

# PHYSIOTHERAPY SERVICES TABLE OF COSTS

## 1. INTRODUCTION

This document outlines the procedures and conditions, including relevant explanatory notes and fees payable, for the delivery of physiotherapy services for workers' compensation claimants. The information contained should assist the physiotherapist, the 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 physiotherapy services

Payment for services outlined in this document are allowed subject to the relevant explanatory note and 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 physiotherapist 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 physiotherapy services provided.**
- **The service provider should identify the appropriate item in the Physiotherapy 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 Allowable Treatment Period

- **A maximum number of 10 physiotherapy sessions is payable by the insurer. No payment will be made in respect of treatment provided in excess of 10 sessions unless prior approval from the insurer has been obtained by the physiotherapist.**
- **The 10 sessions may be a combination of various services (eg. In rooms treatment, group session, aquatic physiotherapy). This excludes those services where prior approval is required.**
- **An initial and subsequent treatment cannot be invoiced on the same day without prior approval from the insurer.**

## 2.3 Provider Management Plans

- The physiotherapist is required to submit a Provider Management Plan in the following situations:
  - (i) **for any physiotherapy sessions extending beyond 10 sessions from the first date of treatment.** The Provider Management Plan is required to be completed in accordance with the guidelines and submitted to the insurer prior to the 10<sup>th</sup> session. In all cases the treatment plan must focus on function.
  - (ii) **for incidental expenses exceeding \$45 per claim or exceeding \$90 per claim for supportive devices.**
  - (iii) **for any service which requires prior approval from the insurer.**
- The physiotherapist will be advised of the insurer's decision regarding approval and payment of plans as soon as possible. **The insurer will not pay for any of these services which are provided without prior approval.**
- 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.
- The insurer will not pay for the preparation or completion of the Provider Management Plan.
- The Provider Management Plan may be obtained by contacting Q-COMP by telephone on 1300 789 881, or from the website [www.qcomp.com.au](http://www.qcomp.com.au).

## 2.4 Treatment Period

- When a worker returns to work (including suitable duties) and requires further physiotherapy, treatment will be considered as continuing and the 10-session rule applies.

- In all cases treatment will be deemed to have ended if there is no treatment for a period of **2 calendar months**. Any subsequent treatment will require the physiotherapist to conduct a new 'Initial assessment' and submit a Provider Management Plan for approval of further 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.

## 2.5 Post Operative Physiotherapy Treatment

- When a worker is referred for physiotherapy treatment after a surgical procedure, a new set of 10 treatments will take effect.

## 2.6 Change of Service Provider

- When a worker changes physiotherapists from one practice to another (not within the same practice) the insurer will pay the cost of an initial consultation by the new physiotherapist to:
  - determine the number of sessions already provided;
  - allow for an assessment and appropriate treatment; and
  - submit a provider management plan if required (refer to item 2.2 (a)).
- It is the responsibility of the physiotherapist to determine if the worker has received previous physiotherapy treatment, ie. when and how many sessions, so that a provider management plan can be submitted if required.

## 2.7 Incidental Expenses

- Reasonable expenses for items the worker actually takes with them (e.g. bandages, elastic stockings, tape, crutches, theraband, putty, disposable electrodes, etc) are payable. In respect of tape, the charge will be considered only where a significant quantity is required. Items used during the course of physiotherapy treatment (eg. towels, pillowcases, antiseptics, gels, tissues, disposable electrodes etc) are regarded as consumables and **will not** be paid for by the insurer.
- Payments may be made for hire or loan of items (eg. TENS units, biofeedback monitors) however, prior approval must be obtained from the insurer. 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 physiotherapist should contact the insurer to discuss the case.
- The total amount payable for incidental expenses as outlined in the table are per claim, not per consultation. Prior approval from the insurer must be obtained using a provider management plan for incidental expenses exceeding the total amount payable per claim.

### 3. PROVIDER INVOICE

**3.1** Payment for services will be made in accordance with the Physiotherapy 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 physiotherapist should contact the insurer.

#### 4.2 Policy Enquiries

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

## PHYSIOTHERAPY FEE SCHEDULE

The following table relates to physiotherapy services provided within the practitioner's rooms, gymnasium, pool, 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
100021	Initial Consultation	<p>Assessment involving the following elements: subjective reporting; objective examination, 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 (100411 and 100400).</p> <p>This would include assessment for the intent of developing a gym or pool exercise program</p> <p><b>*Refer Note (b) for consultation at residence</b></p>	\$54.78
100313	Initial Consultation (complex)	<p>Assessment involving the following elements: subjective reporting; objective examination; communication and documentation of a complex condition or 2 or more separate clinical conditions (eg. injuries following major trauma, complicated hand injuries, treatment of multiple injuries). (Treatment at therapist discretion).</p> <p>This would include assessment for the intent of developing a gym or pool exercise program</p> <p><b>*Refer Note (a)</b></p>	\$82.25
100108	Subsequent Consultation Level A	<p>Selective review of a treatment or exercise program, where a standard consultation (Level B) is not required (for gym and pool programs may include several clients at the one venue).</p> <p>Travel additional (if required)</p>	\$34.10
100006	Subsequent Consultation Standard Level B	<p>Services including reassessment (subjective &amp; objective), treatment, documentation and communication of one area/condition.</p> <p><b>*Refer Note (b) for treatment at residence</b></p> <p>Reassessment (subjective &amp; objective), appropriate gym or pool program modification, 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 (100411 and 100400).</p>	\$45.66

Item No	Service Type	Service Description	Max Fee Excl. GST
100101	Subsequent Consultation Level C	Services including reassessment, treatment, documentation and communication of a complex condition or 2 separate clinical conditions (eg. injuries following major trauma, complicated hand injuries, treatment of multiple injuries) This would include 1:1 treatment for aquatic physiotherapy services not exercise program reviews. <b>*Refer Note (a)</b>	\$65.77
100102	Subsequent Consultation Level D	Reassessment, treatment, documentation and communication of an extremely complex condition or treatment of 3 or more separate clinical conditions. This consultation should be required in a very limited number of cases (eg. multiple trauma, some neurological conditions, extensive burns) <b>* Refer Note (a)</b>	\$87.73
100287	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 a Physiotherapist 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
100406	Specific Physiotherapy Assessment	<b>Prior insurer approval is required.</b> This would include specific types of assessments requested by the insurer which physiotherapists may undertake eg rehabilitation needs assessment, seating assessment, assessment for wheelchairs, diagnostic ultrasound or assessment for the provision of gym equipment.	Hourly Rate \$134.03
100407	Specific Physiotherapy Intervention	<b>Prior insurer approval is required.</b> This would cover treatments NOT CLASSIFIED ELSWHERE in the Table of Costs where an hourly rate may be appropriate, eg. treatment of burns patients, neurologically injured patients and patients with severe spinal injuries.	Hourly Rate \$134.03
100408	Workplace Evaluation	<b>Prior insurer approval is required.</b> 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
100413	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

Item No	Service Type	Service Description	Max Fee Excl. GST
100409	Functional Capacity Evaluation (FCE)	<b>Prior insurer approval is required.</b> 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 workers job specific rehabilitation needs; 3. document a worker's progress before, during or after rehabilitation.	Hourly Rate \$134.03
100414	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
100410	Preparation of a Suitable Duties Plan	<b>Prior insurer approval is required.</b> Includes the preparation of the document called the Suitable Duties Plan for a worker which 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
100411	Telephone Monitoring of Suitable Duties Program	<b>Prior insurer approval is required.</b> 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
100412	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
100400	Case Conferencing	<b>Prior insurer approval is required.</b> 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

Item No	Service Type	Service Description	Max Fee Excl. GST
100286	Return to Work Facilitation	<b>Prior insurer approval is required.</b> Face-to-face facilitation between the worker and key players in the workplace in order to affect 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 (100411)	Hourly Rate \$134.03
100405	Incidental Expenses	Reasonable charges to the value of \$45 for incidental expenses are payable <b>per claim</b> as detailed in paragraph 2.7 of the Introduction to this table (except for supportive devices appropriate to the compensable diagnosis to the value of \$90 per claim). These do not require prior approval from the insurer. Items supplied must relate to the compensable condition.	
100171	Group Sessions	This includes conducting education and exercise classes eg. back education, soft tissue injury management and pain management. The class must be conducted by the physiotherapist 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
100076	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
100077	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
100176	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 neg. with insurer
100226	Independent Case Review	To be provided only following a request from the insurer. 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

Item No	Service Type	Service Description	Max Fee Excl. GST
100700	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 <i>prior approval</i> is obtained from the insurer.	Hourly Rate \$99.86

**Gym and Pool Services** please note that the initial assessment and subsequent treatment rates apply to these services (please see the explanatory notes).

Item No	Service Type	Service Description	Max Fee Excl. GST
100314	Initial Program Development and Instruction	Development of a gym or pool program and individual one to one instruction and/or demonstration of this program at an "away from rooms" appropriate venue.  This may only be charged once and may be on the same day as the initial assessment.  <b>NB PRIOR APPROVAL OF THE INSURER IS REQUIRED FOR THIS ITEM</b>	Hourly Rate \$134.03  (maximum 1 hour)
100402	Program Instruction Subsequent Consultation	Subsequent monitoring of gym or pool program and individual one to one instruction at an "away from rooms" appropriate venue.  <b>NB PRIOR APPROVAL OF THE INSURER IS REQUIRED FOR THIS ITEM</b>	Hourly Rate \$134.03  (maximum 1 hour)
100228	Gym & Pool Entry Fees	The cost of the entrance fee to the gymnasium or pool for treatment or assessment. The insurer will not pay an entrance fee where the gymnasium or pool is owned or operated by the provider.  <b>NB PRIOR APPROVAL OF THE INSURER IS REQUIRED FOR GYM MEMBERSHIP FEES</b>	As per individual facility
100106	Group Aquatic Physiotherapy or Exercise Therapy Sessions	Physiotherapist to supervise and attend planned session. This consultation involves some or all of the elements of a subsequent consultation with aquatic physiotherapy or exercise therapy undertaken in a group or class situation. Maximum of 8 persons per group. The insurer will only pay for the attendance of workers' compensation claimants.	\$34.10 per person per hour

### 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) Fees for treatment at the worker's residence are **payable only** where the worker is certified unfit for travelling by the treating medical practitioner