

**Summary of changes to the medical practitioner fees order
Commencing 1 July 2022**



State Insurance
Regulatory Authority

A: Changes consulted on between February 2021 and September 2021:

	Reform	Details
1.	<ul style="list-style-type: none"> Clarification that CA002 to CA008 are only to be used by anaesthetists for the management of acute post-operative pain, on referral by a medical practitioner. Clarification that an anaesthetist (with no dual pain medicine qualification) is to use AMA Professional Attendance items AC500 or AC510 for the purpose of a pain medicine professional attendance. Clarification that an AHPRA-registered Pain Medicine Specialist who is a Fellow of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists (FFPMANZCA) is to use AMA Professional Attendance items AF010 – AF050 for the purpose of a Pain Medicine professional attendance. Clarification that for other medical practitioners, the Professional Attendance AMA item number(s) appropriate to their discipline are to be used. 	<ul style="list-style-type: none"> These changes will clarify which codes are to be used by which type of pain medicine provider and for which type of pain medicine services. Clarification is required as incorrect specialist professional attendance codes are being used. CA002 to CA008 are intended specifically for an anaesthetist's management of acute post-operative pain, on referral by a medical practitioner. However, they are also being used for the broader provision of pain medicine services by both anaesthetists and pain medicine specialists.
2.	<ul style="list-style-type: none"> Clarification that the fee for Assistance at Operation can only be billed by the medical practitioner providing assistance, not the surgeon, using AMA code MZ900. Fee payable for MZ900 aligned with AMA Fees List – there will no longer be a SIRA-specific fee. 	<ul style="list-style-type: none"> MZ900 is intended specifically for medical practitioners providing assistance at operation. Clarification is needed as in some cases: <ul style="list-style-type: none"> MZ900 is also being used to bill for nurses assisting at operation; Assistance at Operation is being billed using other AMA item numbers instead of MZ900, including AMA surgical item numbers; and

	Reform	Details
		<ul style="list-style-type: none"> billers are not including the provider number of the medical practitioner assisting, and/or including another number instead e.g. principal surgeon's/medical practitioner's provider number, name or ABN.
3.	<ul style="list-style-type: none"> Clarification of MRI/radiology billing –multiple MRIs performed over more than one day under one medical practitioner request for MRI services cannot be billed separately. Maximum fees for OP200 and OP210 apply whether scans are performed together or on separate days, regardless of the reason for separating services. 	<ul style="list-style-type: none"> OP200 or OP210 can only be invoiced once in accordance with the definitions stated in the fees order and multiple MRIs over more than one day cannot be billed separately. Where a worker is unable to have the MRI service request completed on one date of service for any reason, the whole episode of care still qualifies as one service under the one medical practitioner request.
4.	<ul style="list-style-type: none"> Update SIRA payment classification code WCO002 (case conferencing) to remove one-hour fee and provide a pro-rata fee per 5 minutes instead. Pro-rata pricing of case-conferencing is a change that has been made across multiple fees orders. 	<ul style="list-style-type: none"> Deleting the maximum one-hour fee will help to simplify the fees order as the pro-rata rate is already included. It will also clarify that it is not assumed that the case conference will be of one-hour duration and that it should be billed for the time taken, in 5-minute increments. This change has already been implemented across most SIRA fees orders and will contribute to consistency across fees orders.
5.	<ul style="list-style-type: none"> Indexed adjustments to SIRA-specific fees will not occur - fees will remain at 2020 rates. 	<ul style="list-style-type: none"> SIRA is not indexing any SIRA-specific workers compensation fees in July 2022. Applies to: OP200, OP210, WCO002 and WCO005.

B: Further minor changes made to clarify existing definitions or words and provide consistency with wording in other fees orders:

	Reform	Details
1.	<ul style="list-style-type: none"> Amend references to reflect the consolidation of surgeon fee order and orthopaedic surgeon fee order into a single document. 	<ul style="list-style-type: none"> Minor changes to various wording to reflect that the surgeon and orthopaedic surgeon fees orders will be

	Reform	Details
		combined into the <i>Workers Compensation (Surgeon and Orthopaedic Surgeon Fees) Order</i> .
2.	<ul style="list-style-type: none"> Make wording on possible recovery of monies (in the Explanatory Notes section) consistent across all SIRA fees orders. 	<ul style="list-style-type: none"> The existing text is replaced with: “Medical Practitioners cannot bill for any item referred to in this Order in excess of the maximum amount”.
3.	<ul style="list-style-type: none"> Reformat definition of ‘case conference’ to make it clearer. 	<ul style="list-style-type: none"> Formatting of the existing definition is changed to provide additional clarity and ease of interpretation.
4.	<ul style="list-style-type: none"> Make definition of ‘Surgeon’ and ‘Orthopaedic surgeon’ consistent across all SIRA fees orders. 	<ul style="list-style-type: none"> ‘Consulting Surgeon’ definition replaced with ‘Surgeon’ and ‘Orthopaedic surgeon’ definitions from the surgeon fees order.
5.	<ul style="list-style-type: none"> Add definition of ‘Pain medicine specialist’. 	<ul style="list-style-type: none"> Definition of ‘pain medicine specialist’ is added in line with the changes consulted on, to ensure correct use of AMA codes specific to the relevant specialty.
6.	<ul style="list-style-type: none"> Make multiple operations rule consistent with the AMA Fees List. 	<ul style="list-style-type: none"> SIRA is adopting the AMA Fees List rates for surgical items and adopting the AMA Fees List Multiple Operations Rule. This is in line with changes to the surgeon fees orders.
7.	<ul style="list-style-type: none"> Expand surgical range of AMA items eligible for payment of fees for Assistance at Operation to include items between MY330 to MZ731. 	<ul style="list-style-type: none"> Assistance at Operation fees have historically not been payable for Items MY330 to MZ731 were, however it has been recognised that items within this range could be applicable to workers compensation claims. The new surgical range is EA015 to MZ871.
8.	<ul style="list-style-type: none"> Add wording in Clause 7 <i>Nil fee for certain medical services</i> to reinforce that billing of subsequent specialist consultations are not payable on the same day as a planned surgery, procedure or intervention where the specialist has previously consulted with the worker. 	<ul style="list-style-type: none"> This practice is prohibited under Clause 6 <i>Specialist consultations</i>. This change to Clause 7 reinforces this.
9.	<ul style="list-style-type: none"> Add AMA telepsychiatry Items AM180 to AM208 to Clause 7 <i>Nil fee for certain medical services</i> to reinforce that practitioners must bill for telehealth items using SIRA codes, not AMA codes. 	<ul style="list-style-type: none"> The definition of ‘telehealth’ in the fees order states that medical practitioners are to use SIRA-specific codes to bill for telehealth. SIRA-specific telehealth codes already

	Reform	Details
		cover telepsychiatry and these should be used instead of AMA Items AM180 to AM208.

C: SIRA is not proceeding with the below change announced in February 2021:

	Reform	Details
	<ul style="list-style-type: none"> Expansion of considerations a practitioner needs to take into account when determining if appropriate to deliver services via telehealth versus face-to-face. 	<ul style="list-style-type: none"> SIRA is not proceeding with this announced change on 1 July 2022, as further consultation is needed on considerations to be included in the definition of 'telehealth'.