ReturntoWorkSA

Occupational therapy fee schedule and policy

Fee schedule

Effective 01 July 2020

Item no.	Service description	Max fee (ex GST)
OT105	**Consultations** Initial consultation. History, assessment planning, education, and treatment in accordance with the Clinical Framework for the Delivery of Health Services.	**$188.40 per hour**
OT205	**Subsequent consultation** Subsequent consultation. Re-assessment planning, education, and treatment in accordance with the Clinical Framework for the Delivery of Health Services.	**$188.40 per hour**
OTMP	**Occupational therapy management plan** Occupational therapy management plan. An occupational therapy management plan completed and submitted by the treating occupational therapist. For claims managed by ReturnToWorkSA or their claims agents, the occupational therapist is expected to submit a plan: - prior to the 11th treatment if more than 10 treatments are likely to be required, or - prior to the expiry of an existing occupational therapy management plan if additional treatment is required, or - at the request of the claims manager. For claims managed by self-insured employers, the plan must be requested by the self-insured employer.	**$47.20 flat fee**
OT216	**Workplace visit** Workplace visit. Review of the worker and workplace demands in accordance with the Clinical Framework for the Delivery of Health Services, for the purpose of determining ongoing treatment needs and where appropriate, reviewing movement patterns and techniques with work duties. The worker is to be present at the visit and for the best outcomes, the claims manager, supervisor/employer should also be present to facilitate a team approach. Maximum 1 hour.	**$188.40 per hour** **Max 1 hour**
OT300	**Fabrication/fitting/adjustment of a splint** Fabrication/fitting/adjustment of splint	**$188.40 per hour**
OT390	**Material used to construct or modify a splint** Materials used to construct or modify a splint.	**Reasonable cost**
OT780	**Independent clinical assessment and report** Independent clinical assessment and report. An assessment of a worker by an occupational therapist, other than the treating occupational therapist, and provision of a report for the purpose of providing a clinical opinion on current treatment, comment on the worker's functional ability and make recommendations on future occupational therapy management. This service must be requested in writing by the claims manager, self-insured employer, worker or worker's representative. Maximum 4 hours.	**$188.40 per hour** **Max 4 hours**
OT760	**Activities of daily living assessment and report**	**$188.40 per hour**

Code	Item	Fee
	Activities of daily living assessment and report. Assessment of a worker's level of functioning in relation to personal care, household tasks, recreational and social activities. This service includes provision of a report and must be requested in writing by the claims manager, self-insured employer or treating medical expert. Where the service is recommended by a medical expert, prior approval must be obtained from the claims manager or self-insured employer. Maximum 5 hours.	**Max 5 hours**
OT762	**Activities of daily living re-assessment** Activities of daily living re-assessment. Re-assessment and review of a worker's progress in functional ability, the ongoing need for third party services or hired equipment, therapeutic aids or appliances. This service must be requested in writing by the claims manager, self-insured employer or treating medical expert. Where the service is recommended by a medical expert, prior approval must be obtained from the claims manager or self-insured employer. Maximum 2 hours.	**$188.40 per hour** **Max 2 hours**
OTDVA	**Driver assessment and report** Driver assessment and report. Assessment of the impact of a worker's injury/condition on their ability to return to safe and independent driving and where appropriate, develop a driver rehabilitation plan. This service must be requested in writing by the claims manager, self-insured employer or treating medical practitioner. Maximum 5 hours.	**$188.40 per hour** **Max 5 hours**
OTDVR	**Driver rehabilitation and report** Driver rehabilitation and report. Implementation of a driver rehabilitation plan. This service must be requested in writing by the claims manager, self-insured employer or treating medical practitioner.	**$188.40 per hour**
OT552	**Telephone calls** Telephone calls relating to the management of the worker's claim, or to progress their recovery and return to work, made to or received from, the claims manager or self-insured employer, worker's employer (including the employer's return to work coordinator), worker's representative, ReturnToWorkSA advisor, approved return to work service provider* or worker's referring/treating medical practitioner. Any time spent on communication directly related to an independent clinical assessment and report, activities of daily living assessment and report, an activities of daily living re-assessment or driver assessment/rehabilitation and report, is included within the total time invoiced for that service. *An approved return to work service provider means a provider approved by RTWSA to deliver specific recovery/return to work services (e.g. pre-injury employer, fit for work, restoration to the community and return to work assessment) in accordance with conditions set out in the Application for Approval as a South Australian Return to Work Service Provider.	**$26.10 flat fee**
OT820	**Treating occupational therapy report** Treating occupational therapist report. A written clinical opinion, statement or response to questions relating to the medical status and treatment of a worker, requested in writing by the claims manager, self-insured employer, worker or worker's representative.	**$188.40 flat fee**
OT870	**Case conference** Case conference. Attendance at a case conference as requested in writing by the claims manager or self-insured employer, worker's employer (including the employer's return to work coordinator) or an approved return to work service provider*. *An approved return to work service provider means a provider approved by RTWSA to deliver specific recovery/return to work services (e.g. pre-injury employer, fit for work, restoration to the community and return to work assessment) in accordance with conditions set out in the Application for Approval as a South Australian Return to Work Service Provider.	**$188.40 per hour**
OT905	**Travel time** Travel time. Travel by an occupational therapist for the purpose of a case conference, home, hospital or worksite visit, independent clinical or activities of daily living assessment.	**$159.90 per hour**
OT907	**Travel expenses**	**Reasonable cost**

Code	Service	Fee
	Travel expenses. Travel expenses incurred for a medical service delivered at the request of the claims manager or self-insured employer, where the provider is required to travel to a destination greater than 100km from the provider's principal place of business or residential address. Car hire can only be charged where the provider travels by aircraft to deliver the service.	
OTTE0	**Telehealth consultation** Telehealth/telephone consultation with a worker who has an existing claim and is unable to attend an appointment because they have been impacted by COVID-19. For the purpose of establishing a home-based program. Maximum 1 hour.	**$188.40 per hour** **Max 1 hour**
OTTE2	**Telehealth subsequent Consultation** Telehealth/telephone subsequent consultation for workers who have an existing claim and are unable to attend an appointment because they have been impacted by COVID-19. Review, planning, education, and exercise prescription/monitoring. Maximum 10 sessions. An Occupational Therapy Management Plan is required on commencement of this service.	**$78.50 flat fee**
CURAP	**Equipment, therapeutic aids and appliances** Other THERAPEUTIC Aids/Appliances including supply, delivery or repairs as recommended by Medical Expert. This also includes delivery of equipment (eg, wheelchairs, beds etc), repairs/maintenance to hearing aids, batteries etc.	**Reasonable cost**

*An approved return to work service provider means a provider approved by RTWSA to deliver specific recovery/return to work services (e.g. pre-injury employer, fit for work, restoration to the community and return to work assessment) in accordance with conditions set out in the *Application for Approval as a South Australian Return to Work Service Provider.*

Occupational therapy service and payment policy

The purpose of the services identified in this fee schedule and policy is to provide treatment that assists a worker in their recovery and (if applicable) supports them to stay at or return to work as soon as it is safe for them to do so. This fee schedule applies to all work injury claims, whether insured through ReturnToWorkSA or a self-insured employer.

ReturnToWorkSA or the self-insurer will periodically review a worker's treatment and services to ensure they remain reasonable for the work injury and are payable under the *Return to Work Act 2014*.

ReturnToWorkSA expects the provision of services to be consistent with this fee schedule and policy, which has been developed to comprehensively meet the needs of worker's requiring occupational therapy treatment. Services provided outside of this fee schedule and policy may only be approved by the claims manager where there is no comparable service within the fee schedule and the service is determined as reasonably required in consequence of the work injury.

Who can provide services to workers?

The Insurer (ReturnToWorkSA or a self-insurer) will only pay for services by healthcare professionals who are:

- ✓ registered by ReturnToWorkSA to provide the services identified in this schedule. ReturnToWorkSA will register a service provider upon receipt of their initial invoice; and
- ✓ registered as an occupational therapist with Australian Health Practitioners Regulation Authority.

ReturnToWorkSA's expectations for the delivery of services to workers

ReturnToWorkSA expects that all providers of services to workers as part of the South Australian Return to Work scheme adhere to their registration requirements including relevant codes and guidelines in the application of their registration standards. ReturnToWorkSA expects all providers to integrate the following principles of the *Clinical Framework for the Delivery of Health Services* (the clinical framework) into their service delivery:

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

How much the insurer will pay?

This fee schedule is published by the Minister for Industrial Relations in the *South Australian Government Gazette.* Gazetted fees are the maximum fees chargeable, excluding GST. Where applicable, GST can be applied over and above the gazetted fee.

ReturnToWorkSA or a self-insurer will pay the reasonable cost of services up to the maximum amount detailed in the ReturnToWorkSA fee schedule.

What ReturnToWorkSA will pay for

ReturnToWorkSA will pay for services that are:

- ✓ for the treatment of a work injury or condition
- ✓ reasonable and necessary
- ✓ in accordance with the clinical framework.

What the insurer will not pay for

ReturnToWorkSA or a self-insurer will not pay for:

- × Non-attendance or cancellation fees for treatment services
- × Services invoiced in advance of the service delivery
- × Written communication between a worker's treating practitioners
- × Services focussed on improving a worker's general level of health, fitness and wellbeing
- × More than one consultation (initial or subsequent) on the same day.

Occupational therapy management plan

Treating occupational therapists should complete and submit the ReturnToWorkSA occupational therapy management plan. This plan is available on our website at www.rtwsa.com.

For claims managed by ReturnToWorkSA or their claims agents, the occupational therapist is expected to submit a plan:

- ✓ prior to the 11th treatment if more than 10 treatments are likely to be required, or
- ✓ prior to the expiry of an existing occupational therapy management plan if additional treatment is required, or
- ✓ at the request of the claims manager.

For claims managed by self-insured employers, the plan must be requested by the self-insured employer.

A treatment is any clinical consultation.

This plan:

- ✓ should be forwarded to the worker's claims manager or self-insured employer and copies made available to the treating doctor and worker
- ✓ is to notify the claims manager, self-insured employer and/or treating doctor of the continuation of occupational therapy services beyond 10 treatments, the expected recovery and management time frames, goals of treatment, number of treatments required, expected discharge date and any barriers to recovery or return to work outcomes.

Workplace visit

A workplace visit should:

- ✓ be a review of a worker and their related duties at the workplace for the purpose of determining ongoing treatment needs.

Independent clinical assessment and report

An occupational therapist undertaking an independent clinical assessment must:

- ✓ be independent of the treating occupational therapist and any occupational therapy treatment services following the independent clinical assessment
- ✓ have a minimum of:
  - o five years of relevant clinical experience related to the injury type
  - o two years experience in the provision of occupational therapy services within the Return to Work scheme.
- ✓ conduct the assessment as soon as possible after receipt of the written referral and/or approval from the claims manager or self-insured employer, or as specified by the referrer.

Purpose

The purpose of an independent clinical assessment is to provide:

- ✓ an independent opinion on the reasonableness and necessity of the worker's current or proposed occupational therapy treatment/management
- ✓ a differential diagnosis using an evidence-based clinical assessment
- ✓ recommendations regarding the worker's future occupational therapy management that are aligned to the principles of the clinical framework
- ✓ a prognosis for return to work
- ✓ an opinion and/or recommendations on any other questions asked by the requestor.

Report

The independent clinical assessment report should:

- ✓ detail the relevant findings
- ✓ provide the assessor's independent clinical opinion on the reasonableness and necessity of the worker's current or proposed treatment
- ✓ provide recommendations for future occupational therapy management
- ✓ include responses to questions asked by the requestor
- ✓ be submitted within 10 business days from the date of the assessment.

Activities of daily living assessment and report

An occupational therapist undertaking an activities of daily living assessment (ADL):

- ✓ must have the equivalent of two years full-time clinical practice and be experienced in the assessment of activities of daily living. However, an occupational therapist with less than the minimum required clinical experience may provide ADL assessments, if supervised for a period of 12 months by a full-time occupational therapist, experienced in ADL assessments and who has conducted ADL assessments for a period of at least 2 years.
- ✓ should be familiar with and use relevant evidence-based assessment tools, such as biopsychosocial screening and functional outcome measures
- ✓ should conduct the assessment within five business days from receipt of the written referral and/or approval from the claims manager or self-insured employer, or as specified by the referrer.

Purpose

The purpose of an ADL assessment is to conduct an objective assessment of the worker's level of functioning in relation to personal care, household tasks, recreational and social activities.

The assessment is to be conducted in a worker's living environment. Recommendations must be based on an occupational therapist's objective assessment of the worker's level of functioning and should aim to reduce the impact of the injury and support functional participation in activities of daily living.

Report

An ADL assessment report should include:

- ✓ assessment findings, including current and expected future functional limitation(s) related to the worker's injury
- ✓ the impact of any co-morbidities and pre-existing conditions or injuries which impact on the worker's function
- ✓ strategies and recommendations for self-management including activity modifications that will maximise the worker's independence and ability to participate in their activities of daily living.
- ✓ clinical justification if equipment is recommended, with details of the cost and supplier provided. Hiring must be considered wherever possible. If the occupational therapist has a professional or financial interest in the product recommended, this must be declared and two quotes from other suppliers provided.
- ✓ clinical justification if support services from a third party are required, including details of level of assistance, duration, frequency and cost. If the occupational therapist has a professional or financial interest in the service or product recommended, this must be declared and two quotes from other suppliers provided.
- ✓ clinical justification for the need of ADL re-assessment (OT762) if recommended
- ✓ responses to any questions asked by the requestor

The completed report should be submitted to the claims manager or self-insured employer within 10 business days from the date of the assessment.

Non-Structural Home Modifications

In addition to the above, any recommendations for non-structural housing modifications should:

- ✓ clearly identify the barrier(s) the home modification aims to address
- ✓ include clinical justification for the modification, with details of all available options
- ✓ include evidence that all alternate options to achieve the goal(s) have been explored
- ✓ detail all consultations with the worker and/or their authorised representative

All work recommended must comply with relevant laws and regulatory frameworks. This includes building codes and Australian Standards, which regulate home modifications.

Any quotes obtained for home modification work must be from a provider who meets the necessary building and trade licences and registration.

Activities of daily living re-assessment

Purpose

The purpose of an ADL re-assessment is to:

- ✓ provide education to the worker in functional skills and/or the use of aids and equipment supplied to maximise the worker's ability to perform and/or participate in their daily activities
- ✓ re-assess the worker for the purpose of reviewing progress in the worker's functional abilities
- ✓ re-assess the ongoing need for third party services and/or hired equipment/aids

Driver assessment and report

An occupational therapist undertaking a driving assessment must have:

- ✓ a recognised driver assessment post-graduate qualification.

Purpose

A driver assessment aims to assist the worker with a functional impairment to return to safe and independent driving through the identification of strengths and limitations, program planning for compensatory and remediation strategies, and the prescription of adaptive driving equipment and/or modifications.

Assessment

- ✓ Any referral requested by a claims manager or self-insured employer must be made in collaboration with the treating medical practitioner.
- ✓ It is the responsibility of the occupational therapist to ensure that the worker has been certified as medically fit to drive for the purposes of undertaking the assessment.
- ✓ The assessment includes the development of an intervention plan.
- × The assessment does not include the driver rehabilitation program.

Report

A driver assessment report is:

- ✓ included as part of the driver assessment and report fee
- ✓ to include:
  - responses to questions asked by the requestor
  - a driver rehabilitation plan.
- ✓ to be provided within 10 business days of undertaking the assessment.

Driver rehabilitation and report

An occupational therapist undertaking a driver rehabilitation program must have:

- ✓ a recognised driver assessment post-graduate qualification.

Purpose

A driver rehabilitation program aims to assist the worker with a functional impairment to return to safe and independent driving.

Assessment

- ✓ It is the responsibility of the occupational therapist to ensure that the worker has been certified as medically fit to drive for the purposes of implementing the driver rehabilitation program.
- ✓ An occupational therapy driver assessment must have occurred prior to commencing the rehabilitation intervention.
- ✓ A report is to be provided within 10 business days of completing the driver rehabilitation program.

Case conference

- ✓ Case conferences conducted by telephone (teleconferencing) are chargeable under this item.
- × No fee is payable for records made by an occupational therapist during the case conference unless delegated as the representative by the claims manager or self-insured employer.

Travel time and expenses

- ✓ Travel time will only be paid for the purposes of a case conference, home, hospital or worksite visit, independent clinical assessment or activities of daily living assessment or re-assessment.
- ✓ All accounts must include the total time spent travelling, departure and destination locations and the distance travelled.
- ✓ If travel time and expenses are undertaken for more than one worker, the travel time and expenses must be divided accordingly.
- ✓ Travel expenses include standard economy airfares, overnight accommodation and reasonable cost for meals associated with the overnight stay, taxi fares, car parking and car hire expenses, excluding fuel costs and vehicle mileage.

- ✓ Tax compliant invoices for travel expenses must be provided with the relevant invoice for payment to be made. The invoice must be clearly itemised if more than one expense is being claimed (e.g. airfare, accommodation, meals, etc.).
- × There is no charge for travel time from one clinic to another clinic.
- × Travel time and expenses will not be paid for occupational therapists conducting regular visits (e.g. to hospitals or worksites).

Invoicing requirements

All amounts listed in this fee schedule are exclusive of GST. If applicable, the insurer will pay to the provider an amount on account of the provider's GST liability in addition to the GST exclusive fee. Suppliers should provide the insurer with a tax invoice where the amounts are subject to GST.

Information required on an invoice

All invoices are required to contain the following information to enable prompt and efficient payment:

- ✓ provider details
  - Name
  - Medicare provider number (if applicable) and/or ReturnToWorkSA provider number (if known)
  - Practice and address details.
- ✓ invoice number and invoice date
- ✓ Australian Business Number (ABN)
- ✓ worker's surname and given name(s)
- ✓ claim number (if known)
- ✓ employer name (if known)
- ✓ each service itemised separately in accordance with this fee schedule including:
  - date of service and commencement time
  - service item number and service description
  - duration of service in hours/minutes rounded to the nearest 6 minutes for hourly rate services
  - charge for the service
  - total charge for invoiced items plus any GST that may be applicable.
- ✓ Bank account details for electronic funds transfer (EFT).

Invoicing for services which have an hourly rate fee

All services must be charged as a single invoice transaction for the total accumulated time in providing the service.

When payments will not be made

Payments will not be made:

- × On invoices that do not contain the above information, which may be returned to the provider for amendment.
- × On 'account rendered' or statement invoices. Payment will be made, where appropriate, on an original invoice or duplicate/copy of the original.
- × In advance of service provision, including all written reports.
- × Where the worker's claim has not been accepted. In this case the worker is responsible for payment.

When to submit an invoice

Invoices are to be submitted within four weeks of service. Invoices received more than six months after date of service may not be paid unless exceptional circumstances exist.

How to submit an invoice

Invoices sent via email is the preferred option in any of the following formats: word, PDF, and image files. Please email your invoice to the relevant address below.

Gallagher Bassett: invoices@gb.rtwsa.com

EML: accounts@eml.rtwsa.com

EnAble: EnAble@rtwsa.com

What are our payment terms

The Return to Work scheme has 30 day payment terms which is mandated and cannot be amended. Please do not sent multiple copies of the original invoice if your payment terms are less than 30 days.

Outstanding payments

Please contact the relevant claims agent, ReturnToWorkSA's EnABLE Unit or self-insured employer if the claim has been accepted and the payment is outstanding.

GST

For all GST-related queries, please contact the Australian Taxation Office or your tax advisor.

Changes to provider details

For changes to provider details, such as ABN, change of address or electronic funds transfer details, please complete the Provider registration form available on our website. Once completed either email to prov.main@rtwsa.com or fax to ReturnToWorkSA on (08) 8238 5690.

For any queries relating to this form, please contact ReturnToWorkSA on 13 18 55.

Useful contacts

Claims agents

All work injury claims (*that are not self-insured or serious injury*) are managed by Employers Mutual or Gallagher Bassett. To identify which claims agent is managing a worker's claim, refer to the 'Claims agent lookup' function on our website at www.rtwsa.com.

EML

Phone: (08) 8127 1100 or free call 1300 365 105
Fax: (08) 8127 1200
Postal address: GPO Box 2575, Adelaide SA 5001
Online: www.eml.com.au

Gallagher Bassett Services Pty Ltd

Phone: (08) 8177 8450 or free call 1800 664 079
Fax: (08) 8177 8451
Postal address: GPO Box 1772, Adelaide SA 5001
Online: www.gallagherbassett.com.au

ReturnToWorkSA EnABLE Unit

For claims relating to severe traumatic injuries, please contact this unit directly.

Phone: 13 18 55
Fax: (08) 8233 2051
Postal address: GPO Box 2668, Adelaide SA 5001

Self-insured employers

For matters relating to self-insured claims, please contact the employer directly.

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