

Occupational therapy services table of costs

Effective 1 July 2011

Service	Descriptor	Insurer prior approval required ¹	Item number	Fee – GST not included ²
Initial consultation	First consultation with worker	No	600015	\$73.00
Initial consultation (multiple area)	Two or more entirely separate injuries/conditions are assessed and treated; treatment applied to one condition does not affect the symptoms of the other injury; must relate to the compensable injury; does not include a condition with referred pain to another area; requires workers compensation certificate detailing each area/condition to be treated	No	600020	\$109.00
Subsequent consultation – level A	Selective review of treatment or exercise program where a standard consultation (level B) is not required; may include brief or partial reassessment	The first five (5) sessions (including initial consultation) are pre-approved. Additional session/s require insurer prior approval.	600017	\$48.00
Subsequent consultation – level B	Standard treatment consultation—management of one area/condition only		600016	\$65.00
Subsequent consultation – level C	Two entirely separate injuries/conditions assessed and treated; treatment applied to one condition does not affect the symptoms of the other injury; does not include a condition with referred pain to another area		600288	\$94.00
Subsequent consultation – level D	More than two entirely separate injuries/conditions assessed and treated; treatment applied to one condition does not affect the symptoms of the others; does not include a condition with referred pain to another area		600289	\$125.00
Reassessment/program review	Indicated when the worker has been in active rehabilitation for six weeks and further treatment is likely	Yes	600055	\$90.00
Complex occupational therapy assessment	Used for assessing complex conditions that cannot be adequately assessed within a standard (600015) or multiple area (600020) consultation due to the complexity of the condition (see conditions)	Yes	600170	\$154.00 ^ per hour
Complex occupational therapy intervention	One-on-one session for complex conditions of recommended interventions identified during a complex occupational therapy assessment (600170); (see conditions)	Yes	600292	\$154.00 ^ per hour (maximum one (1) hour)
Specialised hand/upper limb therapy consultation	One-on-one consultation and treatment services to workers with upper extremity injuries below shoulder level; provide hand therapy services in accordance with the worker's specific injury and needs; apply evidence-based protocols where applicable; treatment offered is considered specialist hand therapy provided by a qualified practitioner	First five (5) sessions are pre-approved if referred by medical hand specialist.	600287	\$154.00 ^ per hour
Group education sessions	Education programs—maximum eight persons per group ##	Yes	600171	\$39.00 ^ per person per hour
Independent case review	Independent examination and report of a worker (not by the treating therapist)	Yes	600226	\$193.00 ^ 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.

Insurer will only pay for the attendance of workers' compensation claimants.

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Who can provide occupational therapy services to injured workers?

All occupational therapy services must be provided by an occupational therapist who has a current registration with the Queensland registration board.

For services provided to workers outside Queensland, the treating occupational therapist must be eligible for registration in Queensland.

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 occupational therapy services provided.
- **Treatment sessions** – where the claim has been accepted, the insurer will pay for a maximum of five (5) occupational therapy sessions without prior approval. This includes the initial consultation. These five (5) sessions may not be undertaken concurrently with sessions requiring insurer approval.
- **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.
- **Postoperative occupational therapy treatment** – when a worker is referred for occupational therapy treatment after a surgical procedure, a new set of five (5) treatments will take effect.
- **Payment of treatment** – all fees payable are listed in the *Occupational therapy 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 *Occupational therapy 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 e.g. 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 *Occupational therapy 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.

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Item number descriptions and conditions

Consultations

Item number	Descriptor
600015	Initial consultation First consultation with worker
600020	Initial consultation (multiple area) Where two (2) or more entirely separate injuries/conditions are assessed and treated and where treatment applied to one condition does not affect the symptoms of the other injury—for example neck condition plus post fracture wrist. This does not include a condition with referred pain to another area. The insurer will pay for the consultation only if it relates to the compensable injury and the workers compensation certificate details each area/condition to be treated.
600017	Subsequent consultation – level A Involves selective review of a treatment or exercise program where a standard consultation (level B) is not required. This may include a brief or partial reassessment. This may also be where the practitioner may be seeing multiple clients and treatment is not strictly one-on-one.
600016	Subsequent consultation – level B (standard consultation) Management of one area/condition only
600288	Subsequent consultation – level C Where two (2) entirely separate injuries/conditions are assessed and treated and where treatment applied to one condition does not affect the symptoms of the other injury—for example neck condition plus post fracture wrist. This does not include a condition with referred pain to another area. The insurer will pay for this consultation only if it relates to the compensable injury and the workers compensation certificate details each area/condition to be treated.
600289	Subsequent consultation – level D Where more than two (2) entirely separate injuries/conditions are assessed and treated and where treatment applied to one condition does not affect the symptoms of the others. This would most likely occur post vehicle accident where there are multiple or serious injuries. This does not include a condition with referred pain to another area. The insurer will pay for the consultation only if it relates to the compensable injury and the workers compensation certificate details each area/condition to be treated.

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. The insurer will not pay for an initial and subsequent consultation on the same day unless in exceptional circumstances, as approved by the insurer.

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Consultations may include the following elements:

- **Subjective (history) reporting** – consider major symptoms and lifestyle dysfunction; current/past history and treatment; pain, aggravating and relieving factors; general health; medication; risk factors and key functional requirements of the worker's job.
- **Objective (physical) assessment** – assess movement—for example active, passive, resisted, repeated, muscle tone, weakness, accessory movements, posture, neurological function, functional movement patterns and palpation to identify muscle tension and pain.
- **Assessment results (prognosis formulation)** – provide a provisional prognosis for treatment, limitations to function and progress for return to work.
- **Reassessment (subjective & objective)** – evaluate the physical 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. Actively promote self-management (such as ongoing exercise programs) and empower the worker to play an active role in their rehabilitation.
- **Treatment (intervention)** – formulate and discuss treatment goals, progress and expected outcomes with the worker. Provide advice on home/workplace care, including any exercise programs to be followed. May include appropriate home/workplace program modifications in line with progress or otherwise identified from reassessment.
- **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.

Reassessment/program review

Item number	Descriptor
600055	<p>Reassessment/program review is indicated when:</p> <ul style="list-style-type: none">• the worker has been in active rehabilitation for six (6) weeks, further treatment is likely and the insurer agrees that reassessment is required• there are new clinical findings that might affect treatment• there is a rapid change in the worker's status• there is no response to therapeutic interventions. <p>Prior approval is required by the insurer</p>

A reassessment/program review is a comprehensive assessment including:

- all the components of the initial consultation
- a review of the worker's progress based on established objective measures
- a recommendation for future treatment and management strategies to assist the worker to return to work.

A reassessment/program review may include referral recommendations to other practitioners, a change in therapy direction or a change on outcome direction requiring a new return to work goal.

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The insurer's prior approval is required before a reassessment/program review is undertaken by the occupational therapist. A *Provider management plan* is to be completed and submitted to the insurer either verbally or in written format. (Check with the insurer for their individual requirements).

A reassessment/program review is not required:

- during routine reassessments as part of each treatment session
- where the worker is already on a clear management plan and is progressing as expected
- following postoperative protocols
- where a rehabilitation program extends beyond the reassessment period
- where the treating medical practitioner assesses the worker and recommends continued or more specific treatment.

Complex occupational assessment/intervention

Item number	Descriptor
600170	<p>Complex occupational therapy assessment Used for the assessment of complex conditions that cannot be adequately assessed within a standard (600015) or multiple area consultation (600020).</p> <p>These may include, but are not limited to:</p> <ul style="list-style-type: none">• extensive burns• complex neurological and/or chronic pain conditions• assessment of a worker's level of functioning for cognitive abilities, driving and activities of daily living• specific assessments requested by insurer e.g. home assessment, rehabilitation needs assessment. <p>Note: if treatment is required, a <i>Provider management plan</i> must be submitted to the insurer prior to commencement of treatment.</p> <p>Prior approval is required by the insurer</p>
600292	<p>Complex occupational therapy intervention (maximum one hour) A one-on-one session of recommended interventions identified during a complex occupational therapy assessment (600170).</p> <p>Examples include, but not limited to:</p> <ul style="list-style-type: none">• treatment of severe burns• neurological injuries• severe spinal injuries. <p>Note: this service or treatment should not be already classified elsewhere in this <i>Table of costs</i>.</p> <p>Prior approval is required by the insurer</p>

Only a small number of practitioners will treat conditions that will fall within this category.

These services will contain elements from the standard consultations, refer to consultation service descriptors.

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Specialist hand therapy

Item number	Descriptor
600287	<p>Specialist hand therapy An advanced clinical specialty area devoted to treating a variety of upper extremity physical conditions. The program provides one-on-one consultation and treatment services to workers who have injuries that occur in the upper extremity below the level of the shoulder. The goal of the program is to provide early, specialised treatment to assist the worker to achieve maximal use of the injured extremity and early return to work. Specialist hand therapy services will be provided according to the worker's specific injury and needs, applying evidence-based protocols where applicable.</p> <p>Prior approval is required by the insurer</p>

Referral requirements for specialist hand therapy services using this item:

- a medical specialist must refer the worker for hand therapy—for example hand surgeon, neurosurgeon or orthopaedic specialist—the five (5) pre-approved sessions rule applies.
- where a registered medical practitioner refers the worker, the practitioner (occupational therapist) must obtain prior approval from the insurer by submitting a *Provider management plan* before commencing treatment.

Not all conditions or injuries occurring to the upper extremities require the input and expertise of a specialist hand therapist. In these circumstances use of the standard occupational therapy consultations codes are appropriate.

Who is qualified to deliver specialist hand therapy services?

A full member of the Australian Hand Therapy Association is the preferred clinician to deliver specialist hand therapy programs.

If this is not possible—for example a full member is not available in the worker's area or the treating therapist is not a full member—the treating therapist must be able to demonstrate the recognised skills and training that suitably qualifies them to provide specialist hand therapy services to be able to charge this item number. Generally, a suitably qualified therapist has undertaken further training and developed years of experience specifically delivering specialised hand therapy services to support the service provided—for example:

- advanced training and knowledge of customised and dynamic splinting techniques
- in-depth knowledge of the musculoskeletal system and appropriate exercise regime that run parallel to splinting
- knowledge of post-surgical care, including specific operative procedures and rehabilitation protocols.

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What is specialised hand therapy?

There are numerous types of disorders and trauma to the wrist, hand and fingers that are treated by specialist hand therapists.

Some examples of evaluations and treatments provided by specialised hand therapists include:

- customised hand splinting
- oedema management
- scar management
- education eg self management education, home exercise programs
- mobilisation
- strengthening
- functional retraining
- wound care
- sensory retraining
- scar control and management.

Group sessions

Item number	Descriptor
600171	<p>Group education sessions A group/class intervention delivers a common learning or educational objective to more than one (1) client at the same time. This includes education and exercises. An occupational therapist must conduct the class, with a maximum of eight (8) persons per group.</p> <p>Prior approval required by the insurer</p>

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

The objective of any education session is to assist the worker to understand their injury and the process of rehabilitation.

Education programs developed by occupational therapists should:

- aim to increase the worker's understanding of their injury
- provide workers with self-management strategies
- overcome unhelpful beliefs.
- be outcome focused
- use accepted best practice guidelines.

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Independent case review

Item number	Descriptor
600226	<p>Independent case review – includes assessment and report Where progress of treatment and/or rehabilitation falls outside the plan or expected course of injury management, the insurer may request an examination and report of a worker by an independent case reviewer (not the treating occupational therapist) to provide the insurer with an assessment and recommendations for ongoing treatment and prognosis.</p> <p>Prior approval is required by the insurer</p>

An independent case review is only requested by the insurer. The payment for this service includes the assessment and report.

The purpose of an independent clinical assessment is to:

- assess and make recommendations about the appropriateness and necessity of current or proposed occupational therapy treatment
- propose a recommended course of occupational therapy management
- make recommendations for strategic planning to progress the case. Recommendations should relate to treatment goals and steps to achieve those goals, which will assist in a safe and durable return to work
- provide a professional opinion on the worker's prognosis where this is unclear from the current occupational therapy program
- provide an opinion and/or recommendation on the other criteria as determined by the insurer.

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.