

**WORKERS COMPENSATION (PHYSIOTHERAPY, CHIROPRACTIC,
OSTEOPATHY FEES) ORDER 2016**

under the

Workers Compensation Act 1987

I, Caroline Walsh, Executive Director, Workers Compensation Regulation, State Insurance Regulatory Authority, authorised delegate, make the following Order pursuant to section 61 (2) of the *Workers Compensation Act 1987*.

Dated this 2nd day of December 2015

CAROLINE WALSH
Executive Director
Workers Compensation Regulation
State Insurance Regulatory Authority

Explanatory Note

Treatments by a Physiotherapist, Chiropractor or Osteopath are categories of medical and related treatment covered under the *Workers Compensation Act 1987*. This Order sets the maximum fees for which an employer is liable under the Act for treatment by a Physiotherapist, Chiropractor or Osteopath of a worker's work related injury.

This Order makes provision for Allied Health Recovery Requests/Management Plans and the approval by workers compensation insurers of certain Physiotherapy, Chiropractic and Osteopathy services. No fees are payable for Physiotherapy, Chiropractic or Osteopathy services provided by a Physiotherapist, Chiropractor or Osteopath who is not approved by the State Insurance Regulatory Authority (the Authority), Workers Compensation Regulation. Workers are not liable for the cost of any medical or related treatment. Employers are liable for the cost of treatment. Employers are only liable to pay the amounts for Physiotherapy, Chiropractic, and Osteopathy services set out in this Order.

The incorrect use of any item referred to in this Order can result in penalties, including the Physiotherapist, Chiropractor or Osteopath being required to repay monies to the Authority that the Physiotherapist, Chiropractor or Osteopath has incorrectly received.

Workers Compensation (Physiotherapy, Chiropractic and Osteopathy Fees) Order 2016

1. Name of Order

This Order is the *Workers Compensation (Physiotherapy, Chiropractic and Osteopathy Fees) Order 2016*.

2. Commencement

This Order commences on 1 January 2016.

3. Definitions

In this Order:

The Act means the *Workers Compensation Act 1987*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Allied Health Recovery Request means the form which may be used by the practitioner to communicate with the insurer about a worker's treatment; timeframes and anticipated outcomes. A Management Plan may also be used for the same purpose (see also definition for *Management Plan*).

Either the Allied Health Recovery Request or Management Plan must be used to request approval from the insurer for treatment/services other than:

- (a) the initial eight (8) consultations (when a worker has not attended for any previous treatment of a physical nature for this injury), or

(b) the initial consultation/treatment (when a worker has attended for previous treatment of a physical nature for this injury).

If treatment is ongoing a further Allied Health Recovery Request or Management Plan must be submitted and approved before treatment can be delivered and in each such case approval can only be given for up to eight (8) consultations.

Case conference means a face-to-face meeting, video conference or teleconference with any or all of the following parties – workplace rehabilitation provider, employer, insurer or other treatment provider/s delivering services to the worker, including the nominated treating doctor. Discussion must seek to clarify the worker’s capacity for work, barriers to return to work and strategies to overcome these barriers via an open forum to ensure parties are aligned with respect to expectations and direction of the worker’s recovery at work or return to suitable employment. If the discussion is with the worker, it must involve a third party to be considered a Case conference.

Discussions with Independent Consultants are not classified as Case conferencing and are not to be charged. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction between referring doctor and practitioner and are not to be charged.

File notes of Case conferences are to be documented in the Physiotherapist’s, Chiropractor’s or Osteopath’s records indicating the person/s spoken to, details of discussions, duration of the discussion and outcomes. This information may be required for invoicing or auditing purposes.

Chiropractic services refer to all treatment related services delivered by a Chiropractor approved by the State Insurance Regulatory Authority, Workers Compensation Regulation. Each service is to be billed in accordance with Schedule A.

Chiropractor means a Chiropractor who is approved by the State Insurance Regulatory Authority, Workers Compensation Regulation to provide Chiropractic services and at the time of providing the service continues to meet all of the Authority’s requirements for approval in the *State Insurance Regulatory Authority Workers Compensation Regulation Guideline for approval of treating allied health practitioners*.

Complex treatment means treatment related to complex pathology and clinical presentation including extensive burns, complicated hand injuries involving multiple joints and tissues and some complex neurological conditions, spinal cord injuries, head injuries and major trauma. Provision of complex treatment requires pre-approval from the insurer. It is expected that only a small number of claimants will require treatment falling within this category.

Group/class intervention occurs where a Physiotherapist, Chiropractor or Osteopath delivers a common service to more than one person at the same time. Examples are aquatic classes, education and exercise groups. Maximum class size is six (6) participants. An Allied Health Recovery Request or a Management Plan is required for each worker participant.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.

Home visit applies in cases where, due to the effects of the injury sustained, the worker is unable to travel. The home visit must be the best and most cost-effective option allowing the practitioner to travel to the worker’s home to deliver treatment. Provision of home visit treatment requires pre-approval from the insurer.

Incidental expenses means reasonable expenses for items the worker actually takes with them for independent use at home (e.g. strapping tape, theraband, exercise putty, walking stick). This does not apply to consumables used during a consultation or exercise handouts. All incidental expenses items must be pre-approved by the insurer via the inclusion of a description and cost price for the necessary item on the Allied Health Recovery Request/ Management Plan. A description of the item should appear on the invoice forwarded to the insurer.

Initial Allied Health Recovery Request means the very first Allied Health Recovery Request completed and submitted to the insurer by the Physiotherapist, Chiropractor or Osteopath for the claim.

Initial consultation and treatment means the first session provided by the Physiotherapist, Chiropractor or Osteopath in respect of an injury or the first consultation in a new episode of care for the same injury and may include:

- history taking
- physical assessment
- diagnostic formulation
- goal setting and treatment planning
- treatment/service
- clinical recording
- communication with referrer, insurer and other relevant parties, and
- preparation of an Allied Health Recovery Request/Management Plan when indicated.

The service is provided on a one to one basis with the worker for the entire session.

Insurer means the employer’s workers compensation insurer.

Management Plan means the form that may be used by the Physiotherapist, Chiropractor or Osteopath to communicate with the insurer about a worker’s treatment, timeframes and anticipated outcomes. An Allied Health Recovery Request may also be used for the same purpose (see also definition for *Allied Health Recovery Request*).

Either the Allied Health Recovery Request or Management Plan must be used to request approval from the insurer for treatment/services other than:

- (a) the initial eight (8) consultations (when a worker has not attended for any previous treatment of a physical nature for this injury), or
- (b) the initial consultation/treatment (when a worker has attended for previous treatment of a physical nature for this injury).

If treatment is ongoing a further Management Plan or Allied Health Recovery Request must be submitted and approved before treatment can be delivered and in each such case approval can only be given for up to eight (8) consultations.

New episode of care occurs when a worker has ceased treatment more than three months previously and returns for additional treatment for the same injury with the same or a different practitioner.

Normal practice means premises in or from which a practitioner regularly operates a Physiotherapy, Chiropractic or Osteopathy practice and treats patients. It also includes facilities where services may be delivered on a regular or contracted basis such as a private hospital, hydrotherapy pool, workplace or gymnasium.

Osteopath means an Osteopath who is approved by the State Insurance Regulatory Authority, Workers Compensation Regulation to provide Osteopathy services and at the time of providing the service continues to meet all the requirements for approval in the *State Insurance Regulatory Authority Workers Compensation Regulation Guideline for approval of treating allied health practitioners*.

Osteopathy services refer to all treatment related services delivered by an Osteopath approved by the State Insurance Regulatory Authority, Workers Compensation Regulation. Each service is to be billed in accordance with Schedule A.

Physiotherapist means a Physiotherapist who is approved by the State Insurance Regulatory Authority, Workers Compensation Regulation to provide Physiotherapy services and at the time of providing the service continues to meet all of the requirements for approval in the *State Insurance Regulatory Authority Workers Compensation Regulation Guideline for approval of treating allied health practitioners*.

Physiotherapy services refer to all treatment related services delivered by a Physiotherapist approved by the State Insurance Regulatory Authority, Workers Compensation Regulation. Each service is to be billed in accordance with Schedule A.

Report writing occurs when the insurer requests a Physiotherapist, Chiropractor or Osteopath to compile a written report, other than the Allied Health Recovery Request/Management Plan, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service. Payment will not be made in advance of receipt of the report.

Standard consultation and treatment means treatment sessions provided subsequent to the Initial consultation and treatment and includes:

- re-assessment
- intervention/treatment
- clinical recording, and
- preparation of an Allied Health Recovery Request/Management Plan when indicated.

The standard consultation rate is to be billed by the Physiotherapist, Chiropractor or Osteopath irrespective of the modality of treatment delivered during the consultation, provided it is on a one-to-one basis with the worker. Treatment may include but is not limited to manual therapy, education regarding self-management strategies, acupuncture, aquatic therapy and exercise prescription.

Telehealth services means video consultations. Practitioners must consider the appropriateness of this mode of service delivery for each worker on a case-by-case basis. Telehealth services require pre-approval from the insurer and must be consented to by all parties – the worker, practitioner and insurer. Phone consultations are not payable in the NSW workers compensation system. Service providers are responsible for delivering Telehealth services in accordance with the principles of professional conduct and the relevant professional and practice guidelines to ensure that all care is taken to ensure the safety, appropriateness and effectiveness of the service.

Travel rates can be claimed when the most appropriate clinical management of the worker requires the Physiotherapist, Chiropractor or Osteopath to travel away from their Normal practice. Travel costs do not apply where the Physiotherapist, Chiropractor or Osteopath provides services on a regular or contracted basis to facilities such as a private hospital, hydrotherapy pool, workplace or gymnasium. Where multiple workers are being treated in the same visit, the travel charge must be divided evenly between those workers. The insurer must provide pre-approval for such a service.

Two (2) distinct areas means where two (2) entirely separate compensable injuries or conditions are assessed and treated and where treatment applied to one condition does not affect the symptoms of the other injury e.g. neck condition plus post fracture wrist. It does not include a condition with referred symptoms to another area.

Work related activity assessment consultation and treatment means a one hour session provided on a one-to-one basis for work related activity. This includes:

- assessment/reassessment
 - o assessment of current condition including functional status
 - o review of previous treatment
- goal setting and treatment/work related activity planning
- delivery of intervention/treatment
 - o clinical recording
 - o communication with key parties
 - o preparation of an Allied Health Recovery Request/Management Plan when indicated.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2016 whether it relates to an injury received before, on or after that date.

5. Maximum fees for Physiotherapy, Chiropractic or Osteopathy treatment

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of a worker by a Physiotherapist, Chiropractor or Osteopath, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for a practitioner to provide treatment of a type specified in any of items PTA007 to PTA011 (for Physiotherapy), CHA005, CHA006, CHA071, CHA072 or CHA073 (for Chiropractic) or OSA007 to OSA011 (for Osteopathy) in Schedule A at a place other than the Normal practice (including the worker's home), the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item PTA014 (Physiotherapy), CHA009 (Chiropractic), or OSA014 (Osteopathy) in Column 2 of Schedule A, where this service has been pre-approved by the insurer.
- (3) The maximum amount payable for an Initial Allied Health Recovery Request is \$25.00 (+ GST). This fee is payable only once per claim for completion of the Initial Allied Health Recovery Request.
- (4) Telehealth services are to be billed according to the appropriate items PTA001 to PTA006 (for Physiotherapy); CHA001, CHA002, CHA031, CHA032, CHA033 or CHA010 (for Chiropractic) and OSA001 to OSA006 (for Osteopathy) in Schedule A and require insurer pre-approval.

6. Services provided interstate

Any Physiotherapy, Chiropractic or Osteopathy treatment related services provided to a NSW worker in a State/Territory other than NSW, must be paid in accordance with the fee that would apply to the workers compensation jurisdiction of the State/Territory of service, up to the maximum fee specified in the fee Schedule of this Fees Order.

In such instances the service provider number is INT0000 and the payment classification code is the one that is relevant to the practitioner's professional discipline, as defined in Schedule A in the item column of this Order.

Physiotherapists, Chiropractors or Osteopaths providing treatment services to a NSW worker in a State/Territory other than NSW are not required to be approved by the State Insurance Regulatory Authority, Workers Compensation Regulation nor are they required to undertake the NSW Allied Health Practitioner online training.

However, the State Insurance Regulatory Authority, Workers Compensation Regulation will only pay fees for Physiotherapy, Chiropractic or Osteopathy services if provided by a Physiotherapist, Chiropractor or Osteopath who meets all requirements for approval by the State Insurance Regulatory Authority, Workers Compensation Regulation as outlined in the *State Insurance Regulatory Authority Workers Compensation Regulation Guideline for approval of treating allied health practitioners*.

To provide services, the service provider must adhere to the NSW Workers Compensation system requirements including, but not limited to, submission of Allied Health Recovery Requests/Management Plans and approval for services.

- Further information regarding the Allied Health Recovery Request can be obtained via: <http://www.workcover.nsw.gov.au/workers-compensation-claims/medical-professionals/allied-health-practitioners>
- Further information regarding approval for services can be obtained in the *WorkCover Guidelines for Claiming Compensation Benefits* via the State Insurance Regulatory Authority, Workers Compensation Regulation website: www.sira.nsw.gov.au
- Please also refer to the relevant discipline specific guide: Chiropractors Guide to WorkCover NSW; Osteopaths Guide to WorkCover NSW; or Physiotherapists Guide to WorkCover NSW at <http://www.workcover.nsw.gov.au/workers-compensation-claims/medical-professionals/allied-health-practitioners>
- Please also refer to section 60 (2A) of the *Workers Compensation Act 1987*. <http://www.legislation.nsw.gov.au/maintop/view/inforce/act+70+1987+cd+0+N>

7. External facility fees

In the exceptional circumstance where approval is given for treatment to be provided at an external facility such as a gymnasium or pool, the facility (and not the service provider) is to invoice the insurer directly under code OTT007. Where this is not possible, the service provider must clearly state the name, location and charge cost price of the facility on their invoice and attach a copy of the facilities invoice to their account. An entry fee will not be paid where the facility is owned or operated by the treatment practitioner or the treatment practitioner contracts their services to the facility.

External facility fees only apply to the cost for the worker’s entry. Fees payable for the entry of the practitioner are a business cost and cannot be charged to the insurer.

8. Nil fee for cancellation or non attendance

No fee is payable for cancellation or non-attendance by a worker for treatment services with a Physiotherapist, Chiropractor or Osteopath.

9. Goods and Services Tax

- (1) Physiotherapy, Chiropractic or Osteopathy treatment services provided by a practitioner directly to a worker are GST free.
- (2) Case conferences, Report writing and Travel services provided by a Physiotherapist, Chiropractor or Osteopath in relation to treatment of a worker are subject to GST.
- (3) An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit an allied health practitioner to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

10. Requirements for invoices

All invoices must be submitted within 30 calendar days of the service provided and must be itemised in accordance with Schedule A of this Order and comply with the State Insurance Regulatory Authority, Workers Compensation Regulation’s itemised invoicing requirements <http://www.workcover.nsw.gov.au/workers-compensation-claims/medical-professionals/invoicing> for the invoice to be processed.

11. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

Schedule A

Maximum fees for Physiotherapists, Chiropractors and Osteopaths approved by the State Insurance Regulatory Authority, Workers Compensation Regulation (including interstate practitioners)

<i>Physiotherapists Item</i>	<i>Chiropractors Item</i>	<i>Osteopaths Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
Normal Practice	Normal Practice	Normal Practice		
PTA001	CHA001	OSA001	Initial consultation and treatment	\$90.40
PTA002	CHA002	OSA002	Standard consultation and treatment	\$76.60
PTA003	CHA031	OSA003	Initial consultation and treatment of two (2) distinct areas	\$136.50
PTA004	CHA032	OSA004	Standard consultation and treatment of two (2) distinct areas	\$115.60
PTA005	CHA033	OSA005	Complex treatment	\$153.10
PTA006	CHA010	OSA006	Group/class intervention	\$54.30/participant
N/A	CHA004	N/A	Spine X-rays performed by a Chiropractor	\$138.10
Home Visit	Home Visit	Home Visit		
PTA007	CHA005	OSA007	Initial consultation and treatment	\$111.40
PTA008	CHA006	OSA008	Standard consultation and treatment	\$89.10

<i>Physiotherapists Item</i>	<i>Chiropractors Item</i>	<i>Osteopaths Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
PTA009	CHA071	OSA009	Initial consultation and treatment of two (2) distinct areas	\$164.30
PTA010	CHA072	OSA010	Standard consultation and treatment of two (2) distinct areas	\$140.70
PTA011	CHA073	OSA011	Complex treatment	\$181.00
Other	Other	Other		
PTA012	CHA081	OSA012	Case conference, Report writing	\$15.05/5 minutes \$181.00/hour (Note: maximum charge of 1 hour for report writing)
PTA013	CHA082	OSA013	Work Related Activity assessment, consultation and treatment	\$181.00 (maximum)
PTA014	CHA009	OSA014	Travel	Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Award 2009</i> .
OAD001	OAD001	OAD001	Incidental expenses e.g. strapping, tape, theraband, exercise putty, etc. Note: This code does not apply to external facility fees	All items require insurer pre-approval
WCO005	WCO005	WCO005	Fees for providing copies of clinical notes and records.	The maximum fee for providing hard copies of clinical records is \$37 (for 33 pages or less) and an additional \$1.35 per page if more than 33 pages. If the clinical records are provided electronically, a flat fee of \$37 applies.
OAS003	OAS003	OAS003	Submission of an Initial Allied Health Recovery Request (AHRR) only . NOTE: <i>This fee does NOT apply to any Management Plan submitted.</i>	\$25.00 + GST (Initial AHRR only) All other Allied Health Recovery Requests submissions are not subject to a fee. No fee is payable for any Management Plan submitted