

Rehabilitation support services

Table of costs and guidelines
Effective from 1 July 2008

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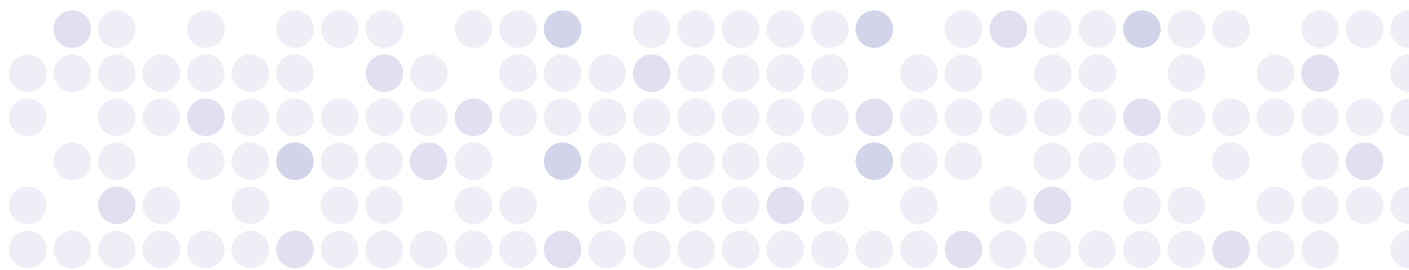


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Section A

1. Introduction

This document outlines the general standards and expectations, procedures and conditions for rehabilitation support services. 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 provider, 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 Services covered by these guidelines

If the service you wish to provide to a worker is not defined under these guidelines or the *Supplementary services table of costs and guidelines*, you must seek **prior approval** from the insurer before providing the service and billing for your time.

These guidelines cover the following services:

- physical conditioning
- adjustment to injury counselling
- ambulance transport—non-Queensland Ambulance Service (QAS)
- dietary
- diversional therapy
- domestic assistance
- tutoring
- external case management.

1.2 Who is approved to deliver rehabilitation support services?

The appropriate providers for each service are detailed under each code. Before billing for services under the *Rehabilitation support services table of costs and guidelines* please ensure you are approved to provide the services detailed.

1.3 Definitions

Occupational therapist

A person registered as an occupational therapist with the Queensland Registration Board.

Physiotherapist

A person registered as a physiotherapist with the Queensland Registration Board.

Dietician

A person with a tertiary degree in dietetics.

Diversional therapist

A person with a minimum of an Associate Diploma in diversional therapy.

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Domestic worker

A person who is provided through an agency.

Exercise physiologist

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). If not an AEP, must be eligible for accreditation as an AEP by the AAESS.

Rehabilitation counsellor

A person with a tertiary degree in rehabilitation counselling or other recognised counselling course and is a current member or eligible to be a member of the Australian Society of Rehabilitation Counsellors (ASORC). It is your responsibility to prove you are a current member or eligible to be a member of ASORC. Due to the diversity of backgrounds of rehabilitation counsellors, the qualifications and experience must be acceptable to the insurer for type of service being undertaken.

Social worker

A person with a tertiary degree in social work.

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 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 consultation session and then notify the referrer of the outcome of the assessment and future goals of treatment.

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

2.3 Treatment approval

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.

For any service requiring **prior approval** from the insurer, you must submit a *Provider management plan* before you commence treatment (see the *Allied health provider form guidelines*).

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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*.

Where you are required to submit a *Provider management plan* form, 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 you 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 make 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, that is services 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 chiropractors and the delivery of services within the Queensland workers' compensation environment. This includes maintaining currency of skills and knowledge of specific modalities
- keep detailed, appropriate, up-to-date treatment records and relevant information obtained in the service delivery.

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

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 the insurer finalises/ceases the claim.

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2.4.3 Change of service provider

When a worker changes provider from one to another—not within the same practice—the insurer will pay the cost of an initial consultation by the new provider 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 treatment, 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 the *Provider management plan*, 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 treatment 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.

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 this *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.

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Where the claim has been accepted, the insurer will pay reasonable costs.

For services not outlined in this *Table of costs and guidelines*, **prior** approval must be obtained from the insurer.

Where you are required to obtain prior approval, the insurer will not pay you for any services provided without their approval.

4.1 Provider invoice

Insurers will pay for services in accordance with the tables 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 this *Table 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.

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 or call Q-COMP on 1300 789 881.

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5.2 General inquiries

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

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Section B

6. Service type (service codes)

The following service items relate to 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 this *Table of costs and guidelines*.

6.1 Physical conditioning services (300186, 300187, 300401 & 300228)

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.

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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.

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Item number	Descriptor
300187	Physical conditioning subsequent 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.

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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.

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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-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.

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Item number	Descriptor
300228	Gym and pool entry fees The cost of the entrance fee to the gymnasium or pool for treatment or assessment.

Service conditions

Prior approval required from the insurer – Yes

The insurer will not pay an entrance fee if you own or operate the gymnasium or pool.

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6.2 Adjustment counselling (300188 & 300285)

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.</p> <p>(Where this is undertaken by a psychologist refer to the <i>Psychology services table of costs and guidelines</i> initial consultation item no. 400088).</p>

Service conditions

Prior approval required from the insurer – Yes

Adjustment to injury – the psychosocial adjustment to the consequences of injury—for example loss of ability, change in appearance.

Indicators for adjustment counselling – include but are not limited to:

- unhelpful coping strategies such as avoidance behaviours—for example not undertaking physical programs for fear they may cause more hurt/harm
- being stuck in one of the processes of grief reaction—denial, sadness, anger, bargaining—to the loss of abilities and/or appearance.

Provider/s qualified to deliver this service – a rehabilitation counsellor or social worker with skills and experience in adjustment to injury counselling acceptable to the insurer and as defined in section 1.2. Where this is undertaken by a psychologist refer to the *Psychology services table of costs and guidelines* initial consultation item no. 400088.

An initial consultation by a counsellor 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, you must obtain prior approval from the insurer for additional time.**

Subjective (history) reporting – consideration major symptoms and lifestyle dysfunction; history of injury and treatment; and relevant personal and family history.

Objective (psychosocial) assessment – assess using appropriate standardised outcome measurements to provide a baseline prior to commencing treatment. The outcome measurement tools should be reliable, valid and sensitive to change.

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Assessment results (prognosis formulation) – provide a provisional prognosis for treatment, limitations to function and progress for return to work.

Treatment (intervention) – provide treatment during the initial assessment at your discretion; discuss a working hypothesis and expected outcomes of therapy with the worker; set treatment goals in consultation with the worker.

Clinical Records – record information in the worker's clinical records, including the purpose and results of procedures and tests.

Communication (with the referrer) – communicate information relevant to the worker's rehabilitation and return to work to the insurer through the *Initial provider management plan* form. Acknowledge referral and liaise with the treating medical practitioner about treatment.

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Item number	Descriptor
300285	<p>Adjustment to injury – subsequent consultation The ongoing treatment of compensable components of presenting adjustment to injury issues. The intervention would be based on treatment formulated from the initial assessment and in accordance with the approved <i>Provider management plan</i>. (Maximum of 2 hours per session on any day).</p> <p>(Where this is undertaken by a psychologist refer to the <i>Psychology services table of costs and guidelines</i> subsequent consultation item no. 400095)</p>

Service conditions

Prior approval required from the insurer – Yes

Provider/s qualified to deliver this service – a rehabilitation counsellor or social worker with skills and experience in adjustment to injury counselling acceptable to the insurer and as defined in section 1.2. Where this is undertaken by a psychologist refer to the *Psychology services table of costs and guidelines* initial consultation item no. 400088.

A subsequent consultation by a counsellor may include all or some of the following elements

Treatment (intervention) – should be based on best medical evidence. Treatment includes strategies to optimise the worker’s function and return to work outcomes by:

- incorporating collaborative goal-setting, education, pacing and positive reinforcement
- improving the worker’s ability to return to work and normal functional activities
- promoting self-management—for example using active problem solving, developing skills to deal with setbacks and minimising dependence on healthcare treatment.

Note: supportive counselling can promote dependency and the development of illness behaviour.

Clinical records – record information in the worker’s clinical records, including the purpose and results of procedures and tests.

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. It may also be appropriate to handle under the case conference item in the *Supplementary services table of costs and guidelines*.

Reassessment (subjective and objective) – evaluate the worker’s progress using outcome measures that are relevant, reliable and sensitive. Compare against the baseline measures and treatment goals. Identify factors compromising treatment outcomes.

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6.3 Ambulance transport by non-QAS provider (300309 & 300310)

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

Definition – under section 219 of the *Workers' Compensation and Rehabilitation Act 2003*, ambulance transportation is defined as:

- 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.

Service Providers

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

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

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6.4 Dietary (300190 & 300191)

Item number	Descriptor
300190	Assessment This includes interview to evaluate dietary issues and objective tests in order to formulate an intervention plan focussed on a return to work goal.

Service conditions

Prior approval required from the insurer – Yes

Provider/s qualified to deliver this service – must be provided by a dietician with qualifications acceptable to the insurer.

An initial consultation by a dietician may include all or some of the following elements.

Subjective (history) reporting – consider major symptoms and lifestyle dysfunction; current history and treatment; 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) – discuss a working hypothesis, treatment goals and expected outcomes; initial treatment and expected response with the worker. Advise the worker on 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 information relevant to the worker's rehabilitation and return to work to the insurer. Acknowledge referral and liaise with the treating medical practitioner about treatment.

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Item number	Descriptor
300191	Weight loss program Weight reduction programs to assist the worker recover from injury and return to work.

Service conditions

Prior approval required from the insurer – Yes

A weight loss program by a dietician **may include all or some of the following elements:**

Intervention – treatment for weight loss should be based on the best evidence available. The service includes strategies to optimise the worker’s function and return to work outcomes by:

- incorporating collaborative goal-setting, education, pacing and positive reinforcement
- improving the worker’s ability to return to work and normal functional activities
- promoting self-management—for example use of active problem solving, development of skills to deal with setbacks and minimising dependence.

Clinical records – record information in the worker’s clinical records, including the purpose and results of procedures and tests.

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.

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.

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6.5 Diversional therapy (300200)

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

Service conditions

Prior approval required from the insurer – Yes

Mandatory requirements

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.

Note: diversional therapy would only be relevant for a worker suffering a severe head injury and requiring development of life skills.

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6.6 Domestic assistance (300201)

Item number	Descriptor
300201	Domestic assistance Includes cleaning, shopping and washing.

Service conditions

Prior approval required from the insurer – Yes

Mandatory requirements

This is restricted to where the worker:

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

Service providers – only be provided through an agency.

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

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6.7 Tutoring (300202)

Item number	Descriptor
300202	Literacy skills Private tutoring by a qualified tutor to improve literacy skills for job placement prospects.

Service conditions

Prior approval required from the insurer – Yes

Program should be limited to achieving a base level of competency—four (4) – six (6) weeks.

Typically literacy services are provided through the local TAFE or appropriately qualified private literacy services.

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6.8 External case management (300295)

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

Service conditions

Prior approval required from the insurer – Yes

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.

Service objective

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.

Service providers

This service would be carried out by a rehabilitation counsellor, physiotherapist, occupational therapist or psychologist with qualifications acceptable to the insurer.

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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	\$96.41 per hour (1 hour max)
Physical conditioning subsequent 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	\$96.41 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 exercise physiologist with a maximum of eight persons per group; insurer will only pay for the attendance of workers' compensation claimants.	Yes	300401	\$18.39 per person per hour
Gym and pool entry fees	Entry fee to gym or pool for treatment or assessment.	Yes	300228	As per individual facility
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. Where treatment is required you must complete an initial provider management plan - maximum of two hours.	Yes	300188	\$144.54 per hour
Subsequent session	Ongoing treatment of compensable components of presenting adjustment to injury issues; intervention would be based on treatment formulated from the initial assessment and in accordance with the approved provider management plan - maximum of two hours delivered on any one day.	Yes	300285	\$144.54 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 *Rehabilitation support 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.

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Service	Descriptor	Insurer prior approval required ¹	Item number ²	Fee GST excluded [#]
Ambulance transport - non QAS				
Initial transportation	Transport provided immediately after the injury is sustained.	No	300309	Fee negotiated with insurer
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 negotiated with insurer
Dietary				
Assessment	Includes interview to evaluate dietary issues and objective tests to formulate an intervention plan focused on a return to work goal.	Yes	300190	\$72.29 per session
Weight loss program	Weight reduction programs to assist the worker recover from injury and return to work.	Yes	300191	\$34.15 per session
Diversional therapy				
Diversional therapy program	Provided by a diversional therapist at a nursing home including therapeutic activities.	Yes	300200	\$34.15 per hour
Domestic assistance				
Domestic assistance provided through an agency only	Includes cleaning, shopping and washing where the worker is living at home and has been assessed as physically incapable of undertaking these tasks and has no family or other social support network.	Yes	300201	Agency rates up to hourly rate of \$25.02
Tutoring				
Literacy skills	Private tutoring by a qualified tutor to improve literacy skills for job placement prospects.	Yes	300202	Local TAFE rates
External case management				
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	Paid hourly rate by negotiation

For details of when and how to use a *Provider management plan* see the *Allied health provider form guidelines* – both available from Q-COMP's website at www.qcomp.com.au or call Q-COMP on 1300 789 881.

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

² Before billing for services please read the *Rehabilitation support 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