensation claimants in Queensland.

When invoicing for medical services, medical practitioners are expected to adhere to the MBS rules unless otherwise specified by WorkCover Queensland ('WorkCover') in this publication or the insurers' medical policies. WorkCover adopts the Medicare Benefits Schedule (MBS) items, explanations, definitions, rules and conditions for services provided by medical practitioners.

Fees in this schedule are payable **only** to medical practitioners who meet the provider eligibility criteria outlined in the current Medical Benefits Schedule.

Multiple operation rule

If two or more MBS items from Category 3, Group T8 are being performed on a patient on the one occasion, fees should be calculated using the multiple operation rule.

Items in Subgroup 12 of Group T8 (ie. amputations) are not subject to this rule.

The multiple operation rule is applied as follows:

Surgical procedures:

Includes surgical procedures set out in MBS Group T8, Subgroups 1 to 11, 13, 16 and 17

- 100% for the item with the greatest WorkCover fee;
- plus 50% for the item with the next greatest WorkCover fee;
- plus 25% for each other item.

Orthopaedic/Hand surgery procedures:

Includes orthopaedic procedures set out in MBS Group T8, Subgroups 14 and 15

- 100% for the item with the greatest WorkCover fee;
- plus 75% for the item with the next greatest WorkCover fee;
- plus 75% for each other item.

Where a medical practitioner performs both surgical and orthopaedic procedures on the one occasion, each rule applies in its entirety to the relevant items. This will result in two items with fees at 100%.

The following table illustrates how the multi operation rule will be applied to multiple item numbers:

MBS SUB-GROUP	100% OF FEE	ORTHOPAEDIC/HAND SURGERY 100 / 75 / 75%	SURGICAL 100 / 50 / 25%
1 to 11 (Items 30001 – 44136)			✓
12 – Amputations (Items 44325 – 44376)	✓		
13 – Plastic and Recon Surgery (Items 45000 – 45996)			✓
14 – Hand Surgery (Items 46300 – 46534)		✓	
15 – Orthopaedic (Items 47000 – 50658)		✓	
16 – Radiofrequency and Microwave Tissue Ablation			✓
17 – Spinal Surgery (Items 51011 – 51171)			✓

Assistance at operations

A flat 20% surgical assistant's fee is payable when a surgical assistant is employed for Therapeutic Procedures Category 3,

- Subgroup 14 (Hand Surgery),
- Subgroup 15 (Orthopaedic) and,
- Subgroup 17 (Spinal Surgery) of the Medical Benefits Schedule (MBS).

Therefore, payment for surgical assistants is not limited to the MBS item numbers that specify eligibility for a surgical assistant benefit.

Where surgical assistance is provided at two or more operations performed on a patient on the one occasion the multiple operation rule is applied to determine the surgeon's fee.

For further details refer to Section T9 'Assistance at Operations' of the MBS.

Perioperative Nurse Surgical Assistants (PNSA)

WorkCover recognises that Perioperative Nurse Surgical Assistants (PNSA) is filling a gap where there is a shortage of medical assistances. As a result, a 15% assistant's fee is payable based on the above rules for 'Assistance at operations' for PNSA who are a member of the Australian Association of Nurse Surgical Assistants (AANSA Inc.)

Surgery approval and invoices

WorkCover Queensland requires the [Request for surgery approval form](#) to be completed in full.

If the surgical procedure changes during the operation and subsequently the item codes, please contact the insurer to discuss. Prior to any surgical invoice being paid, the operation notes must be received.

Aftercare

All conditions detailed in the explanatory notes of the Medicare Benefits Schedule apply when treating injured workers. This includes the conditions surrounding any billing for routine post-operative care which is considered to be inclusive of the operation provided. If a patient requires additional services which are considered to be 'not normal aftercare' (NNAC), then the account should be endorsed with NNAC to enable separate payment for those services.

Other services

Dental, nursing and allied health services for compensable injuries are covered under the relevant table of costs for those services.

Evidence based recommendations

WorkCover support the recommendations published by Choosing Wisely Australia and developed by Australia's peak colleges, societies and associations (www.choosingwisely.org.au/recommendations)

This includes the recent joint publication from RACP and AFOEM regarding low value clinical practices, specifically:

- do not certify a patient as totally unfit for work unless the work absence is clinically necessary and the patient is unfit for suitable alternative or restricted duties
- do not order X-rays or other imaging for acute nonspecific low back pain, unless there are red flags or other clinical reasons to suspect serious spinal pathology
- do not prescribe opiates for the treatment of acute or chronic pain without assessing the patient's clinical condition, potential side effects, alternative analgesic options, work status, and capacity to perform safety critical activities such as driving a motor vehicle.

Further information

You can access more information by visiting www.worksafe.qld.gov.au/service-providers or contacting WorkCover on free call 1300 362 128.