

**WORKERS COMPENSATION (PHYSIOTHERAPY, CHIROPRACTIC AND
OSTEOPATHY FEES) ORDER 2018**

under the

Workers Compensation Act 1987

I, Carmel Donnelly, Acting Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this 21st day of November 2017

Carmel Donnelly
Acting Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a Physiotherapist, Chiropractor or Osteopath is medical or related treatment covered under the *Workers Compensation Act 1987*. No fees are payable for Physiotherapy, Chiropractic or Osteopathy treatment provided by a Physiotherapist, Chiropractor or Osteopath who is not approved by the State Insurance Regulatory Authority (the Authority). 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. The effect of this Order is to prevent a Physiotherapist, Chiropractor or Osteopath from recovering from the injured worker or employer any extra charge for treatments covered by the Order.

This Order provides that approval by workers compensation insurers must be sought for certain Physiotherapy, Chiropractic and Osteopathy treatment. 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 as a maximum the amounts for Physiotherapy, Chiropractic, and Osteopathy treatment 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 that the Physiotherapist, Chiropractor or Osteopath has incorrectly received.

The Authority has not set a maximum amount for any medical or related treatment provided in respect of a worker's work related "Severe injury" as defined in this Order. Fees for this treatment are to be negotiated with the insurer prior to the delivery of services. Use of the Allied Health Recovery Request is optional for the request of treatment for workers with Severe injury.

Workers Compensation (Physiotherapy, Chiropractic and Osteopathy Fees) Order 2018

1. Name of Order

This Order is the *Workers Compensation (Physiotherapy, Chiropractic and Osteopathy Fees) Order 2018*

2. Commencement

This Order commences on 1 January 2018.

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 must be used by the practitioner to request prior approval for treatment and services and to communicate with the insurer about a worker's treatment, timeframes and anticipated outcomes.

Case conference means a face-to-face meeting, video conference or teleconference with any or all of the following parties – worker, employer, workplace rehabilitation provider, insurer or other treatment practitioner/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 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.

Prior insurer approval is not required for up to two hours of Case conferencing per claim, (see *Guidelines for Claiming Workers Compensation at <http://www.sira.nsw.gov.au/news/notice/new-guidelines-for-claiming-workers-compensation>*).

Chiropractic services refer to all treatment related services delivered by a Chiropractor approved by the Authority. Each service is to be billed in accordance with Schedule A.

Chiropractor means a Chiropractor who is approved by the Authority 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* (see <http://www.sira.nsw.gov.au/workers-compensation/health-practitioners-workers-compensation/allied-health-for-injured-workers/allied-health-practitioners-approval-requirements>).

Complex treatment means treatment related to complex pathology and clinical presentation including extensive burns, complicated hand injuries involving multiple joints or 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 education, exercise groups, aquatic classes/hydrotherapy. Maximum class size is six (6) participants. An Allied Health Recovery Request is required for Fwor 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 items the worker actually takes with them for independent use at home (e.g. strapping tape, theraband, exercise putty, disposable electrodes, walking stick). This does not apply to consumables used during a consultation or exercise handouts.

No pre-approval is required for up to \$100 per claim for reasonable incidental expenses. Costs above this must be pre-approved by the insurer. A description of the item must appear on the invoice forwarded to the insurer.

Independent consultant review means a review by an Independent consultant approved by the Authority. Physiotherapists, Chiropractors and Osteopaths must participate in Independent consultant reviews.

Initial Allied Health Recovery Request means the 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 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.

New episode of care means when a worker has ceased treatment more than three (3) months previously and returns for additional treatment for the same injury with the same or a different practitioner. Practitioners have pre-approval for one (1) consultation only before an Allied Health Recovery Request must be submitted to the insurer if further treatment is required.

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 or gymnasium.

Osteopath means an Osteopath who is approved by the Authority 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* (see <http://www.sira.nsw.gov.au/workers-compensation/health-practitioners-workers-compensation/allied-health-for-injured-workers/allied-health-practitioners-approval-requirements>).

Osteopathy services refer to all treatment related services delivered by an Osteopath approved by the Authority. Each service is to be billed in accordance with Schedule A.

Physiotherapist means a Physiotherapist who is approved by the Authority 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* (see <http://www.sira.nsw.gov.au/workers-compensation/health-practitioners-workers-compensation/allied-health-for-injured-workers/allied-health-practitioners-approval-requirements>).

Physiotherapy services refer to all treatment related services delivered by a Physiotherapist approved by the Authority. Each service is to be billed in accordance with Schedule A.

Report writing occurs only when the insurer requests a Physiotherapist, Chiropractor or Osteopath compile a written report, other than the Allied Health Recovery Request, 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.

Severe injury means one or more of the following diagnoses:

- spinal cord injury — acute traumatic lesion of the neural elements in the spinal canal (spinal cord and cauda equina) resulting in permanent sensory deficit, motor deficit or bladder/bowel dysfunction as a result of the workplace injury
- traumatic brain injury — based on evidence of a significant brain injury which results in permanent impairments of cognitive, physical and/or psychosocial functions. A defined period of post traumatic amnesia plus a Functional Independence Measure (FIM) at five or less, or two points less than the age appropriate norm (or equivalent where other assessment tools are used) is required
- multiple amputations (or equivalent loss of function) of the upper and/or lower extremities or single amputations (or equivalent loss of function) involving forequarter amputation or shoulder disarticulation, hindquarter amputation, hip disarticulation or "short" trans femoral amputation involving the loss of 65% or more of the length of the femur
- burns — full thickness burns greater than 40 per cent of the total body surface area or full thickness burns to the hands, face or genital area, or inhalation burns causing long term respiratory impairment, plus a FIM score at five or less, or two points less than the age norm (or equivalent where other assessment tools are used)
- permanent traumatic blindness, based on the legal definition of blindness.

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 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, exercise prescription, acupuncture and aquatic therapy/hydrotherapy.

Telehealth services mean 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. The insurer must provide pre-approval for such a service.

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 or gymnasium. Where multiple workers are being treated in the same visit, the travel charge must be divided evenly between those workers.

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
 - assessment of current condition including functional status
 - review of previous treatment
- goal setting and treatment/work related activity planning
- delivery of intervention/treatment

- clinical recording
- communication with key parties
- preparation of an Allied Health Recovery Request when indicated.

Note: aquatic therapy/hydrotherapy is not considered work related activity and cannot be billed using this code.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2018 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:
 - a) an amount calculated at the rate per kilometre (for the number of kilometre's 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 \$36.30 (+ GST). This fee is payable only once (1) 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. Treatment provided interstate

Any Physiotherapy, Chiropractic or Osteopathy treatment related service provided to a NSW worker in a State/Territory other than NSW must not exceed the maximum fee for the service as specified in this 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 Authority. However they must meet all approval criteria outlined in the *State Insurance Regulatory Authority Workers Compensation Regulation Guideline for approval of treating allied health practitioners* apart from completion of the NSW Allied Health Practitioner online training (see <http://www.sira.nsw.gov.au/workers-compensation/health-practitioners-workers-compensation/allied-health-for-injured-workers/allied-health-practitioners-approval-requirements>).

Interstate practitioners without the Authority's approval cannot access exemptions from prior insurer approval unless the treatment or service is provided within 48 hours of the injury occurring. Insurer approval must be sought before providing any other service or treatment.

To provide services, the service provider should adhere to the NSW Workers Compensation system requirements including, but not limited to, submission of Allied Health Recovery

Requests. Further information is available in [A workers compensation guide for allied health practitioners](#).

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, Travel services and the Initial Allied Health Recovery Request (AHRR) 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 Authority's itemised invoicing requirements (see <http://www.sira.nsw.gov.au/workers-compensation/health-practitioners-workers-compensation/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 (including interstate practitioners) approved by the Authority

| Physiotherapists Item | Chiropractors Item | Osteopaths Item | Column 1 Type of Treatment | Column 2 Maximum Amount (\$) (excl GST) |
|-----------------------|--------------------|-----------------|--|---|
| Normal Practice | Normal Practice | Normal Practice | | |
| PTA001 | CHA001 | OSA001 | Initial consultation and treatment | \$94.10 |
| PTA002 | CHA002 | OSA002 | Standard consultation and treatment | \$79.70 |
| PTA003 | CHA031 | OSA003 | Initial consultation and treatment of two (2) distinct areas | \$142.00 |
| PTA004 | CHA032 | OSA004 | Standard consultation and treatment of two (2) distinct areas | \$120.20 |
| PTA005 | CHA033 | OSA005 | Complex treatment | \$159.30 |
| PTA006 | CHA010 | OSA006 | Group/class intervention | \$56.50/participant |
| N/A | CHA004 | N/A | Spine X-rays performed by a Chiropractor | \$143.70 |
| Home Visit | Home Visit | Home Visit | | |
| PTA007 | CHA005 | OSA007 | Initial consultation and treatment | \$115.90 |
| PTA008 | CHA006 | OSA008 | Standard consultation and treatment | \$92.70 |
| PTA009 | CHA071 | OSA009 | Initial consultation and treatment of two (2) distinct areas | \$171.00 |
| PTA010 | CHA072 | OSA010 | Standard consultation and treatment of two (2) distinct areas | \$146.40 |
| PTA011 | CHA073 | OSA011 | Complex treatment | \$188.40 |
| Other | Other | Other | | |
| PTA012 | CHA081 | OSA012 | Case conference Report writing (only when requested by the insurer) | \$15.70/5 minutes \$188.40/hour (Note: maximum charge of 1 hour for report writing) |
| PTA013 | CHA082 | OSA013 | Work Related Activity assessment, consultation and treatment (cannot be used for aquatic therapy/hydrotherapy) | \$188.40 (maximum) |
| PTA014 | CHA009 | OSA014 | Travel (requires pre-approval by the insurer). | 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 Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009. Note: Rates for travel within the Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009 are reconsidered annually. For the current rate of private motor vehicle allowances please refer to the most recent Treasury Circular publication "Review of Meal, Travelling and Other Allowances" via http://www.treasury.nsw.gov.au/ website. |

| OAD001 | OAD001 | OAD001 | Incidental expenses e.g. strapping, tape, theraband, exercise putty, etc. Note: This code does not apply to external facility fees | Cost price |
|--------|--------|--------|--|---|
| WCO005 | WCO005 | WCO005 | Fees for providing copies of clinical notes and records. | The maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. If the clinical records are provided electronically, a flat fee of \$38 applies. |
| OAS003 | OAS003 | OAS003 | Submission of an Initial Allied Health Recovery Request (AHRR) only. | \$36.30 (Initial AHRR per claim only) All other Allied Health Recovery Requests submissions are not subject to a fee. |