

Exercise physiology services table of costs

Effective 1 July 2010



Service	Descriptor	Insurer prior approval required ¹	Item number	Fee – GST not included ²
Initial physical conditioning assessment	Initial consultation, assessment and setup of physical conditioning program for an individual worker	Yes (If not referred by a medical practitioner)	300186	\$99.40 ^ per hour (1 hour max)
Subsequent physical conditioning consultation	Subsequent consultation in a one-on-one session for an individual worker; supervise, review and/or upgrade an exercise program	Yes	300187	\$99.40 ^ per hour (1 hour max)
Group exercise sessions	Group exercise programs, maximum eight persons per group ##	Yes	300401	\$37.91 ^ per person per hour
Group education sessions	Group education programs, maximum eight persons per group ##	Yes	300402	\$37.91 per person per hour ^

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.

The insurer will only pay for the attendance of workers' compensation claimants

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Who can provide exercise physiology services to injured workers?

All exercise physiology services performed must be provided by a person with at least a tertiary degree in Human Movement studies, Exercise Science or equivalent. An accredited exercise physiologist (AEP) with Exercise & Sports Science Australia (ESSA) is the preferred provider. If the practitioner is not an AEP, they must be eligible for accreditation as an AEP by ESSA.

For services provided to workers outside Queensland, the treating exercise physiologist must be eligible for accreditation as an AEP by ESSA.

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 or nurse practitioner to cover any exercise physiology services provided.
- **Assessment** – after the initial physical conditioning assessment a completed *Provider management plan* must be provided to the insurer to advise of assessment outcome.
- **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 *Exercise physiology 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 *Exercise physiology 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 *Exercise physiology 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

Physical conditioning

Item number	Descriptor
300186	Initial physical conditioning assessment Initial consultation, assessment and setup of a physical conditioning program for an individual worker. Prior approval is required by the insurer if not referred by a medical practitioner
300187	Subsequent physical conditioning consultation Subsequent consultation in a one-on-one session with an individual worker to supervise, review and/or upgrade an exercise program at a gymnasium/pool or alternative location. Prior approval is required by the insurer

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For an accepted claim, the insurer will pay the cost of an initial consultation and report when it has been requested by the treating medical practitioner or an accredited workplace/employer. Prior approval is required for any subsequent assessment consultations. The insurer will not pay for an initial and subsequent consultation on the same day unless in exceptional circumstances, as approved by the insurer.

The objective of the intervention is to ensure that workers suffering from compensable injuries achieve the best practicable levels of physical conditioning. These programs should be outcome-focused—designed to maximise the likelihood of the worker achieving an increase in capacity to work and function.

Consultations may include the following elements:

- **Initial assessment** – where appropriate obtain standardised outcome measurements—subjective questionnaires and objective measures—to provide a base line prior to commencing intervention. The outcome measurement tools should be reliable, valid and sensitive to change.
- **Subjective assessment** – may include exercise history, pre-injury abilities, injury/condition history and restrictions and a physical activity readiness questionnaire.
- **Objective assessment** – may include range of motion, muscular strength and endurance, physiological contraindication for exercise screening and cardiovascular capacity.
- **Reassessment** – evaluate the worker’s progress using appropriate assessment measures and compare results to the baseline measures and program goals. Flag barriers if present and review current physical condition and program direction.
- **Program supervision** – may include development of the program to include strategies for the worker to return to normal function, self-management techniques and monitoring the exercise program to ensure correct technique and functional progression is occurring.
- **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.

Group exercise sessions

Item number	Descriptor
300401	<p>Group exercise sessions Where a common program is delivered to more than one individual at the same time. The group must be attended, conducted and supervised by an exercise physiologist with a maximum of eight (8) persons per group.</p> <p>Prior approval is required by the insurer</p>

The insurer will only pay for the attendance of workers’ compensation claimants in a group exercise session.

The objective of any exercise rehabilitation or education program is to ensure that injured workers achieve the best practicable levels of physical recovery along with assisting the worker to understand their injury and the process of rehabilitation.

Exercise programs developed by exercise physiologists should be:

- aimed at increasing the worker’s capacity and orientated towards a return to suitable and sustainable employment—workers’ compensation insurers do not pay for programs that are only focused on improving a worker’s general level of health and fitness
- outcome-focused—the practitioner must be able to demonstrate that the worker has achieved an increase in work capacity and a decrease in clinical treatment
- aimed at maximising function.

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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.