

Physiotherapy, Chiropractic and Osteopathy Fees and Practice Requirements

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1. Physiotherapy, chiropractic and osteopathy services and maximum fees

The information in this table sets out legally binding requirements extracted from the *Workers Compensation (Physiotherapy, Chiropractic and Osteopathy Fees) Order 2022* (Fees Order) (in relation to columns 1, 2, 3, 4, 5 and 7) and the *Workers Compensation Guidelines* (Guidelines) (in relation to column 6). These requirements are reproduced here for your convenience. The Fees Order¹ and Guidelines² are the ultimate source of your legal obligations. The full text of the Fees Order and the Guidelines can be accessed using the links and references provided at the bottom of this page. See part 2 for more information on using this table.

The maximum fees in this table apply to services provided on or after 1 January 2022. The related injury may have been received before, on or after this date.

Physiotherapy item code ¹	Chiropractic item code ²	Osteopathy item code ³	Service ⁴	Service description ⁵	Requires insurer pre-approval via AHRR ⁶	Maximum fee (\$) (excl. GST) ⁷
PTA001 (face to face)	CHA001 (face to face)	OSA001 (face to face)	Consultation A - Initial	<p>The first session provided by the practitioner in respect of an injury, or the first session in a new episode of care for the same injury.</p> <p>Initial consultation may include:</p> <ul style="list-style-type: none"> • history taking • physical assessment • tailored goal setting and treatment planning • setting expectations of recovery and return to work • treatment/service • clinical recording • communication with referrer, insurer and other relevant parties, and preparation of an Allied Health Recovery Request when indicated <p>The entire session must be one-to-one with the worker.</p> <p>Note: Telehealth means delivery of consultations via video or telephone. The fee for a telehealth consultation includes</p>	<p>Insurer pre-approval is required for face to face and telehealth services, except in the following circumstances:</p> <ul style="list-style-type: none"> • if the injury was not previously treated by a physiotherapist, chiropractor, osteopath or accredited exercise physiologist and the treatment begins within three months of the injury, up to eight consultations may be provided without insurer pre-approval; 	\$125.00
PTA301 (telehealth)	CHA301 (telehealth)	OSA301 (telehealth)				
PTA007 (home visit)	CHA005 (home visit)	OSA007 (home visit)				

^{1,2,3,4,5,7} *Workers Compensation (Physiotherapy, Chiropractic and Osteopathy Fees) Order 2022*, Government Gazette of the State of New South Wales, Number 634-Other of Friday 10 December 2021, p. 61-69; https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette_2021_2021-634.pdf

⁶ *Part 4: Compensation for medical, hospital, and rehabilitation expenses*, Workers Compensation Guidelines, SIRA, March 2021:

<https://www.sira.nsw.gov.au/workers-compensation-claims-guide/legislation-and-regulatory-instruments/guidelines/workers-compensation-guidelines#part-4>

Physiotherapy item code ¹	Chiropractic item code ²	Osteopathy item code ³	Service ⁴	Service description ⁵	Requires insurer pre-approval via AHRR ⁶	Maximum fee (\$) (excl. GST) ⁷
				<p>any emails or other electronic communication to support the delivery of the treatment. No additional fee can be charged for a telehealth consultation (such as for use of a facility).</p> <p>Home visit initial consultations can be provided where, due to the effects of the injury sustained, the worker is unable to travel, and the consultation is at the worker's home.</p>	<p>or</p> <ul style="list-style-type: none"> if the same practitioner is continuing treatment within three months of the injury, and sought pre-approval by sending an AHRR to the insurer, and the insurer did not respond within five working days of receiving the AHRR, up to eight consultations (per the AHRR) can be provided without insurer pre-approval; 	
<p>PTA002 (face to face)</p> <p>PTA302 (telehealth)</p> <p>PTA008 (home visit)</p>	<p>CHA002 (face to face)</p> <p>CHA302 (telehealth)</p> <p>CHA006 (home visit)</p>	<p>OSA002 (face to face)</p> <p>OSA302 (telehealth)</p> <p>OSA008 (home visit)</p>	<p>Consultation A - Subsequent</p>	<p>Treatment provided after the initial consultation and treatment.</p> <p>Subsequent consultation may include:</p> <ul style="list-style-type: none"> re-assessment intervention/treatment (e.g. manual therapy, exercise prescription, education regarding self-management strategies, acupuncture, aquatic therapy/hydrotherapy) setting expectations of recovery and return to work clinical recording preparation of an Allied Health Recovery Request when indicated. <p>The subsequent consultation rate is to be used irrespective of the type of treatment delivered during the session. The entire session must be one-to-one with the worker. Treatment may include but is not limited to</p>	<p>or</p> <ul style="list-style-type: none"> if the injury was not previously treated by a physiotherapist, chiropractor, osteopath or accredited exercise physiologist and the treatment begins more than three months after the injury, up to three consultations can be provided without insurer pre-approval; <p>or</p> <ul style="list-style-type: none"> if the practitioner previously treated the injury more than three 	<p>\$84.80 for face to face and telehealth</p> <p>\$98.50 for home visits</p>

Physiotherapy item code ¹	Chiropractic item code ²	Osteopathy item code ³	Service ⁴	Service description ⁵	Requires insurer pre-approval via AHRR ⁶	Maximum fee (\$) (excl. GST) ⁷
				<p>manual therapy, education regarding self-management strategies, exercise prescription, dry needling and aquatic therapy/hydrotherapy.</p> <p>Note: Telehealth means delivery of consultations via video or telephone. The fee for a telehealth consultation includes any emails or other electronic communication to support the delivery of the treatment. No additional fee can be charged for a telehealth consultation (such as for use of a facility).</p> <p>Home visit treatment sessions can be provided where, due to the effects of the injury sustained, the worker is unable to travel, and the consultation is at the worker's home, subsequent to the Initial consultation and treatment.</p>	<p>months ago, one consultation with the same practitioner can be provided without pre-approval by the insurer. This is considered a <u>new episode of care</u>;</p> <p>or</p> <ul style="list-style-type: none"> if the injury was previously treated by a physiotherapist, chiropractor, osteopath or accredited exercise physiologist, one consultation with a different practitioner from this group can be provided without pre-approval from the insurer. 	
PTA003 (face to face) PTA303 (telehealth) PTA009 (home visit)	CHA031 (face to face) CHA303 (telehealth) CHA071 (home visit)	OSA003 (face to face) OSA303 (telehealth) OSA009 (home visit)	Consultation B - Initial	<p>The first session provided by the practitioner in respect of the injuries, or the first session in a new episode of care for the same injuries, where clinical presentation includes:</p> <ul style="list-style-type: none"> two (2) entirely separate compensable injuries or conditions. Where assessment and treatment applied to one of the injuries or conditions is separate to the treatment required for the other injury e.g. neck condition plus post fracture wrist. A compensable injury with referred symptoms to another body area does not constitute more than one injury, or complicated hand injuries involving multiple fingers, joints or tissues. <p>Initial consultation may include:</p> <ul style="list-style-type: none"> history taking physical assessment tailored goal setting and treatment planning 		\$188.30

Physiotherapy item code ¹	Chiropractic item code ²	Osteopathy item code ³	Service ⁴	Service description ⁵	Requires insurer pre-approval via AHRR ⁶	Maximum fee (\$) (excl. GST) ⁷
				<ul style="list-style-type: none"> • setting expectations of recovery and return to work • treatment/service • clinical recording • communication with referrer, insurer and other relevant parties, and preparation of an Allied Health Recovery Request when indicated <p>The entire session must be one-to-one with the worker.</p> <p>Note: Telehealth means delivery of consultations via video or telephone. The fee for a telehealth consultation includes any emails or other electronic communication to support the delivery of the treatment. No additional fee can be charged for a telehealth consultation (such as for use of a facility). Home visit initial consultations can be provided where, due to the effects of the injury sustained, the worker is unable to travel, and the consultation is at the worker's home.</p>		
PTA004 (face to face)	CHA032 (face to face)	OSA004 (face to face)	Consultation B - Subsequent consultation and treatment	<p>Treatment provided after the initial consultation and treatment, where clinical presentation includes:</p> <ul style="list-style-type: none"> • two (2) entirely separate compensable injuries or conditions. Where assessment and treatment applied to one of the injuries or conditions is separate to the treatment required for the other injury e.g. neck condition plus post fracture wrist. A compensable injury with referred symptoms to another body area does not constitute more than one injury, or • complicated hand injuries involving multiple fingers, joints or tissues. <p>Subsequent consultation may include:</p>		\$125.50 for face to face and telehealth.
PTA304 (telehealth)	CHA304 (telehealth)	OSA304 (telehealth)				
PTA010 (home visit)	CHA072 (home visit)	OSA010 (home visit)				\$152.90 for home visits

Physiotherapy item code ¹	Chiropractic item code ²	Osteopathy item code ³	Service ⁴	Service description ⁵	Requires insurer pre-approval via AHRR ⁶	Maximum fee (\$) (excl. GST) ⁷
				<ul style="list-style-type: none"> • re-assessment • intervention/treatment (e.g. manual therapy, exercise prescription, education regarding self-management strategies, acupuncture, aquatic therapy/hydrotherapy) • setting expectations of recovery and return to work • clinical recording • preparation of an Allied Health Recovery Request when indicated. <p>The subsequent consultation rate is to be used irrespective of the type of treatment delivered during the session. The entire session must be one-to-one with the worker. Treatment may include but is not limited to manual therapy, education regarding self-management strategies, exercise prescription, dry needling and aquatic therapy/hydrotherapy.</p> <p>Note: Telehealth means delivery of consultations via video or telephone. The fee for a telehealth consultation includes any emails or other electronic communication to support the delivery of the treatment. No additional fee can be charged for a telehealth consultation (such as for use of a facility).</p> <p>Home visit treatment sessions can be provided where, due to the effects of the injury sustained, the worker is unable to travel, and the consultation is at the worker's home, subsequent to the Initial consultation and treatment.</p>		
PTA005 (face to face)	CHA033 (face to face)	OSA005 (face to face)	Consultation C – Initial or subsequent	<p>Treatment provided where clinical presentation includes:</p> <ul style="list-style-type: none"> • three (3) or more entirely separate compensable injuries or conditions. Where assessment and treatment required for any one of the injuries or conditions is separate to the treatment required 		<p>\$16.40 /5 minutes</p> <p>\$196.80/hour (maximum)</p>

Physiotherapy item code ¹	Chiropractic item code ²	Osteopathy item code ³	Service ⁴	Service description ⁵	Requires insurer pre-approval via AHRR ⁶	Maximum fee (\$) (excl. GST) ⁷
PTA011 (home visit)	CHA073 (home visit)	OSA011 (home visit)		<p>for any of the other injuries. e.g. treatment required for a neck condition, treatment for a wrist post-fracture, plus treatment for a knee ligament injury. A compensable injury with referred symptoms to another body area does not constitute more than one injury, or</p> <ul style="list-style-type: none"> • a major hand injury (Modified Hand Injury Severity Score > 100) where assessment and treatment is provided by an Australian Hand Therapy Association Accredited Hand Therapist, or • extensive burns <p>Initial consultation may include:</p> <ul style="list-style-type: none"> • history taking • physical assessment • tailored goal setting and treatment planning • setting expectations of recovery and return to work • treatment/service • clinical recording • communication with referrer, insurer and other relevant parties, and preparation of an Allied Health Recovery Request when indicated <p>Subsequent consultation may include:</p> <ul style="list-style-type: none"> • re-assessment • intervention/treatment (e.g. manual therapy, exercise prescription, education regarding self-management strategies, acupuncture, aquatic therapy/hydrotherapy) • setting expectations of recovery and return to work • clinical recording • preparation of an Allied Health Recovery Request when indicated. 		

Physio-therapy item code ¹	Chiro-practic item code ²	Osteopathy item code ³	Service ⁴	Service description ⁵	Requires insurer pre-approval via AHRR ⁶	Maximum fee (\$) (excl. GST) ⁷
				<p>For both initial and subsequent consultations, the entire session must be one-to-one with the worker.</p> <p>The subsequent consultation rate is to be used irrespective of the type of treatment delivered during the session. The entire session must be one-to-one with the worker. Treatment may include but is not limited to manual therapy, education regarding self-management strategies, exercise prescription, dry needling and aquatic therapy/hydrotherapy.</p> <p>Home visit initial consultations or treatment sessions can be provided where, due to the effects of the injury sustained, the worker is unable to travel, and the consultation is at the worker's home, subsequent to the Initial consultation and treatment.</p>		
PTA006	CHA010	OSA006	Group/class intervention	<p>Where the practitioner delivers the same service (the same exercise and instructions) to more than one person at the same time.</p> <p>Note: Maximum class size is six participants</p>		\$60.10/participant
Other						
N/A	CHA004	N/A	Spine X-rays performed by a chiropractor		Yes	\$152.80
PTA014	CHA009	OSA014	Travel costs	Travel costs can be claimed when the most appropriate clinical management of the worker requires the practitioner to travel away from their normal place of practice. The rate per kilometre applies only to the	Yes	<u>Use of private motor vehicle:</u> 72 cents per kilometre (+GST)

Physiotherapy item code ¹	Chiropractic item code ²	Osteopathy item code ³	Service ⁴	Service description ⁵	Requires insurer pre-approval via AHRR ⁶	Maximum fee (\$) (excl. GST) ⁷
				<p>number of kilometres of travel reasonably involved with the treatment.</p> <p>Travel costs cannot be claimed where:</p> <ul style="list-style-type: none"> the practitioner provides services to facilities such as a private hospital, hydrotherapy pool or gymnasium. the practitioner does not have (or is employed by a business that does not have) a commercial place of business for the delivery of treatment services (e.g. mobile practice). <p>Where multiple workers are being treated in the same visit to a facility or in the same geographical area on the same day, the reasonable travel charge must be divided evenly between those workers.</p>		
PTA015	CHA015	OSA015	Case conference	<p>“Case conference” means face-to-face meeting, video conference or teleconference with any or all of the following:</p> <ul style="list-style-type: none"> the worker (including a support person, if requested by the worker) employer workplace rehabilitation provider insurer; and/or other treatment practitioner/s delivering services to the worker (including the nominated treating doctor) <p>The following are not considered a case conference and are not to be charged as such:</p> <ul style="list-style-type: none"> discussions with the worker only (and a support person, if requested by the worker) discussions with Independent Consultants discussions between treating doctors and practitioners relating to treatment. 	<p>Insurer pre-approval is not required for a maximum of two hours per practitioner.</p> <p>Over two hours per practitioner of case conferencing requires insurer pre-approval.</p>	\$16.40 (+GST)/ 5 minutes

Physio-therapy item code ¹	Chiro-practic item code ²	Osteopathy item code ³	Service ⁴	Service description ⁵	Requires insurer pre-approval via AHRR ⁶	Maximum fee (\$) (excl. GST) ⁷
				<p>Case conferences must:</p> <ul style="list-style-type: none"> seek to clarify the worker's capacity for work, barriers to return to work, and strategies to overcome these barriers be 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. <p>The practitioner is to retain file notes of the case conference, including date, duration, participants, topics and outcomes. This information may be required for invoicing or auditing purposes.</p>		
PTA016	CHA016	OSA016	Report writing	<p>Occurs only when the insurer requests the practitioner compile a written report providing details of the worker's treatment, progress and work capacity (other than an AHRR)</p> <p>(requires pre-approval and must be requested by the insurer)</p>	Yes, provided at request of insurer	\$16.40 (+GST)/ 5 minutes (maximum 1 hour)
PTA020	CHA020	OSA020	Incidental expenses	<p>Items the worker takes with them for independent use at home e.g. strapping, tape, TheraBand, exercise putty, etc. This does not apply to consumables used during a consultation or exercise handouts.</p> <p>Note: This code does not apply to external facility fees</p>	<p>Insurer pre-approval is not required for up to \$110 per claim for reasonable incidental expenses.</p> <p>Above \$110 requires insurer pre-approval.</p>	Cost price including postage/freight

Physiotherapy item code ¹	Chiropractic item code ²	Osteopathy item code ³	Service ⁴	Service description ⁵	Requires insurer pre-approval via AHRR ⁶	Maximum fee (\$) (excl. GST) ⁷
WCO005	WCO005	WCO005	Providing copies of clinical notes and records where clinical records are maintained electronically	Note: The practitioner/practice should not provide or bill for hard copy clinical records if they are maintained electronically.	Yes, provided at request of insurer	Flat fee of \$60 (+GST) (inclusive of postage and handling).
			Providing copies of clinical notes and records where clinical records are kept in hard copy		Yes, provided at request of insurer	\$38 (+GST) for 33 pages or less. An additional \$1.40 (+GST) per page if more than 33 pages. These fees include postage and handling
OAS003	OAS003	OAS003	Submission of a first <u>Allied Health Recovery Request</u> (AHRR) only	This fee applies to the first <i>Allied Health Recovery Request</i> completed and submitted to the insurer for the claim. Subsequent AHRR submissions cannot be billed.	No	\$38.70 (+GST)
OAS004	N/A	N/A	Submission of a <u>first subsequent Certificate of Capacity</u> only	This fee applies to the first subsequent Certificate of Capacity issued and submitted to the insurer. Further subsequent Certificate of Capacity submissions cannot be billed. Note: Only a SIRA-approved physiotherapist can issue a Certificate of Capacity	No	\$38.70 (+GST)

2. Understanding this document

This document is intended to provide easily accessible information on fees, billing and approval processes in the NSW workers compensation system, drawn together from multiple sources into a single document. It is anticipated this will make administration of billing and approval processes easier for insurers and providers and reduce the potential for billing and coding errors.

This document refers to legally binding requirements imposed by the

- *Workers Compensation Act 1987* (1987 Act)
- *Workplace Injury Management and Workers Compensation Act 1998* (1998 Act)
- *Workers Compensation Regulation 2016* (the Regulation)
- *Workers Compensation Guidelines* (the Guidelines)
- *SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners 2021* (Allied Health Guideline)
- *Workers Compensation (Physiotherapy, Chiropractic and Osteopathy Fees) Order 2022* (Fees Order) (see link to fees order in footnote on page 3).

These are reproduced here for your convenience. The legislation, Fees Order and guidelines set out above are the ultimate source of your legal obligations.

The table in part 1 sets out legally binding requirements:

- the requirements set out in columns 1, 2, 3, 4, 5 and 7 are extracted from the Fees Order, which is made under s 61(2) of the *1987 Act*. The Fees Order sets the maximum fees for which an employer is liable under the *1987 Act* for any physiotherapy, chiropractic or osteopathy treatment related services provided to a NSW worker. Costs must not exceed the maximum fee for the treatment or services specified in the Fees Order.
- the requirements set out in column 6 are derived from clause 4 of the *Guidelines*, which are made under section 376(1)(c) of the *1998 Act*, and under s 60(2A)(a) of the *1987 Act*. Clause 4 of the *Guidelines* specifies the types or classes of treatment or services that are exempt from the requirement for prior insurer approval set out in s 60(2A)(a).

This document also includes best practice guidance from SIRA.

The words 'must', 'required' (and variations of that word) or 'mandatory' indicate a legal requirement that must be complied with. The words 'should' or 'is expected' indicate recommended best practice.

3. Practice requirements for physiotherapists, chiropractors and osteopaths

To be appropriately qualified for the purposes of section 60 of the *1987 Act* to give or provide a treatment or service to a worker in NSW, an eligible allied health practitioner must:

- be a physiotherapist, chiropractor or osteopath with general registration under the *Health Practitioner Regulation National Law (NSW) No 86a* or equivalent Health Practitioner Regulation National Law in their jurisdiction with the Australian Health Practitioner Regulation Agency (AHPRA).

In addition, the *Allied Health Guideline* requires physiotherapists, chiropractors and osteopaths to be approved by SIRA to provide services in the NSW workers compensation system.

3.1. Allied Health Recovery Request

When requesting approval of treatment services, including equipment needs and case conferencing, practitioners should provide clinical justification to support the services requested.

The Allied Health Recovery Request allows you to:

- describe the impact of the injury on the worker in terms of reported and observed signs and symptoms, as well as their capacity to engage in their roles at work, home and in the community
- set SMART goals and empower the worker to be actively involved in their recovery
- outline an action plan, listing actions the worker and you are individually responsible for
- demonstrate the effectiveness of treatment using measurable outcomes
- indicate the anticipated timeframe the recovery will take.

3.2. Treating exempt workers

Exempt workers (defined below) are not required to use SIRA-approved physiotherapists, chiropractors or osteopaths.

There is no requirement for exempt workers to seek pre-approval from their employer's insurer for treatment (as set out in column 6 of part 1).

However, exempt workers are to be made aware that payment of treatment and services for exempt workers will be assessed by insurers based on whether the treatment or service is required as a result of the injury and is considered reasonably necessary and on the provision of properly verified costs. The maximum fees set out in part 1 apply to exempt workers.

3.3. Best practice service provision via telehealth

Practitioners should consider the clinical appropriateness of delivery of services via telehealth on a case-by-case basis and be satisfied that it will not compromise client outcomes. The worker's preferences with response to telehealth should be considered.

The use of telehealth for consultations should be discussed with and consented to by the worker prior to the delivery of services.

4. Fee requirements for treatment

While you must not charge more than the maximum fees stated in this table and gazetted in the Fees Order, you may charge a lower fee.

Workers are not liable for the cost of any reasonably necessary medical or related treatment required as a result of an injury received by the worker (see section 60 of *the 1987 Act*). The employer is liable to pay these fees and, under section 61(2) of *the 1987 Act*, is not liable to pay the cost of treatment that is in excess of the maximum fees set by SIRA. These maximum fees apply even if the treatment is provided outside of NSW for workers entitled to compensation under the *1987 Act*.

Insurers may set their own fee limits for services to workers. These must not exceed the maximum fees in the relevant fees order.

Under section 60(3) of the *1987 Act* payments are to be made as costs are incurred, but only if properly verified. This means that:

- a fee must not be charged where a worker cancels or does not attend scheduled treatment services.
- pre-payment of fees for reports and services must not be sought.

4.1. Payment of external facility fees for workers

In some exceptional circumstances, the insurer may give approval for treatment to be provided at an external facility such as a gymnasium or pool. In these cases:

- External facility fees apply only to the cost for the worker's entry
- The facility (and not the service provider) should invoice the insurer directly under the code **OTT007**.
- Fees payable for the entry of the practitioner must not be charged to the insurer
- An entry fee will not be paid where the facility is owned or operated by the practitioner or the practitioner contracts their services to the facility.

Where the facility cannot invoice the insurer directly, the service provider should clearly state the name, location and charge cost price of the facility on their invoice. They should also attach a copy of the facility's invoice to their account.

4.2. Treatment of severe injuries

The Fees Order does not set a maximum fee for treatment provided to a worker with a severe injury (see definition below) because of the complexity and additional care requirements for these cases.

Instead, the practitioner is to negotiate fees for severe injury treatment with the insurer prior to the delivery of services.

When invoicing, practitioners are to use the most appropriate code/s from part 1 but will not be bound by the maximum fee set for that code.

Use of the Allied Health Recovery Request form is optional for the request of treatment for workers with severe injury.

Severe injury refers to 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% 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.

5. Penalties for non-compliance

This part provides information to help service providers understand the potential consequences of non-compliance with fees and practice requirements.

- SIRA and insurers have systems for monitoring compliance with billing and payments rules.

- The incorrect use of any item referred to in this order may result in the service provider being required to repay payments that have been incorrectly received.
- SIRA also reserves the right to refer misconduct to the relevant professional body, Health Professional Councils Authority, or the Health Care Complaints Commission.
- The workers compensation legislation provides for criminal penalties for a person who:
 - commits fraud on the workers compensation legislation (s 235A) or
 - knowingly makes a false or misleading statement relating to a claim (s 235C).

6. How to invoice

This part provides guidance to help service providers bill for services that have been delivered.

6.1. What information should I include on invoices?

To enable consistent data collection from service providers and insurers and ensure accurate payments, certain information should be included on invoices. An example invoice is included below to assist providers and insurers. Invoices should contain the following information:

- ✓ Worker's first and last name, and claim number
- ✓ Payee details
- ✓ ABN of the payee
- ✓ Name of the service provider who provided the service
- ✓ SIRA workers compensation approval number, or where treatment is provided:
 - interstate – practitioners who practice exclusively outside of NSW and provide services in practices outside of NSW to workers in the NSW workers compensation scheme living outside of NSW are not required to be approved by SIRA. In these cases, practitioners should submit the service provider number **INT0000**.
 - to exempt workers – practitioners providing treatment under the NSW workers compensation scheme to police officers, paramedics, fire fighters and coal miners are not required to be approved by SIRA. In these cases, practitioners should submit the service provider number **EXT0000**.
- ✓ Date of service
- ✓ SIRA workers compensation payment classification code (as per part 1)
- ✓ List service cost for each SIRA workers compensation payment classification code and service duration (if applicable) as a separate line item
- ✓ Date of invoice (must be on the day of or after last date of service listed on the invoice)

6.1.1. Example invoice format:

Company Name

ABN: XXXXXX

SIRA approval number: [where appropriate]
XXXXX

INVOICE NUMBER: XXXX

INVOICE DATE: XXXX

[Insert payee details:

Street address

City, STATE/TERR, Postcode]

[To:
 Insert insurer name
 Street address
 City, STATE/TERR, Postcode]

[For:
 Worker: Insert first and last name
 Claim number: Insert worker's claim number]

SIRA PAYMENT CLASSIFICATION CODE	SERVICE DESCRIPTION	NAME OF PRACTITIONER	DATE OF SERVICE	SERVICE DURATION	AMOUNT
PTA001	Initial consultation and treatment	John Smith	01/01/2021	0.5 hours	\$125.00
TOTAL					\$125.00

6.2. How is GST applied?

Maximum fees for treatments listed in part 1 do not include GST. Please note:

- Physiotherapy, chiropractic and osteopathy treatments provided by a practitioner to a worker are GST free.
- The following non-treatment services are subject to GST and GST may be added to the maximum fee listed for the following codes:
 - case conferences (PTA015, CHA015, OSA015)
 - report writing (PTA016, CHA016, OSA016)
 - travel costs (PTA014, CHA009, OSA014)
 - initial Allied Health Recovery Request (OAS003)
 - first subsequent Certificate of Capacity (OAS004)

6.3. When do I submit an invoice?

Invoices should be submitted within 30 calendar days of the service being provided.

7. Definitions

In this guide:

The 1987 Act means the *Workers Compensation Act 1987*.

The 1998 Act means the *Workplace Injury Management and Workers Compensation Act 1998*

Allied Health Guideline means the *Workers Compensation Regulation Guideline for approval of treating allied health practitioners 2021*.

Allied Health Recovery Request (AHRR) refers to the SIRA form ([available on the SIRA website](#)) that must be used to request prior approval for treatment and services from the insurer where required. The AHRR is also used to communicate with the insurer about a worker's treatment, timeframes and anticipated outcomes.

Chiropractor means a chiropractor who has general registration with Australian Health Practitioner Regulation Agency. As outlined in the *Allied Health Guideline*, a chiropractor must be approved by SIRA to deliver services in the NSW workers compensation scheme. The requirement to be approved does not apply to treatment provided interstate or to an exempt worker.

Exempt worker refers to specific classes of workers set out in Part 19H of Schedule 6 of the *1987 Act* for which most of the amendments made to the Workers Compensation Acts in 2012 and 2015 do not apply. These classes of workers include police officers, paramedics, fire fighters, coal miners and volunteers prescribed by the *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*.

Fees Order means the *Workers Compensation (Physiotherapy, Chiropractic and Osteopathy Fees) Order 2022*.

First subsequent Certificate of Capacity means the first of any subsequent Certificate of Capacity issued by the worker's treating physiotherapist. This must be approved by SIRA in accordance with any requirements under *the Regulation* and submitted to the insurer for the claim. This would apply after the first Certificate of Capacity has been issued by the nominated treating doctor. The purpose of the certificate is to provide information about a worker's capacity for work, enabling the insurer to determine the worker's weekly entitlements. Further information on *Certificate of Capacity treating physiotherapist or psychologist* is available on the SIRA website.

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.

Guidelines means the *Workers Compensation Guidelines*

Independent consultant review means a review where barriers to recovery, progress, return to work or active participation are evident, and an independent opinion of allied health treatment will benefit the management of the worker's injury. The review must be completed by an Independent consultant approved by SIRA.

Insurer means the employer's workers compensation insurer.

Insurer pre-approval means that certain treatments and services (those identified in part 1) cannot be provided or charged for until the insurer has provided approval. Approval is sought by the practitioner by submitting an ***Allied Health Recovery Request*** form.

New episode of care is when a worker has ceased treatment for an injury and returns for additional treatment for the same injury after at least three months. The additional treatment may be with the same or a different practitioner.

Osteopath means an osteopath who has general registration with Australian Health Practitioner Regulation Agency. As outlined in the *Allied Health Guideline*, an osteopath must be approved by SIRA to deliver services in the NSW workers compensation scheme. The requirement to be approved does not apply to *treatment provided interstate* or to an *exempt worker*.

Physiotherapist means a physiotherapist who has general registration with Australian Health Practitioner Regulation Agency. As outlined in the *Allied Health Guideline*, a physiotherapist must be approved by SIRA to deliver services in the NSW workers compensation scheme. The requirement to be approved does not apply to *treatment provided interstate* or to an *exempt worker*.

Practitioner in this Order means a physiotherapist, chiropractor or osteopath who delivers services in accordance with Schedule A of this Order to a NSW worker.

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.

Treatment provided interstate: A treatment provider does not require SIRA approval under the *Allied Health Guideline* to deliver treatment to a worker in the NSW compensation system where:

- the treatment provider practices exclusively outside of NSW and provides services in practices only outside of NSW and
- the NSW worker is living outside of NSW.

Use of private motor vehicle: Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 of Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the *Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009*, at the rate effective 1 July 2020.

Disclaimer

This publication may contain information that relates to the regulation of workers compensation insurance, motor accident compulsory third party (CTP) insurance and home building compensation in NSW. It may include details of some of your obligations under the various schemes that the State Insurance Regulatory Authority (SIRA) administers.

However to ensure you comply with your legal obligations you must refer to the appropriate legislation as currently in force. Up to date legislation can be found at the NSW Legislation website legislation.nsw.gov.au

This publication does not represent a comprehensive statement of the law as it applies to particular problems or to individuals, or as a substitute for legal advice. You should seek independent legal advice if you need assistance on the application of the law to your situation.

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