

# OCCUPATIONAL THERAPY SERVICES TABLE OF COSTS

## 1. INTRODUCTION

This document outlines the procedures, conditions and fees payable for the delivery of occupational therapy services for workers' compensation claimants. The information contained should assist the occupational therapist, treating medical practitioner, employer and the insurer by promoting a quality service and the provision of timely and relevant information for case management.

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.

## 2. PROCEDURES AND CONDITIONS

### 2.1 Payment of occupational therapy services

Payment for services outlined in this document are allowed subject to the following procedures and conditions:

- **The worker's compensation claim must be accepted by the insurer for the injury or condition being treated.**
  - (i) 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 the occupational therapist and the worker or the employer (where services have been requested by the Rehabilitation and Return to Work Coordinator).
  - (ii) The service provider should identify whether the injured worker is employed by a self-insured employer, or an employer insured by WorkCover. All invoices must be forwarded to the relevant insurer for payment.
- **In all matters the worker must be referred by a registered medical practitioner and have a current medical certificate to cover any occupational therapy services provided.**
- The service provider should 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 relating to the compensable injury (not other pre-existing conditions).
- Where the claim has been accepted, the insurer will pay the cost of an initial assessment and report where it has been requested by the treating medical practitioner or an accredited workplace/employer.
- **For services not outlined in this Table of Costs, prior approval must be obtained from the insurer.**

## 2.2 Treatment

- For initial and subsequent consultations, referred by a treating medical practitioner (GP), up to 10 sessions can be delivered without prior approval from the insurer.
- An initial and subsequent treatment cannot be invoiced on the same day without prior approval from the insurer

## 2.3 Provider Management Plan

- If treatment is required beyond the initial sessions, a **Provider Management Plan** must be submitted indicating the functional improvements to date which clearly demonstrate the efficacy of the treatment, the number of future treatment sessions and goal of sessions. In all cases the treatment plan must focus on function and/or return to work.
- For **hand/upper limb treatment**, referred by a **treating medical specialist**, up to 10 sessions can be delivered without prior approval from the insurer. If further treatment is required, a Provider Management Plan must be submitted as above. If referred by a **medical practitioner (GP)**, after the initial assessment a Provider Management Plan must be submitted to the insurer for approval.
- An initial and subsequent treatment cannot be invoiced on the same day without prior approval from the insurer.
- The Provider Management Plan may be downloaded from the website [www.qcomp.com.au](http://www.qcomp.com.au), or obtained by telephoning the Q-COMP on 1300 789 881.
- The Occupational Therapist will be advised of the insurer's decision regarding approval and payment of plans as soon as possible.
- Beyond the initial 10 sessions, the insurer will not pay for any treatment, which is provided without prior approval.

## 2.4 Post Operative Occupational Therapy Treatment

- When a worker is referred for occupational therapy treatment (eg. hand therapy) after a surgical procedure, a new set of 10 treatments will take effect.

## 2.5 Incidental Expenses

Charges relating to the manufacture of splints and provision of other major items may be payable by the insurer. Items used during the course of treatment (such as a piece of bradflex tubing, small non-slip matting) are regarded as consumables and will not be payable.

If extenuating circumstances exist where the occupational therapist believes that sufficient quantities of non-payable items have been used during the course of treatment, they may contact the insurer's case manager to discuss the case.

Payments may be made for the hire or loan of items (eg. back supports) however, prior approval must be obtained from the insurer and the insurer will determine the reasonable cost and period for hire or loan.

If uncertain of the requirements for the payment of incidental expenses, the occupational therapist should contact the insurer to discuss the case.

### 3. PROVIDER INVOICE

3.1 Payment for services will be made in accordance with the Occupational Therapy Services Table of Costs. For insurer payment, the provider is required to use an invoice indicating the following information:

- (i) The words 'Tax Invoice' stated prominently;
- (ii) The name of the provider and practice details;
- (iii) The date the tax invoice was issued;
- (iv) The provider's Australian Business Number (ABN);
- (v) The injured worker's name, residential address and date of birth;
- (vi) Claim Number (if known);
- (vii) Referring medical practitioner's name;
- (viii) Date of each attendance;
- (ix) Appropriate item number/s from the Table of Costs;
- (x) A brief description of each service item supplied, including areas treated;
- (xi) Cost of treatment; and
- (xii) Name of the service provider's staff member who provided the service.

Fees listed in the Table of Costs are **exclusive** of GST. It is the responsibility of a supplier to incorporate into invoices any applicable GST on taxable supplies. For guidance on the taxability of certain services, providers are advised to refer to a taxation advisor or the Australian Taxation Office.

3.2 **Please note** that the insurer requires individual tax invoices for services relating to individual workers. The insurer will return an invoice to you where the services relate to more than one injured worker.

### 4. ENQUIRIES

#### 4.1 Claims Issues

- For billing enquiries or for enquiries relating to claims eg. claim numbers, claim status, rehabilitation status, payment of invoices or approval of Provider Management Plans the occupational therapist should contact the insurer.

#### 4.2 General

- Any occupational therapist seeking advice on policy issues relating to the Table of Costs should contact Q-COMP by telephone on 1300 789 881.

## OCCUPATIONAL THERAPY FEE SCHEDULE

The following table relates to occupational therapy services provided within the practitioner's rooms, private hospital or at the injured worker's place of residence.

**PLEASE REFER TO THE PRECEDING EXPLANATORY NOTES WHICH APPLY TO THE TABLE OF COSTS BELOW**

Item No	Service Type	Service Description	Max Fee Excl. GST
600015	Initial Consultation	Assessment involving the following elements: subjective reporting, objective examination; design & implementation of a treatment program; documentation and communication such as acknowledgement or referral and liaison with treating medical practitioner regarding treatment. <i>Does not</i> include extended communication relating to suitable duties or case conferencing, which have specific item numbers in this table (600411 and 600400). Treatment may be conducted within the initial consultation at therapist's discretion.	\$54.78
600016	Subsequent consultation Level B	Services including reassessment of one area/condition (subjective & objective), treatment, documentation and communication such as acknowledgement of referral and liaison with treating medical practitioner regarding treatment. <i>Does not</i> include extended communication relating to suitable duties or case conferencing, which have specific item numbers in this table (600411 and 600400).	\$45.66
600288	Subsequent consultation Level C	Reassessment, treatment & documentation of a complex condition or 2 separate sites/clinical conditions (eg injuries following major trauma, multiple injuries) <b>See Note (a)</b>	\$65.77
600289	Subsequent consultation Level D	Reassessment, treatment & documentation of a complex condition or 3 or more separate sites/clinical conditions (eg injuries following major trauma, multiple injuries) <b>See Note (a)</b>	\$87.73
600287	Hand/Upper Limb Consultation	Comprehensive assessment and/or treatment of hand/upper limb injury to include subjective and objective examination, design of a treatment program and documentation. Consultation is to be on a one on one direct contact basis, should include a comprehensive range of treatment interventions in a session comprising, for example splinting, scar management, wound care, and must be conducted by an O.T. with recognised skills and training in hand therapy. <b>Please Note:</b> When providing shoulder and/or elbow rehabilitation where it does not meet the above criteria, it should be billed as the appropriate subsequent consultation level item <b>NOT</b> as the "Hand/Upper limb consultation" item <i>See Section 2.3 – Provider management Plans – for approval requirements</i>	Hourly Rate \$134.03

Item No	Service Type	Service Description	Max Fee Excl. GST
600291	Burns consultation	Comprehensive assessment and/or treatment of a burns injury to include subjective and objective examination, design of a treatment program and documentation. Consultation is to be on a one on one direct contact basis and must be conducted by an OT with skills in burns management.	Hourly Rate \$134.03
600170	O.T. General Assessment	Prior insurer approval is required. An assessment of a worker's level of functioning in regard to cognitive functioning, driving, home assessment and activities of daily living. <b>See Note (b) for further explanation.</b>	Hourly Rate \$134.03
600171	Group Sessions	This includes conducting injury management education classes to assist workers to actively manage their condition. The class must be conducted by the therapist and include a maximum of 8 persons in the group. The insurer will only pay for the attendance of workers' compensation claimants.	\$34.10 per person per hour
600292	OT Specific Intervention	Prior insurer approval is required. Services not covered elsewhere in the Table of Costs including a rehabilitation needs assessment, treatment and ongoing management of an injury aimed at progressing a worker towards return to work or increasing a worker's independence (eg cognitive rehabilitation for acquired brain injury or graded programs of home activities for increasing physical capacity). This is to include an assessment, design of a program of intervention and documentation.	Hourly Rate \$134.03
600408	Workplace Evaluation	Prior insurer approval is required. A systematic process using the workplace to estimate work potential and work behaviour. Activities may include: set up of the workplace evaluation, work practice review, workplace modification, job analysis, job redesign, ergonomic assessment, identification of suitable duties, negotiation of a suitable duties plan with relevant parties.	Hourly Rate \$134.03
600413	Workplace Evaluation Report	Report should be provided only following a request from the insurer. When a workplace evaluation report is required it may be billed under this item.	Hourly Rate \$134.03
600409	Functional Capacity Evaluation (FCE)	Prior insurer approval is required. An assessment of a worker's functional capacity to return to suitable work. It includes objective and subjective measures to evaluate the workers ability to perform the physical and/or cognitive demands of a job or range of jobs. It is useful to: 1. determine a worker's ability to work; 2. determine a worker's job specific rehabilitation needs; 3. document a worker's progress before, during or after rehabilitation.	Hourly Rate \$134.03
600414	Functional Capacity Evaluation (FCE) Report	Report should be provided only following a request from the insurer. FCE reports may be billed under this item and should contain details concerning the worker's capacity for work, a summary of the assessment process, findings and clear recommendations for ongoing management to achieve return to work.	Hourly Rate \$134.03

Item No	Service Type	Service Description	Max Fee Excl. GST
600410	Preparation of a Suitable Duties Plan	Prior insurer approval is required. For the preparation of a document for a worker that details specific information necessary to achieve a safe and effective return to the workplace and includes the following: 1. specific tasks and duties to be performed 2. days and hours to be worked 3. key reviewing and reporting requirements during program 4. any restrictions or limitations 5. recommendations for upgrading of program 6. start and completion dates for program. Suitable Duties Plans are usually no more than 2 to 3 weeks duration. (Does not include the time taken negotiating the plan or assessing the workplace. Such time would be included in the Workplace Evaluation item.)	\$39.29
600411	Telephone Monitoring of Suitable Duties Program	Prior insurer approval is required. Monitoring of suitable duties should be performed by the person who documented the Suitable Duties Plan, wherever feasible or another registered person. Telephone liaison with key parties may include employer, worker, treating practitioners and the insurer for the purpose of reviewing the progress of a worker's suitable duties program and related treatment. It would be expected that most phone calls would be of short duration and would only exceed 15 minutes in unusual cases.	Per five minute blocks @ \$11.14
600412	Insurer Initiated Telephone Communication	<b>Insurer</b> initiated telephone discussion relating to treatment or rehabilitation of a specific worker. This does not include initial referral or requests for reports.	Per five minute blocks @ \$11.14
600400	Case Conferencing	Prior insurer approval is required. Face-to-face or telephone communication involving the treatment provider, insurer's case manager and one or more of the following: Treating practitioner, Specialist, employer or other. The conference is to plan, implement, manage, or review treatment options and/or a rehabilitation plan. The conference would result in agreed actions from the participants. A conference would be for a maximum of 60 minutes.	Hourly Rate \$134.03
600286	Return to Work Facilitation	Prior insurer approval is required. Face-to-face facilitation between the worker and key players in the workplace in order to effect a return to work outcome. This item is only to be used in cases where a worker is participating in a rehabilitation program or embarking on a rehabilitation program and there are significant barriers to commencing or progressing on the program. This item <i>does not</i> include general communication relating to suitable duties plans, which has a specific item number (600411).	Hourly Rate \$134.03
600155	Travel	Travelling time will only be paid where the provider is required to leave their rooms to deliver a service to an injured worker at their place of residence, a rehabilitation facility or the workplace. Travelling expenses for periods in excess of 1 hour one way <u>will not be paid</u> unless prior approval is obtained from the insurer.	Hourly Rate \$99.86
600227	Incidental Expenses	Includes charges for splinting materials, back education booklets, pre-fabricated splints and other major items. Reasonable charges to the value of \$90 per claim are payable without prior approval from the insurer. Items used during the course of treatment (such as a piece of bradlex tubing, small non-slip matting) are regarded as consumables and will not be payable.	

Item No	Service Type	Service Description	Max Fee Excl. GST
600076	Progress Report	Report to be provided only following a request from the insurer. Report should include: summary of interventions, including major findings, treatments delivered and results obtained and future treatment recommendations, if applicable.	\$40.22
600077	Standard Report	Report to be provided only following a request from the insurer. Report should contain summarised information of assessment findings, treatments/services delivered, results obtained and include interpretive information with specific recommendations for further rehabilitation management and return to work, if applicable. The report must include all information relevant to the worker's compensable injury. If recommendations include further treatment/services, a Provider Management Plan must also be completed.	\$113.96
600176	Comprehensive Report	Report to be provided only following a request from the insurer. Report contains all the elements of a standard report in addition to information relating to more detailed assessments and interventions performed. This report would only be required in a limited number of cases where the case and the treatment are extremely complex. Fee at hourly rate with number of hours negotiated with insurer.	Hourly Rate \$134.03  Hours to be negotiated with insurer
600226	Independent Case Review	To be provided only following a request from the insurer. Includes: examination and report of an injured worker by an independent case reviewer for the purposes of providing the insurer with an assessment and recommendations for ongoing treatment.	Hourly Rate \$167.48

## EXPLANATORY NOTES

- (a) Treatments billed under this item number are for complex conditions or multiple clinical conditions. They may be paid by the insurer **providing there is a medical certificate which details each area or condition to be treated and it relates to the compensable injury.**
- (b) Definition of various assessments

**Activities of Daily Living:** An assessment of a worker's level of functioning in regard to personal care, household tasks and other related activities. The assessment is normally conducted in order to reduce the impact of the injury on a person's ability to undertake various household and personal activities, aids and equipment prescription and also to determine level of dependency for care requirements.

**Cognitive Assessment:** Assessment of a worker's cognition and perception in relation to level of functioning at home and in the workplace.

**Driving Assessment:** Assessment of a worker's ability to drive safely and/or prescription of vehicle modifications following injury. May be off road and/or on road assessment.

**Home Assessment:** Assessment of worker's home environment to determine suitability in terms of limitations caused by the injury. Would include assessment of modifications required to maximise safety and independence.