

# Allied health recovery request (AHRR) – instructions for completion

Use the allied health recovery request (AHRR) to request approval for treatment services from your client's insurer as part of their workers compensation or CTP personal injury claim.

As this is a dual purpose form, differences relating to claim type (that is, workers compensation or CTP personal injury) have been highlighted throughout the document.

The AHRR is available as both an [interactive PDF](#) and a [Word document](#) that you can save to your computer and use when needed.

Both versions of the AHRR can be downloaded from [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au).

You are expected to apply the principles of the nationally endorsed [Clinical Framework for the Delivery of Health Services](#) when providing services to clients with either a workers compensation or CTP personal injury claim.

## The five principles in the clinical framework are:

1. Measure and demonstrate the effectiveness of treatment.
2. Adopt a biopsychosocial approach.
3. Empower the person to manage their injury.
4. Implement goals focused on optimising function, participation and return to work.
5. Base the treatment on the best available research evidence.

## Payment for completion of the AHRR:

There is an agreed fee for completing the initial AHRR for both workers compensation and CTP personal injury (with some exceptions outlined below). This is payable in addition to the consultation fee. There is no fee for subsequent AHRRs as updating information on the AHRR is considered a normal part of treatment provision and is thereafter considered part of the consultation fee.

### For workers compensation:

A fee of \$35.60 plus GST is payable to SIRA-approved allied health practitioners for completion of the **first** AHRR. This applies even if you have previously submitted a discipline-specific management plan for the claim.


For allied health practitioners that are not SIRA-approved, no fee is payable for completion of the AHRR.



### For CTP personal injury:

A fee of \$35.60 plus GST is payable to physical treatment providers (physiotherapists, osteopaths, chiropractors and exercise physiologists) for completion of the **first** AHRR. The fee for completion of the **first** AHRR by psychologists and counsellors needs to be agreed with the insurer.



The  symbol below indicates that more information on the topic discussed can be found in the *Guidelines for the management of acute whiplash associated disorders for health professionals 2014* available at [www.sira.nsw.gov.au/acutewhiplash](http://www.sira.nsw.gov.au/acutewhiplash).

## When to complete the AHRR

### For workers compensation:

SIRA approved allied health practitioners should refer to section 4 of the [SIRA Workers Compensation Guideline for Approval of Treating Allied Health Practitioners](#) to clarify when you are required to complete an AHRR.

For all other allied health practitioners that are not SIRA approved, the AHRR should be completed and submitted after the first treatment.



### For CTP personal injury:

The AHRR needs to be completed and submitted to the CTP insurer after the first treatment.



You should complete the AHRR in consultation with your client during a treatment session, or over consecutive treatment sessions.

You should write clearly and concisely, avoiding any profession-specific abbreviations or jargon.

Ensure that you complete the **Allied Health Recovery Request number (AHRR number)** and the **Date of request**.

If you have provided services under a previous management plan, notice of commencement of treatment form, or a review form, the AHRR number will need to reflect this (example: if Management Plan 2 has been approved by the insurer, the initial AHRR will be AHRR number 3).


## Section 1: Client details

Enter your client's personal details and claim information.


## Section 2: Clinical assessment

Document the assessment findings for your client, including:

### Diagnosis

- Your diagnosis for the client's compensable injury as assessed at the time of submission.  If a diagnosis is difficult to determine, the practitioner should provide a provisional diagnosis. If providing a diagnosis is outside your professional scope of practice, you should note the diagnosis from the certificate of capacity.
- Whether you have liaised with the treating medical practitioner.
- Whether your diagnosis is consistent with the medical practitioner. If your diagnosis differs, it is recommended you contact the treating medical practitioner to discuss any implications for the management of your client. Record your discussion in the last box in section 2.

### Current signs and symptoms

- Current signs and symptoms for your client's compensable injury (include reported/observed and relevant objective measures). Often this information will include reporting on impairment level factors, for example pain or stress. 

### Pre-existing factors

- Details of any pre-existing factor(s) directly relevant to your client's compensable injury.

### Details of other providers

- Details of any other provider(s) treating your client for the compensable injury (with name, profession and contact details if available). You are encouraged to contact the provider(s) to facilitate coordinated recovery planning. Provide a brief summary of the communication.

### For workers compensation:

Identify whether you have a copy of your client's position description/work duties (if not, contact the insurer, client or employer for this information).



## Section 3: Capacity

The term 'Capacity' relates to a person's activity and participation level as described in the *International Classification of Functioning, Disability and Health* as outlined in the Clinical Framework for the Delivery of Health Services.

Report on your client's capacity, with an emphasis on activity and participation at work, home and the community. Focus on your client's strengths, not limitations (that is, describe what they **can do**, rather than what they cannot do).

Include:

- what your client was doing prior to the injury
- their capacity (or function) at the time of assessment or the last AHRR (whichever is the most recent)
- their current capacity.

This will provide a clear picture of how your client is progressing with intervention.



### For workers compensation:

Use the client's job description/work duties. Consider what your client is required to do at work and integrate those activities into their treatment.

### Identifying factors impacting progress

Provide details about any factors you believe may be impacting on your client's recovery at/return to work and include recommendations to address these barriers. Consider the biological, mental health, psychological, social and other factors that can impact on their recovery and independence.

It is helpful to include an objective example. For instance, 'unhelpful beliefs (fear avoidance)', could be recorded as: 'Ms X reported she avoids heavy lifting because she is concerned she will re-injure her shoulder.'

If you believe your client's recovery would benefit from a referral to another treating health professional, please document this here and discuss this with your client and the treating doctor if appropriate.

Where you have used a specific tool to identify your client's risk factors/barriers, record this here. Scales for identifying key risk factors include, but are not limited to:

- persisting pain (for example, measures of catastrophising, fear-avoidance beliefs, and self-efficacy)
- disability and pain measures (for example, Multidimensional Pain Inventory, Örebro Musculoskeletal Pain Questionnaire (ÖMPQ), Neck Disability Index (NDI) and Visual Analogue Scale (VAS))
- psychological measures (Beck Depression Inventory (BDI-11), Beck Anxiety Inventory (BAI), Depression, Anxiety, Stress Scale (DASS), Symptom Checklist (SCL90R), FACTORWEB checklist, Expectation of Recovery - "Do you think you are going to get better soon?" and to screen for post-traumatic stress - the Impact of Event Scale (IES).

## Section 4: Recovery plan

Record the date your services commenced for this client's compensable injury.

Indicate the number of sessions you have provided to your client before submitting this AHRR.



### For workers compensation:

The number of sessions should include any sessions provided under the pre-approval exemptions and/or under a previously approved discipline-specific management plan.

Record the start and end date for this AHRR. The AHRR timeframe should be specific and relevant to the client's stage of recovery.

### Client goal

This section provides information about your client's goal(s). Goals are what your client wants to achieve, that is, why your client is participating in treatment as part of their recovery.

Your client may have just one overall goal of treatment, or they may have several goals. The achievement of a particular goal may take longer than the AHRR period. Your client's goals may also change over the course of their recovery, particularly when their initial goals have been achieved.

Goals should be developed by your client in collaboration with you and should be SMART: Specific, Measurable, Achievable, Relevant, and Timed.



### For workers compensation:

Goals must focus on work or functional outcomes to provide direction for treatment and recovery.

### For CTP personal injury:

Goals must focus on function (activity or participation) in areas consistent with the client's pre-injury roles and activities including work, which have changed due to injury(ies) from the motor vehicle accident.



On limited occasions the establishment of functional goals will not be practical. In these circumstances, setting an impairment goal may be appropriate with a view to progressing to functional outcomes-based goals as soon as practicable.

### Client steps

Client step describe the activity/behaviour the client needs to be able to do in order to achieve their goal. Each goal is likely to have a number of steps and each step needs to describe one behaviour/activity only.

The steps and actions for each goal are to be achieved within the AHRR period.

### Action plan

There is a section for your client's action plan and a separate section for your action plan.

The client's action plan specifies self-management strategies they are expected to complete in order to achieve each step and goal.

The service provider's actions describe the actions you need to take and when, for example, the type of intervention to be delivered.

While you will only include the actions you are taking (and not the actions taken by other allied health practitioners), it is helpful to note how your intervention will complement that of another practitioner if involved.

Indicate if the request was completed during a consultation and the client agreed with the recovery plan, along with the date of agreement.

Click on the 'ADD' button if your client wishes to include more than one goal.

## Section 5: Services requested

In this AHRR, indicate the service type(s) and number of consultations you propose to provide to your client (**up to a maximum of eight consultations per AHRR**), as well as the frequency/timeframe for the delivery of the service type(s). The total cost will automatically populate in the interactive AHRR. The services requested should reflect your action plan listed in section 4.

When adding items such as aids/equipment, insert a '0' in the 'Number of sessions' column.

Click on the 'ADD' button if you need more than two service type lines.

### For workers compensation:

#### Services requested

State the type of service being requested, whether it is a standard or group session, treatment of two distinct areas, etc. This should also cover any equipment or aids required for your client to complete their action plan.

If you are requesting time for case conferencing, enter the time in whole numbers and decimals in half hour increments in the Case Conferencing section (for example 0.5, 1.0, 1.5 hours). SIRA-approved allied health practitioners should consider whether the pre-approval exemptions for case conferencing (refer to pages 33-34 of [Guidelines for claiming workers compensation](#)) provide adequate time to manage your client's claim. If not, request additional time.

If you are a SIRA-approved allied health practitioner, provide the SIRA code relevant to the service and enter the unit cost of the individual service based on the relevant Fees Order. You can find these at [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au).

#### Would you like the assistance of an Independent Consultant?

Indicate if you would like to involve an Independent Consultant (IC) to help develop a course of action to facilitate your client's recovery. You are encouraged to request the involvement of an IC when barriers to recovery are evident and you consider specialised advice likely to be beneficial in the future management of your client's injury and their return to work.

If you have requested the involvement of an IC, provide further detail within the 'Rationale for services requested' section.



### For CTP personal injury:

Describe the service type, service code, unit cost and total cost. You can also include equipment required by your client to implement the program described in the AHRR that is simple to setup and use, low cost, not custom made, frequently prescribed for the management of your client's injury and/or stand alone and not integrated with other equipment.



## Rationale for services requested – This section must be completed

To help the insurer make a decision regarding the services you have requested (consultations, case conferencing, other aids/services), briefly explain why you have requested them. This will provide the insurer with a clear understanding of the reasoning behind your request.

Consider the decision-making criteria (see shaded boxes below) and the principles of the *Clinical Framework*.

### For workers compensation – decision-making criteria:

Before approving or paying for a medical, hospital or rehabilitation treatment or service, an insurer must determine, based on the facts of each case, that the treatment or service is:

- reasonably necessary
- required as a result of the injury.

For further information, refer to the [Guidelines for claiming workers compensation](#).



### For CTP personal injury – decision-making criteria:

#### Relationship to accident

- Is there sufficient evidence to demonstrate that services relate to the injuries sustained by your client as a result of the accident?

#### Benefit to client

- What information or benefit will be gained by the proposed service?

#### Appropriateness of service

- Is the proposed service appropriate for your client's injuries? Could other services be considered more appropriate?

#### Appropriateness of provider

- Is the proposed provider qualified and appropriately experienced to deliver this service?

#### Cost considerations

- Is the cost comparable to those charged by similar providers or can other services achieve comparable outcomes?



## Anticipated date of discharge

Indicate the anticipated date of your client's discharge from your service. This provides clear expectations for your client, the support team and the insurer regarding the anticipated timeframes for your client's recovery. It is possible that treatment might conclude while your client has residual symptoms.

## Section 6: Service provider details

Fill out all the requested fields or use a provider stamp if available and indicate the best day(s) and time (within business hours) to contact you.

### For workers compensation:

If you are a SIRA-approved allied health practitioner, include your approval number in this section. This number is specific to the individual allied health practitioner and must not be used by any other practitioner.



If you want to know how to attach a copy of your signature to the AHRR, refer to [Allied health recovery request \(AHRR\) technical help](#).

Prior to locking the AHRR with the 'Service provider lock' button, save an unlocked version to a secure location on your computer. This unlocked version can be used for any subsequent AHRRs for your client if required.

Forward the locked AHRR to the client's insurer for review.

## Section 7: Insurer decision

The insurer will need to unlock the insurer section of the AHRR.

The insurer will complete this section and return the AHRR to you via email or fax. The insurer will outline any reasons for not approving or partially approving services. The decision maker will provide their name and telephone number so that you can contact them to discuss or clarify any information.



### For workers compensation:

When a client claims medical and related expenses, the insurer must make a decision whether to approve the service request within 21 calendar days of receipt of the request.

### For SIRA-approved allied health practitioners continuing treatment within the first three months from the date of injury:

The insurer has five working days from receipt of the AHRR to respond to the practitioner. If the insurer has not replied after five days, the services in the AHRR are automatically approved.

### Independent consultant referral:

Any member of the support team may recommend a referral to an independent consultant where the client's recovery progress has been delayed, or to provide guidance regarding the client's treatment management options. The insurer is however responsible for approval of the referral and will complete the referral form.

If the insurer intends on initiating a referral to an IC, they will indicate this by ticking the box on the AHRR.



### For CTP personal injury:

This will be completed by the insurer and returned to you within 10 working days of the request being received.

If the request is partially or completely declined, the insurer will advise you and the client within 20 working days of receiving the form and include the reasons for the decision.

If you have not received a reply within these timeframes, contact the insurer to confirm the decision before commencing treatment to avoid the risk of not being paid for services provided without pre-approval.

