

Exercise physiology services

Table of costs and guidelines
Effective from 1 July 2009

[View table of costs only](#)

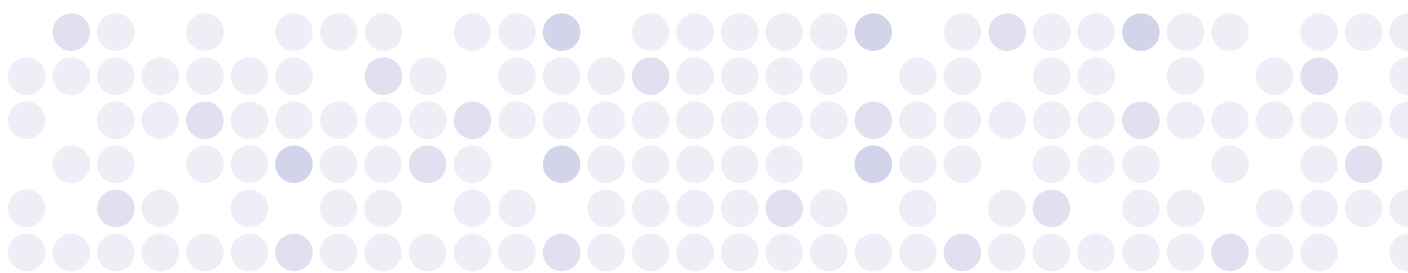


Table of contents

Section A

1. Introduction	3
1.1 Who is qualified to deliver exercise physiology services?	3
2. Procedures and conditions	3
2.1 Referral	3
2.2 Assessment	3
2.3 Treatment approval	4
2.4 Treatment	4
2.4.1 General standards and expectations	4
2.4.2 Treatment period	5
2.4.3 Change of provider	5
2.5 Provider management plans	5
3. Indicators for ending treatment/intervention	5
4. Payment for services	5
4.1 Provider invoice	6
5. Inquiries	7
5.1 Claims issues	7
5.2 General inquiries	7

Section B

6. Service type (service codes)	8
6.1 Physical conditioning services (300186, 300187 & 300401)	8
Exercise physiology services table of costs	13

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Table of costs and guidelines

Section A

1. Introduction

This document outlines the general standards, expectations, procedures and conditions for delivering exercise physiology services to workers. It also explains and clarifies the use of specific item codes. This information should assist the treating medical practitioner, the employer, the insurer and you, the exercise physiologist, by promoting quality service provision and timely, relevant rehabilitation information.

In the majority of cases, the rehabilitation goal is for the worker to return to work. In situations where the injury prevents the worker returning to work, rehabilitation must focus on maximising functional independence.

1.1 Who is qualified to deliver exercise physiology services?

Only a person with at least a tertiary degree in Human Movement studies, Exercise Science or equivalent and preferably an Accredited Exercise Physiologist (AEP) with the Australian Association for Exercise and Sports Science (AAESS) is qualified to deliver exercise physiology services to workers in Queensland. If the person is not an AEP, they must be eligible for accreditation as an AEP by the AAESS. For services provided to workers outside Queensland, the treating exercise physiologist must be eligible for accreditation as an AEP by the AAESS.

2. Procedures and conditions

Payment for services outlined in this document is subject to the following procedures and conditions.

2.1 Referral

The worker may only be referred by a registered medical practitioner and must have a **current** medical certificate to cover any exercise physiology services provided.

Insurers will not pay for general communication such as receiving and reviewing referrals.

2.2 Assessment

You are expected to assess the needs of the worker in the initial physical conditioning assessment session, and provide the insurer with a completed initial provider management plan (see the *Allied health provider form guidelines*) and notify the referrer of the assessment outcome.

You **may not** invoice for both an initial and subsequent consultation on the same day without **prior** approval from the insurer.

Table of costs and guidelines

2.3 Treatment approval

For an accepted claim, the insurer will pay the cost of an initial consultation and report where it has been requested by the treating medical practitioner or an accredited workplace/employer or insurer.

For any service requiring **prior approval** from the insurer, you must submit an *Initial provider management plan* (see the *Allied health provider form guidelines*).

For services not outlined in this *Table of costs and guidelines*, you must obtain **prior approval** from the insurer by submitting a provider management plan (see the Allied health provider forms guidelines).

For physical conditioning sessions required beyond the initial approved sessions, you must submit a provider management plan. The plan should indicate the functional improvements to date, which clearly demonstrate the efficacy of the sessions, the number of future sessions and the goal of the sessions.

Where you are required to submit a provider management plan, the insurer will advise you of their decision about approval and payment of the plan as soon as possible. The insurer **will not pay** for any services provided **without prior approval**.

The insurer will not pay for preparing or completing the provider management plan.

2.4 Treatment

2.4.1 General standards and expectations

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

- liaise with relevant parties involved in managing the claim to coordinate medical treatment for the worker, promoting an early and safe return to work
- advise and liaise with the relevant treating practitioners and insurer at the start of a treatment program for each new claim or re-opening of a claim where it is in the best interest of the worker's ongoing management
- regularly review and document the worker's work capacity and treatment progress in case notes and where appropriate provide timely recommendations about return to work/suitable duties to relevant parties
- ensure that the worker has given their written authority prior to the exchange of information with third parties other than the referrer
- deliver outcome-focused and goal-orientated services, which are focused on achieving maximum function and safely returning the worker to work
- be accountable for the services provided, ensuring those services incurred for the compensable injury are reasonable
- maintain practice competencies relevant to exercise physiology and the delivery of services within the Queensland workers' compensation environment. This includes maintaining currency of skills and knowledge of specific exercise physiology modalities
- keep detailed, appropriate, up-to-date treatment records and any relevant information obtained in the service delivery.

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

Table of costs and guidelines

2.4.2 Treatment period

In all cases, treatment will be deemed to have ended if there is no treatment for a period of **two (2) calendar months**. You need to conduct a new initial consultation and submit a provider management plan for approval of any subsequent treatment. In this situation, the worker must obtain another referral from a registered medical practitioner.

All **insurer payments** for treatment end when there is no further medical certification or insurer finalises/ceases the claim.

2.4.3 Change of provider

When a worker changes exercise physiologists from one to another—not within the same practice—the insurer will pay the cost of an initial consultation by the new exercise physiologist to:

- determine the number of sessions already provided
- allow for an assessment and appropriate treatment
- submit a provider management plan.

You are responsible for determining if the worker has received previous exercise physiology intervention, including when and how many sessions, so that a provider management plan can be submitted.

2.5 Provider management plans

For details of when and how to use provider management plans, see the *Allied health provider form guidelines*.

Obtain the provider management plan and *Allied health provider form guidelines* from Q-COMP's website at www.qcomp.com.au or call 1300 789 881.

3. Indicators for ending treatment/intervention

There are a number of indicators highlighting that intervention is no longer needed or should be stopped. These include:

- the outcome and goals are achieved
- the presenting condition has been resolved
- the worker is not complying and there is lack of progress (you must discuss this with the insurer)
- the worker has achieved maximum function of the injured area, meaning progress has reached a plateau.

4. Payment for services

Payment for services outlined in this document is allowed subject to the relevant conditions of service outlined in section B for the relevant item number.

The worker's compensation claim must have been accepted by the insurer for the injury or condition being treated.

Table of costs and guidelines

If the application for compensation is pending or has been rejected, the responsibility for payment for any services provided during any period remains a matter between you and the worker or the employer (where services have been requested by the Rehabilitation and Return to Work Coordinator).

Send all invoices to the relevant insurer for payment—check whether the worker is employed by a self-insured employer or an employer insured by WorkCover Queensland. For a current list of insurers visit Q-COMP's website at www.qcomp.com.au or call Q-COMP on 1300 789 881.

Identify the appropriate item in the *Exercise physiology services table of costs and guidelines* for services or treatment provided. The insurer will only consider payment for services or treatments for the compensable injury, not other pre-existing conditions.

4.1 Provider invoice

Insurers will pay for services in accordance with this *Table of costs and guidelines*. To ensure payment, your invoice must contain the following information:

- the words 'Tax Invoice' stated prominently
- your name and practice details
- tax invoice issue date
- your Australian Business Number (ABN)
- worker's name, residential address and date of birth
- worker's claim number (if known)
- referring medical practitioner's name
- date of each attendance
- appropriate table of costs item number/s
- a brief description of each service item supplied, including areas treated
- treatment cost
- name of your staff member who provided the service.

Fees listed in the tables of costs and guidelines **do not include** GST. You are responsible for incorporating any applicable GST on taxable supplies into your invoice. Refer to a taxation advisor or the Australian Taxation Office for help on the taxability of certain services.

Self-insurers require **separate tax invoices** for services to individual workers. The self-insurer will return an invoice to you where the services are for more than one injured worker. For a current list of self-insurers, visit Q-COMP's website at www.qcomp.com.au.

WorkCover Queensland will accept billing for more than one worker on a single invoice.

Table of costs and guidelines

5. Inquiries

5.1 Claims issues

Contact the appropriate insurer for claims issues, including:

- payment of invoices and account inquiries
- claim numbers
- claim status
- rehabilitation status
- approval of provider management plans.

For a current list of insurers, visit Q-COMP's website at www.qcomp.com.au call Q-COMP on 1300 789 881.

5.2 General inquiries

For advice about the tables of costs and guidelines, call Q-COMP on 1300 789 881.

Table of costs and guidelines

Section B

6. Service type (service codes)

The following service items relate to Exercise physiology and rehabilitation services provided within the provider's rooms, at the worker's place of work or at an alternative location such as a gym.

Before providing services to workers, you are responsible for ensuring that you understand the service conditions and objectives of the tables of costs and guidelines.

6.1 Physical conditioning services (300186, 300187, & 300401)

Item number	Descriptor
300186	Initial physical conditioning assessment Initial consultation, assessment and physical conditioning program design for an individual worker.

Service conditions

Prior approval required from the insurer – Yes if not referred by a medical practitioner.

Mandatory requirements – the preferred provider should be an accredited exercise physiologist (AEP) with the Australian Association for Exercise and Sports Science (AAESS-aaess.com.au). If the provider is not an AEP accredited with the AAESS they must be eligible for accreditation as an AEP.

Referral conditions – when delivering your intervention you should take notice of any restrictions and limitations identified on the medical practitioner's referral. You must liaise with the referrer before deviating from the prescribed conditions and limitations.

An initial consultation by an exercise physiologist **may** include all or some of 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.

The objective is to develop an individual exercise and education intervention plan in consultation with the worker, setting out functional goals and expected outcomes.

Subjective assessment **may** include:

- injury/condition history and restrictions
- physical activity readiness questionnaire
- pre-injury abilities and requirements
- exercise history.

Note: subjective outcome data collected may be used post-program to ensure efficacy.

Table of costs and guidelines

Objective assessment **may** include:

- range of motion
- muscular strength
- muscular endurance
- physiological contraindication for exercise screening—for example resting heart rate, resting blood pressure
- cardiovascular capacity (if appropriate).

You should consider the worker's understanding and knowledge of relevant information about both their injury and physical conditioning program. This may include:

- risk factors
- safety considerations
- compliance issues
- other relevant information.

You may provide advice on self-management strategies, particularly if concerns arise about possible increased pain levels following the completion of physical components of the assessment.

Records – maintain appropriate records in the worker's file, including the results of the assessment.

Communication – communicate where appropriate information relevant to the worker's rehabilitation and return to work to the insurer through the initial *Provider management plan* and liaise with the treating medical practitioner about treatment.

Table of costs and guidelines

Item number	Descriptor
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.

Service conditions

Prior approval required from the insurer – Yes

Mandatory requirements – the preferred provider should be an accredited exercise physiologist (AEP) with the Australian Association for Exercise and Sports Science (AAESS-aaess.com.au). If the provider is not an AEP accredited with the AAESS they must be eligible for accreditation as an AEP.

Service objectives

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:

- aimed at increasing the worker's capacity and orientated towards a return to suitable and sustainable employment
- outcome-focused—designed to maximise the likelihood of the worker achieving an increase in capacity to work and function
- aimed at maximising function.

A subsequent consultation by an exercise physiologist may include all or some of the following elements.

Program supervision – a physical conditioning intervention should use current evidence-based best practice and focus on strategies to optimise the worker's function and return to work outcomes by:

- prescribing exercises which incorporate collaborative goal setting, education, pacing and positive reinforcement
- monitor the program to ensure correct technique (safety) and functional progression is occurring
- implement strategies to improve the ability of the worker to return to work and normal functional activities
- promote self-management techniques—active problem-solving, correct body mechanics, development of skills to deal with setbacks, and minimising dependence on healthcare treatment.

Records – maintain appropriate records in the worker's file, including session results—subjective reports, objective prescription, clinical observations, worker compliance to program, attainment of goals and results of tests.

Table of costs and guidelines

Communication – where there are factors impeding progress, you should discuss this situation with the worker’s treating medical practitioner and/or insurer as soon as possible. You should also ensure that the worker’s treating medical practitioner and/or insurer is kept informed of the progression of functional abilities to assist with a timely return to work.

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.

Table of costs and guidelines

Item number	Descriptor
300401	Group exercise programs 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. The insurer will only pay for the attendance of workers' compensation claimants.

Service conditions

Prior approval required from the insurer – Yes.

Mandatory requirements – the preferred provider should be an accredited exercise physiologist (AEP) with the Australian Association for Exercise and Sports Science (AAESS-www.aaess.com.au). If the provider is not an AEP accredited with the AAESS they must be eligible for accreditation as an AEP.

Service objectives

The objective is to ensure that injured workers achieve the best practicable levels of physical conditioning. These programs should be:

- aimed at increasing the worker's capacity
- orientated towards a return to suitable and sustainable employment
- outcome-focused—designed to maximise the likelihood of the worker achieving an increase in capacity to work
- aimed at maximising function.

Records – maintain appropriate records in the worker's file, including the results of sessions—subjective reports, objective prescription, clinical observations, worker compliance to program, attainment of goals and test results.

Communication – where there are factors impeding progress, you should discuss this situation with the worker's treating medical practitioner and/or insurer as soon as possible. You should also ensure that the worker's treating medical practitioner and/or insurer is kept informed of progression of functional abilities to assist a timely return to work.

Exercise Physiology services table of costs

Effective 1 July 2009
For use by accredited exercise physiologists

Important note – the worker must always be referred by a registered medical practitioner and have a current medical certificate to cover any services provided.

Service	Descriptor	Insurer prior approval required ¹	Item number ²	Fee GST excluded [#]
Physical conditioning				
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 at a gymnasium/pool or alternative location.	Yes	300187	\$99.40 per hour (1 hour max)
Group exercise programs	A group where a common program is delivered to more than one individual at the same time; must be attended, conducted and supervised by an accredited exercise physiologist with a maximum of eight persons per group; insurer will only pay for the attendance of workers' compensation claimants.	Yes	300401	\$18.96 per person per hour

¹ Where prior approval is indicated you must seek approval from the insurer before providing services.

² Before billing for services please read the Exercise Physiology *services table of costs and guidelines* available from Q-COMP's website at www.qcomp.com.au.

[#] Rates do not include GST. If GST is required it is up to the provider to include it in the invoice. For clarification regarding GST contact the Australian Taxation Office.