

Rehabilitation support services table of costs

Effective 1 July 2010

Service	Descriptor	Insurer prior approval required ¹	Item number	Fee – GST not included ²
Adjustment counselling – initial assessment	Assess worker to clarify the presence of possible adjustment to injury issues and set goals of therapy to optimise rehabilitation outcomes; performed where worker is displaying emotional/behavioural problems relating to changes in lifestyle after a work-related incident/accident Maximum treatment – two (2) hours per day	Yes	300188	\$149.02 ^ per hour
Adjustment counselling – subsequent session	Ongoing treatment of compensable components of presenting adjustment to injury issues; intervention would be based on treatment formulated from the initial assessment Maximum treatment – two (2) hours per day	Yes	300285	\$149.02 ^ per hour
Ambulance transport (non QAS) – initial transportation	Transport provided immediately after the injury is sustained	No	300309	Fee by negotiation
Ambulance transport (non QAS) – subsequent transportation	Subsequent transport must be certified in writing by a doctor as necessary because of the worker's physical condition resulting from a compensable injury	No	300310	Fee by negotiation
Dietary consultation	Consultation to evaluate dietary issues and objective tests to formulate an intervention plan focused on a return to work goal	Yes	300190	\$90.00 per session
Personal care assistance (provided through an agency)	Includes services for injury/wound care, personal hygiene and grooming etc where the worker is living at home and has been assessed as incapable (for physical, cognitive or emotional reasons) of undertaking these tasks and has no family or other social support network	Yes	300198	Agency rates up to \$40.00/hr (day) and \$58.00/hr (weekend)
Diversional therapy program	Provided by a diversional therapist at a nursing home including therapeutic activities	Yes	300200	\$35.21 ^ per hour
Domestic assistance (provided through an agency)	Includes cleaning, shopping and washing etc where the worker is living at home and has been assessed as incapable (for physical, cognitive or emotional reasons) of undertaking these tasks and has no family or other social support network	Yes	300201	Agency rates up to \$33.00/hr (day)
Literacy skills	Private tutoring by a qualified tutor to improve literacy skills for job placement prospects	Yes	300202	Local TAFE rates
External case management	Includes an initial needs assessment and report; should outline a case management plan indicating goals of program, services required, timeframes and costs	Insurer request only	300295	Fee by negotiation

Please read the item number descriptions contained in this document for service conditions and exclusions. Item numbers for reports, communication and other services can be found in the *Supplementary services table of costs*.

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.

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Who can provide rehabilitation support services to injured workers?

Specific professional groups, referred to as 'registered persons' under s223(a) of the Act, are qualified to deliver return to work and vocational rehabilitation services. Other 'non-registered' professional groups are also able to provide specific rehabilitation services within this *Table of costs*. These 'non-registered approved providers' require insurer approval and are outlined in the service conditions of each item.

The insurer may also approve payment of fees and costs for rehabilitation services other than those covered in the relevant *Tables of costs*.

Service conditions

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

- **Referral** – all workers must have a current workers' compensation certificate signed by a medical practitioner to cover any rehabilitation services provided.
- **Assessment** – the practitioner is expected to assess the needs of the worker against the referral requirements and notify the insurer of the outcome and future treatment goals.
- **Provider management plan** – this form is available on the Q-COMP website (www.qcomp.com.au) and is to be completed if treatment is required after any pre-approved sessions or any services where prior approval is required. An insurer may require the *Provider management plan* to be provided either verbally or in written format. (Check with each insurer as to their individual requirements). The insurer will not pay for the preparation or completion of a *Provider management plan*.
- **Approval for other services or sessions** – approval must be obtained for any service requiring prior approval from the insurer before commencing treatment.
- **Payment of treatment** – all fees payable are listed in the *Rehabilitation support services table of costs*. For services not outlined in the table of costs, prior approval from the insurer is required.
- **Treatment period** – treatment will be deemed to have ended if there is no treatment for a period of two (2) calendar months. After this a *Provider management plan* needs to be submitted for further treatment to be provided. (The worker must also obtain another referral).
- **End of treatment** – all payment for treatment ends where there is either no further medical certification, the presenting condition has been resolved, the insurer finalises/ceases the claim, the worker is not complying with treatment or the worker has achieved maximum function.
- **Change of provider** – the insurer will pay for another initial consultation by a new provider if the worker has changed providers (not within the same practice). The new provider will be required to submit a *Provider management plan* for further treatment outlining the number of sessions the worker has received previously.

Treatment standards and expectations

When treating a worker with a compensable injury, the practitioner should, where appropriate:

- deliver outcome-focused and goal-orientated services, which are focused on achieving maximum function and safely returning the worker to work
- consider biopsychosocial factors that may influence the injured workers' return to work
- advise and liaise with the relevant treating practitioners and insurer
- keep detailed, appropriate, up-to-date treatment records and any relevant information obtained in the service delivery
- ensure that the worker has given their written authority prior to the exchange of information with third parties other than the referrer
- be accountable for the services provided, ensuring those services incurred for the compensable injury are reasonable
- maintain practice competencies relevant to the practitioner's profession and the delivery of services within the Queensland workers' compensation environment.

Note: long-term maintenance therapy is generally not supported unless sustained improvement in function can be demonstrated.

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Payment for services

The worker's compensation claim must have been accepted by the insurer for the injury or condition being treated. If the application for compensation is pending or has been rejected, the responsibility for payment for any services provided is a matter between the practitioner and the worker (or the employer, where services have been requested by a Rehabilitation and Return to Work Coordinator).

All invoices should be sent to the relevant insurer for payment—check whether the worker is employed by a self-insured employer or an employer insured by WorkCover Queensland.

Identify the appropriate item in the *Rehabilitation support services table of costs* for services or treatment provided. The insurer will only consider payment for services or treatments for the compensable injury, not other pre-existing conditions. Insurers will **not** pay for general communication such as receiving and reviewing referrals.

All hourly rates are to be charged at pro-rata where applicable eg. for a 15min consultation/service charge one quarter of the hourly rate. All invoices must include the time taken for the service as well as the fee.

Fees listed in the *Rehabilitation support services table of costs* do not include 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.

Self-insurers require separate tax invoices for services to individual workers. WorkCover Queensland will accept billing for more than one worker on a single invoice.

Accounts for treatment must be sent to the insurer promptly, and within two (2) months after the treatment is completed. To ensure payment, the invoice must contain the following information:

- the words 'Tax Invoice' stated prominently
- practice details and Australian Business Number (ABN)
- invoice date
- worker's name, residential address and date of birth
- worker's claim number (if known)
- worker's employer name and place of business
- referring medical practitioner's or nurse practitioner's name
- date of each service
- item number/s and treatment cost
- a brief description of each service item supplied, including areas treated
- name of the practitioner who provided the service.

Item number descriptions and conditions

Adjustment counselling

Item number	Descriptor
300188	<p>Adjustment counselling – initial assessment Where the worker is displaying emotional/behavioural problems relating to changes in lifestyle after a work-related incident/accident, an assessment of the worker is performed to clarify the presence of possible adjustment to injury issues and set goals of therapy to optimise rehabilitation outcomes. (Maximum treatment of two (2) hours per session per day).</p> <p>Prior approval is required by the insurer</p>

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300285	<p>Adjustment counselling – subsequent session The ongoing treatment of compensable components of presenting adjustment to injury issues. The intervention would be based on treatment formulated from the initial assessment. (Maximum treatment of 2 hours per session per day). Prior approval is required by the insurer</p>
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Services may be provided by a rehabilitation counsellor who is a current member (or eligible to be a member) of the Australian Society of Rehabilitation Counsellors (ASORC) or social worker with a tertiary degree in social work. (Where a psychologist provides adjustment counselling they should refer to the *Psychology services table of costs* for the correct item number.)

Indicators for adjustment counselling include but are not limited to:

- unhelpful coping strategies such as avoidance behaviours eg. not undertaking physical programs for fear they may cause more hurt/harm
- being stuck in one of the stages of grief reaction.

A consultation may include all or some of the following elements:

- **Assessment time** – includes one-on-one time with the worker and scoring of tests; excludes time taken by the worker for self-administered tests. Generally an assessment will take up to two (2) hours to complete. If an assessment is likely to be greater than two (2) hours, the practitioner must obtain prior approval from the insurer for additional time.
- **Subjective (history) reporting** – consider of major symptoms and lifestyle dysfunction; current/past history and treatment; and relevant personal and family history.
- **Objective (psychosocial) assessment** – assess using standardised outcome measurements to provide a baseline prior to commencing treatment. The outcome measurement tools should be reliable, valid and sensitive to change.
- **Assessment results (prognosis formulation)** – provide a provisional prognosis for treatment, limitations to function and progress for return to work.
- **Reassessment (subjective and objective)** – evaluate the progress of the worker using outcome measures for relevant, reliable and sensitive assessment. Compare against the baseline measures and treatment goals. Identify factors compromising treatment outcomes, and implement strategies to improve the worker's ability to return to work and normal functional activities.
- **Treatment (intervention)** – formulate and discuss the treatment goals, progress and expected outcomes; goal setting; strategies to improve return to work with the worker. Provide advice on homework to promote self management strategies.
- **Clinical records** – record information in the worker's clinical records, including the purpose and results of procedures and tests.
- **Communication (with the referrer)** – communicate any relevant information for the worker's rehabilitation to insurer. Acknowledge referral and liaise with the treating medical practitioner about treatment.

Ambulance transport (non-QAS)

Item number	Descriptor
300309	<p>Initial transportation Transport provided immediately after the injury is sustained.</p>
300310	<p>Subsequent transportation Subsequent transport must be certified in writing by a doctor as necessary because of the worker's physical condition resulting from a compensable injury.</p>

Definition – under s219 of the *Workers' Compensation and Rehabilitation Act 2003*, ambulance transportation is defined as:

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- transportation, irrespective of distance, first provided immediately after the injury is sustained. Transportation must be from the place where the injury is sustained to a place where appropriate medical treatment is available to seek the treatment
- transportation, irrespective of distance, subsequently provided. There must be certification in writing by a doctor stating such transportation is necessary because of the worker's physical condition resulting from the injury.

All insurers must pay the cost of transportation provided by services other than the Queensland Ambulance Service eg. the Royal Flying Doctor Service.

Note: insurers are not required to pay for Queensland Ambulance Services (QAS) transportation—payment is covered under a Q-COMP grant.

Dietary consultation

Item number	Descriptor
300190	Dietary Consultation Consultation to evaluate dietary issues and objective tests in order to formulate an intervention plan focussed on a return to work goal. Prior approval is required by the insurer

Services must be provided by a person with a tertiary degree in dietetics.

A consultation may include all or some of the following elements:

- **Subjective (history) reporting** – consider major symptoms and lifestyle dysfunction; current and past history and treatment; aggravating and relieving factors; general health, medication and risk factors.
- **Objective assessment** – where appropriate, use standardised outcome measurements to provide a baseline prior to commencing treatment.
- **Assessment results (prognosis formulation)** – provide provisional prognosis for treatment, limitations to function and progress for return to work.
- **Treatment (intervention)** – formulate and discuss the treatment goals and expected outcomes with the worker; goal setting; strategies to improve return to work with the worker. Advise the worker on self-management strategies.
- **Reassessment (subjective and objective)** – evaluate the progress of the worker using outcome measures that are relevant, reliable and sensitive. Compare against the baseline measures. Identify factors compromising outcomes.
- **Clinical records** – record information in the worker's clinical records, including the purpose and results of procedures and tests.
- **Communication (with the referrer)** – communicate any relevant information for the worker's rehabilitation to the insurer. Acknowledge referral and liaise with the treating medical practitioner about treatment.

Personal care assistance

Item number	Descriptor
300199	Personal care assistance Includes services for injury/wound care, personal hygiene and grooming etc where the worker is living at home and has been assessed as incapable (for physical, cognitive or emotional reasons) of undertaking these tasks and has no family or other social support network. Prior approval is required by the insurer

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Services must be provided by a person who is provided through an agency.

This is restricted to where the worker:

- is living at home
- was assessed by an occupational therapist as incapable of undertaking these tasks
- has no family or other social support network.

Note: weekend and public holiday rates may be negotiated with the insurer.

Diversional therapy

Item number	Descriptor
300200	Diversional therapy program This is service provided by a diversional therapist at a nursing home including therapeutic activities. Prior approval is required by the insurer

Services must be provided by a person with a minimum of an Associate Diploma in diversional therapy. (The service should only be used under the supervision of an occupational therapist, who has recommended therapeutic activities as part of the overall treatment program.)

Domestic assistance

Item number	Descriptor
300201	Domestic assistance Includes cleaning, shopping and washing etc where the worker is living at home and has been assessed as incapable (for physical, cognitive or emotional reasons) of undertaking these tasks and has no family or other social support network. Prior approval is required by the insurer

Services must be provided by a person who is provided through an agency.

This is restricted to where the worker:

- is living at home
- was assessed by an occupational therapist as incapable of undertaking these tasks
- has no family or other social support network.

Note: weekend and public holiday rates may be negotiated with the insurer.

Tutoring

Item number	Descriptor
300202	Literacy skills Private tutoring by a qualified tutor to improve literacy skills for job placement prospects. Prior approval is required by the insurer

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Program should be limited to achieving a base level of competency—four (4) to six (6) weeks. Typically literacy services are provided through the local TAFE or appropriately qualified private literacy services.

External case management

Item number	Descriptor
300295	<p>External case management This includes an initial needs assessment and report. It should outline a case management plan indicating goals of program, services required, timeframes and costs. The insurer will outsource external case management on a case-by-case basis.</p> <p>Prior approval is required by the insurer</p>

External case management services would only be required in a very limited number of situations—for example interstate cases, very complex injuries—with the insurer determining the needs on a case-by-case basis.

External case management requires the practitioner to coordinate non-medical strategies in consultation with the employer, worker, treating medical practitioner, allied health professional and insurer to assist the worker's return to the workplace, in keeping with their level of functional recovery.

Assistance

Contact the relevant insurer for claim related information such as:

- payment of invoices and account inquiries
- claim numbers/status
- rehabilitation status
- approval of *Provider management plans*.

For a current list of insurers or general advice about the tables of costs visit www.qcomp.com.au or call 1300 789 881