



Return to work services fee schedule

Effective date: 01 July 2023

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Overview of this fee schedule

This fee schedule provides approved/appointed return to work service providers with key information about:

1. Service delivery and fee structures for:
 - a) Pre-injury employer services
 - b) Fit for work services
 - c) Restoration to the community services
 - d) Job placement services
 - e) Return to work assessment services
 - f) Mediation services.
2. Service and payment policy
3. Invoicing information and requirements.

Providers must consider this fee schedule with reference to their Conditions of Approval.

Who can deliver return to work services

ReturnToWorkSA will only pay for return to work services delivered by:

- ✓ Providers who are approved as a South Australian Scheme Return to Work Service and Job Placement provider
- ✓ Providers appointed as a South Australian Scheme Mediator provider
- ✓ Consultants engaged by the above providers who meet the following qualification and experience requirements and as specified under the individual service category in this payment policy.

Providers are responsible for ensuring the most appropriately qualified consultant is approved to deliver the required components of the service that best meet the circumstances of the referral.

Return to work consultants

Professional recognition / registration / accreditation

Registered with AHPRA as an Occupational Therapist

Registered with AHPRA as a Physiotherapist

Registered with AHPRA as a Psychologist

Registered with AHPRA as a Nurse

Accredited with ESSA as an Exercise Physiologist

Full membership with ASORC or RCAA as a Rehabilitation Counsellor

Associate membership with ASORC as a Rehabilitation Counsellor*

Registered with Australian Association of Social Workers as a Social Worker

Registered with Speech Pathology Australia as a Speech Pathologist

AHPRA: Australian Health Practitioner Regulation Agency
ASORC: Australian Society of Rehabilitation Counsellors

ESSA: Exercise Sports Science Australia
RCAA: Rehabilitation Counselling Association of Australasia

* These individuals are required to undergo supervised professional practice to be eligible for full membership on completion of the required supervised professional practice as determined by the relevant professional association or registration board.

Employment consultants

Professional recognition / registration / accreditation

- No formal qualification or membership required
- Knowledge of work injury insurance
- Understanding of suitable employment
- Knowledge of the current labour market in South Australia

Mediators

Professional recognition / registration / accreditation	Experience
<ul style="list-style-type: none">Accredited mediatorMember of an organisation that complies with the National Mediator Accreditation SystemMember of the RMAB with a specific interest in mediation in industrial relations setting (IAMA, LEADR or SA Law Society)	<p>3 years full-time equivalent of industrial mediation experience</p> <p>Hold a degree or post graduate qualification in Industrial Relations, Law, Psychology, Nursing, Medicine or similar</p>

RMAB: Recognised Mediator Accreditation Body
IAMA: The Institute of Arbitrators and Mediators Australia
LEADR: LEADR Association of Dispute Resolvers

Career development consultants

Professional recognition / registration / accreditation
<ul style="list-style-type: none">Associate or professional membership with CDAA

CDAA: Career Development Association of Australia

A copy of this document is available on the ReturnToWorkSA website www.rtwsa.com.

If you have any questions regarding professional recognition, registration, accreditation and experience levels, please contact ReturnToWorkSA on 08 8238 5757 or providers@rtwsa.com.

For claim-related queries, please contact the worker's claims manager.

Service and payment policy

High quality and timely service is a fundamental principle of the South Australian Return to Work Scheme (the Scheme). Expectations about service standards are articulated in the [Return to Work Act, 2014 \(the Act\)](#) where ReturnToWorkSA, claims agents and service providers are required by law to deliver early support and personalised assistance to workers and employers following a work injury. They will do so by meeting the service obligations including the 11 service standards set out in Schedule 5 of the Act.

These service standards encourage positive relationships between ReturnToWorkSA, our claims agents, providers, workers and employers and acknowledge that we all need to work together to achieve the best outcomes, especially by adopting early intervention and return to work support to workers.

To achieve these service standards, providers and key parties are expected to work together to understand service requirements, roles and responsibilities for a referral and an appropriate and relevant communication medium throughout a return to work service referral.

ReturnToWorkSA expects that all providers of services to workers as part of the Scheme adhere to their registration requirements including relevant codes and guidelines in the application of their registration standards.

How much ReturnToWorkSA will pay

ReturnToWorkSA will pay the reasonable cost of return to work services up to the maximum amount detailed in this fee schedule.

What ReturnToWorkSA will pay for

Return to work services that are:

- ✓ reasonable and necessary
- ✓ approved by ReturnToWorkSA or the claims agent.

Return to work 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**. These are viewed as exceptional circumstances and will be monitored by ReturnToWorkSA.

What ReturnToWorkSA will not pay for

Return to work services that include:

- ✗ claims management functions
- ✗ extended monitoring of the worker's status without progress towards the goal (medical, return to work or otherwise)
- ✗ advocacy
- ✗ treatment services
- ✗ other services referred to by a provider without the prior approval of the claims manager (e.g. return to work assessment services, activities of daily living assessments)
- ✗ overseeing or monitoring of the worker's treatment or scheduling medical/treatment appointments

- ✗ worker transport costs and interpreter services, as these are generally reimbursed to the worker or paid directly by the claims manager
- ✗ non-attendance or cancellation fees
- ✗ services invoiced in advance of the service delivery
- ✗ preparation work for completing a report
- ✗ services provided outside of this fee schedule where there is a comparable fee schedule service/item.

Who can refer for return to work services

ReturnToWorkSA, EnABLE or the claims agent can request return to work services through ReturnToWorkSA's online services. Where the service is recommended by a medical practitioner, prior approval must be obtained from the claims manager.

Referrals for return to work services can only be received through ReturnToWorkSA's online services. Providers must reject referrals received by any other method (e.g. email).

Providers can expect to receive relevant and appropriate information with a referral that will help them understand the purpose of the referral. Examples of information include the barriers to return to work, relevant parties involved, expectations about service delivery, recent medical information and the current *Work Capacity Certificate*. Providers should contact the claims manager where further information/clarification is required.

What timeframes apply for referral acceptance

Providers must notify the referrer within two business days of receiving a referral if they are accepting the referral.

Referrals that are not accepted within two business days may be cancelled by a claims manager and referred to another provider.

When a referral can be rejected

A return to work service provider may reject a referral in certain circumstances, such as when the:

- ✗ referral is for a category for which the provider has not been approved
- ✗ referral does not meet the referral criteria defined in this fee schedule of the relevant service item
- ✗ provider can demonstrate it does not have the capacity to provide the services in the time required by ReturnToWorkSA or the claims agent
- ✗ provider or ReturnToWorkSA has given notice to the relevant party of termination of their approval
- ✗ provider is suspended from receiving new referrals by ReturnToWorkSA
- ✗ provider identifies an actual, potential or perceived conflict of interest exists or may reasonably arise relating to delivery of any part of the service (which has not been already raised and discussed as part of Conditions of Approval with ReturnToWorkSA) – unless ReturnToWorkSA or the claims agent provides written approval to the provider to proceed despite the existence or possibility of a conflict of interest.

The provider must inform the claims manager as soon as possible if they are unable to accept a referral and should not proceed with the requested service.

When a service can be suspended

A provider may recommend a suspension in service by communicating the reason with the claims manager, including the recommended suspension period.

A claims manager may make a decision to suspend a service for a period determined by the worker's circumstances.

Suspensions may occur as a result of:

- temporary suspension of income support
- illness, unexpected surgery or hospital admission
- where the provision of services during the suspension period is not expected to improve the worker's capacity to return to work.

Acceptance of the suspension must be recorded in the provider's file.

Services will recommence automatically at the end of the suspension period unless:

- ✘ the claims manager decides to further suspend the service, or
- ✘ the claims manager makes a decision to close the referral, in which case the provider should complete necessary steps to close the referral.

1. Pre-injury employer services

The purpose of pre-injury employer (PIE) services is to assist the worker achieve a timely, safe and durable return to work in suitable employment with the pre-injury employer. The service must be tailored to the individual worker's circumstance with the primary goal to return the worker to maximum work capacity, ideally at pre-injury duties and hours.

Providers are expected to ensure individual worker and employer needs and service requirements are met throughout the service. This will involve regular, timely and targeted conversations with the requestor prior to and during the service. **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. These are viewed as exceptional circumstances and will be monitored by ReturnToWorkSA.**

Service items

Item number	Service descriptor	Max fee (ex GST)
WR310A	RTW Level 1 Intervention service Maximum 9 hours within 10 business days	\$205.40 per hour
WR320A	RTW Level 2 Intervention service Maximum 20 hours (incl. travel) within 26 weeks	\$205.40 per hour
WR330A	RTW Level 2 Travel	\$174.30 per hour
WR340A	RTW Intervention outcome report Within 10 business days	\$205.40 fixed fee

Supplementary items

Item number	Service descriptor	Max fee (ex GST)
WR901A	PIE Additional travel for regional areas	\$174.30 per hour
WR907	PIE Travel expense reimbursement	Reasonable cost
WR910	PIE Equipment expense reimbursement Up to \$500	Reasonable cost

Outcome payments

Item number	Service descriptor	Max fee (ex GST)
WR360	RTW Early durable outcome payment <= 10 hrs	\$1017.80 fixed fee
WR361	RTW Early durable outcome payment <= 15 hrs	\$678.60 fixed fee
WR362	RTW Early durable outcome payment <= 20 hrs	\$339.20 fixed fee

Pre-injury employer services

Who can deliver pre-injury employer services

- ✓ providers who are:
 - approved as a South Australian Scheme Return to Work Service Provider
 - authorised to provide services in the pre-injury employer services category.
- ✓ Return to work consultants engaged by the above providers who are specified in the table on page 4.

A referral can be made

- ✓ when the worker is in receipt of income support at the point of referral, and
- ✓ where there are barriers to progressing or achieving a return to pre-injury duties and/or pre-injury hours which require the expertise of a pre-injury employer service provider to resolve, and
- ✓ where there is information (including medical evidence) indicating that a remain at work or return to work outcome with the pre-injury employer is achievable.

When pre-injury employer return to work services cease

Pre-injury employer service should cease:

- ✓ where there is no evidence of continued progress towards a pre-injury employer return to work goal
- ✓ when the worker has achieved full pre-injury hours, there is an agreed plan to transition them to pre-injury duties and the employer and claims manager agree that the employer has the capability to manage this plan
- ✓ when the current goal of 'return to pre-injury employer' is no longer appropriate, and this has been agreed by all parties
- ✓ at the request of the claims manager.

When pre-injury employer services cease, an intervention outcome report should be completed by the provider and submitted to the claims manager.

A provider should discuss their recommendation to cease pre-injury employer services with the claims manager. This discussion should be evidenced on the provider's file.

Service item descriptors

PIE Level 1 intervention service (WR310A)

Who can deliver a PIE Level 1 intervention service

- ✓ Return to work consultants who are specified in the table on page 4.

What is required within a Level 1 intervention service

The Level 1 intervention service will drive early resumption of workplace activity by assessing the situation, barriers and opportunities and assisting a worker and employer to identify suitable duties. This service is to be completed within 10 business days from the referral date.

Level 1 intervention should be tailored to the worker and employer's circumstances and may incorporate:

- ✓ identifying, assessing and where possible, resolving the barriers to return to work
- ✓ establishing the worker's capacity to undertake the duties and individual tasks giving consideration to the available medical evidence, and the provider's knowledge of the injury, treatment, pathology and prognosis
- ✓ identifying suitable duties and recommending workplace modifications or equipment to accommodate the worker's return to work where appropriate
- ✓ arranging and monitoring a work placement/hardening/simulation where there are no suitable duties available at the pre-injury employer
- ✓ completing a task analysis by appropriately qualified personnel
- ✓ establishing agreed return to work arrangements with the worker, employer and/or host employer (where there are no suitable duties at the pre-injury employer) and doctor
- ✓ educating the worker and employer in safe work practices relevant to the worker's return to work duties

When Level 2 services are considered necessary

A provider can recommend Level 2 intervention services and proceed when:

- ✓ services are necessary to resolve barriers to achieve a return to work, and
- ✓ the worker and employer are not able to independently implement the return to work plan and/or graduated return to work schedule.

A provider should notify the claims manager when recommending and progressing to Level 2 intervention services in writing, and ensure that:

- at referral, the agent has not provided instructions for a Level 1 intervention service only
- all relevant parties are informed of the agreed return to work arrangements, including what activities are to be undertaken to progress the worker to pre-injury hours/duties and the goals at specific milestones
- the claims manager has not requested that pre-injury employer service cease
- a level 2 referral is received through online services.

A claims manager can refer directly to a Level 2 intervention service (without having completed a level 1 service) if:

- the barriers to return to work have already been identified or are well known and require the expertise of a return to work service provider to resolve, or
- return to work arrangements have already been agreed by all parties and assistance is required to manage the return to work process.

PIE Level 2 intervention service (WR320A)

Who can deliver a PIE Level 2 intervention service

- ✓ Return to work consultants who are specified in the table on page 4

What is required within a PIE level 2 intervention service

The aim of a Level 2 intervention service is to facilitate a worker’s full return to work by supporting the parties to implement the return to work arrangements and continuing to resolve barriers to achieving their return to work goal. Ideally the worker will achieve full pre-injury duties and hours.

The claims manager may decide to refer direct to Level 2 Intervention service when:

- ✓ return to work arrangements have been agreed by the parties and the employer requires assistance to manage the RTW process.

Within a Level 2 intervention service, it is expected that a provider assists the worker in achieving pre-injury hours and pre-injury duties. If there are no suitable duties available at the pre-injury employer, a work placement/hardening/simulation may be required to upgrade a worker’s functional capacity.

Once pre-injury hours are achieved, a provider should develop a plan to assist the worker and employer in transitioning to pre-injury duties. The provider will cease their involvement when they are confident the worker and employer can progress the developed plan independently and achieve pre-injury duties.

The following maximum hours and timeframes apply for PIE Level 2 intervention:

PIE Level 2 maximum hours and timeframes

PIE service category	Max hours (incl travel)	Max timeframe (excl suspension)
PIE Level 2	20 hours	26 weeks

PIE Level 2 intervention service – additional hours

A claims manager may approve up to 8 hours of Level 2 intervention service in the following circumstances:

- ✓ a worker’s return to work fails or regresses where an intervention outcome report has been completed and the employer needs help to progress the worker’s return to work. In these cases:
 - additional hours may be approved to help the worker resume their return to work within a 6 week period
 - the provider is to notify the claims manager in writing when an outcome is achieved
 - no additional intervention outcome report is required
 - no early durable outcome payment is payable.

- ✓ where there is a reasonable prospect that the worker will achieve pre-injury duties and/or pre-injury hours in the allocated 26 weeks of service.

The claims manager will consider a new referral if return to work services are required beyond the 26 weeks of Level 2 intervention.

Reports

Providers should determine the level and frequency of communicating with a claims manager for each referral with focus being placed on outcome-focussed service, as opposed to reporting.

There are two reports relevant for the pre-injury employer service, *intervention outcome report* and *durable RTW certificate*. Where reporting is requested by the claims manager outside of the intervention outcome report, the report format should be determined on a case-by-case basis with the claims manager and uploaded through online services.

Intervention outcome report (WR340A)

An intervention outcome report should be completed and provided to the claims manager through online services:

- ✓ at the request of a claims manager, or
- ✓ at the completion of the service, when a further intervention service is not required, and
- ✓ within 10 business days from the closure date as it is agreed with the claims manager.

The intervention outcome report should include:

- ✓ a summary of the service provided, and the outcome and level of return to work achieved (nil, partial or full)
- ✓ recommendations for the future management of the worker’s return to work, including risks and barriers that may impact the worker’s recovery and return to work
- ✓ other related information as requested by the claims manager.

Outcome payments (WR360; WR361; WR362)

When an early durable outcome payment can be made

- ✓ a return to suitable duties at full pre-injury hours has been achieved and sustained for 13 consecutive weeks, and
- ✓ a worker receives or is due to receive equal to or less than 5% of their maximum income support throughout the durability period, and
- ✓ evidence of 13 weeks’ durability is provided on the specified *durable RTW certificate*, and either
 - when an outcome is achieved in a level 1 intervention service, the maximum outcome fee is payable for the service category, or
 - where the outcome is achieved in a level 2 intervention service, the hours invoiced for the level 2 service do not exceed the specified maximums for the specific outcome payments (i.e. excludes level 1 hours).

Durable RTW certificate

A [durable RTW certificate](#) should be completed and provided to the claims manager through online services:

- at 13 weeks following the submission of the intervention outcome report and
- when the worker has sustained their return to work for the full 13 weeks
- the worker is entitled to less than 5% of the income support they were entitled to at the commencement of PIE services
- where the provider believes they are entitled to a RTW outcome payment and
- on the form specified by ReturnToWorkSA.

An early durable outcome payment is not payable to the provider where:

- ✘ following a return to suitable duties at full pre-injury hours, the worker ceases work during the 13 week durability period. This may be due to:
 - breach of mutuality – section 48 reduction or discontinuance of weekly payments
 - worker develops or sustains a non-compensable injury
 - worker aggravates their existing injury
 - worker resigns from pre-injury employer
 - worker employment is ceased by pre-injury employer, or seasonal work ceases
 - worker makes a voluntary discontinuance of income support.

How an early durable outcome payment is determined

- the durability period is the 13 week period commencing from the date of the intervention outcome report
- a [durable RTW certificate](#) has been received by the claims manager
- only 1 payment can be made for each claimant/referral
- the fee payable is determined by the number of level 2 hours used for the service and travel combined to achieve the outcome (refer to quick reference guide – Outcome payments)
- additional regional travel charged under WR901 is excluded from the calculation.

Travel and equipment

Travel time is included in the PIE Level 1 service fee and is not charged separately. Travel time must be:

- ✓ directly related to the provision of chargeable pre-injury employer services for a referred worker, as described in this fee schedule
- ✓ documented in the worker's case file including purpose, origin, destination, travel time in minutes, including return
- ✓ divided proportionately between each worker where travel involves provision of services to multiple workers.

Note: For additional information, refer to the Invoicing Information section.

Additional regional travel (WR901A)

The claims manager may approve additional regional travel for up to five hours at a time (up to a total maximum of ten hours):

- ✓ where the worker's workplace, office of their employer, rooms of the worker's treating doctor, or other appropriate place to deliver a service is located in one of the regional postcodes available on the ReturnToWorkSA website.

Note: Only the portion of time taken to travel beyond 50km from the provider's closest approved regional office is chargeable under this item.

Travel expense reimbursement (WR907)

A claims manager may require a service to be delivered at a location greater than 100km from the provider's closest place of business. In these circumstances a claims manager may approve reimbursement of the following travel expenses:

- ✓ 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).

Note: Car hire can only be charged where the provider travels by aircraft to deliver a service. To ensure payment, approval must be obtained from the claims manager prior to hiring the car.

To receive reimbursement, the provider must submit:

- ✓ a tax compliant invoice for travel expenses incurred, and
- ✓ a receipt for each travel expense incurred.

The invoice must be clearly itemised if more than one expense is being claimed e.g. airfare, accommodation, meals, etc. Economy airfare means the amount determined by ReturnToWorkSA to be the reasonable cost of undertaking the travel using a standard economy airfare.

If travel is undertaken for more than one worker, the travel expenses must be divided proportionately between the two or more workers.

Equipment expense reimbursement (WR910)

Reimbursement for equipment expenses incurred by a provider to directly support the worker's return to work may be approved where:

- ✓ there is evidence of prior approval from the claims manager where the cost of the item is greater than \$500, and
- ✓ tax compliant and itemised invoices for equipment expenses are provided.

Employers are expected to fund reasonable workplace modifications and workplace equipment to accommodate a worker's injury or disability. Where this is not reasonable and practical, a request, including items required and their cost, should be forwarded to the claims manager for consideration.

Invoicing

Please refer to the Invoicing Information section of this fee schedule.

In addition, the following services must be charged as single invoice transactions:

- ✓ intervention outcome reports
- ✓ early durable outcome payments.

Where a service uses time based billing, the actual time taken must be accumulated for the day and then rounded to the nearest 6 minutes.

2. Fit for work services

The purpose of fit for work services is to upgrade a worker’s medically certified functional capacity to maximum hours, ideally to full pre-injury hours, in preparation for them gaining suitable employment. Providers will provide evidence of upgrades to the claims manager through written medical documentation such as an updated *Work Capacity Certificate*.

Providers are expected to ensure individual worker needs and service requirements are met throughout the service. This will involve regular, timely and targeted conversations with the requestor prior to and during the service. **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. These are viewed as exceptional circumstances and will be monitored by ReturnToWorkSA.**

Quick reference guide

Assessment service

Item number	Service descriptor	Max fee (ex GST)
FW110A	FFW Fitness upgrade assessment Maximum 8 hours within 15 business days	\$205.40 per hour

Fitness upgrade program

Item number	Service (maximum duration)	Time between date of injury and referral date	
		0-12 months	12+ months
Refer to item numbers below	Fitness upgrade program (up to 8 weeks duration)	Up to \$3,016.00	Up to \$4,056.00
Maximum funding that may be expended on fitness upgrade pathway services (see Fitness upgrade pathway services below)			

Fitness upgrade pathways services

Item number	Service descriptor	Max fee (ex GST)
FW120A	Individual worker contact	\$205.40 per hour
FW130A	Consultation with medical and treatment providers	\$205.40 per hour
FW150	Group based or individual intervention programs	Reasonable cost
FW160A	Arranging and monitoring work placements	\$205.40 per hour
FW170	Training	Reasonable cost
FW180A	Travel	\$174.30 per hour
FW190A	Coordinating fitness upgrade pathway services	\$205.40 per hour
N/A	Fitness upgrade program extension (4 weeks)	Remaining balance of fitness upgrade program funding

Supplementary items

Item number	Service descriptor	Max fee (ex GST)
FW242A	Intervention outcome report – No increase in capacity Within 10 business days	\$205.40 fixed fee
FW246A	Intervention outcome report – Increase in capacity to less than pre-injury hours Within 10 business days	\$205.40 fixed fee
FW248A	Intervention outcome report – Increase in capacity to full pre-injury hours	\$205.40 fixed fee

OFFICIAL

Item number	Service descriptor	Max fee (ex GST)
	Within 10 business days	
FW901A	FFW Additional travel for regional areas Up to 5 additional hours at a time Maximum 10 hours	\$174.30 per hour
FW907	FFW Travel expense reimbursement	Reasonable cost
FW910	FFW Equipment expense reimbursement	Reasonable cost

Fit for work service

Who can deliver fit for work services

- ✓ providers who are:
 - approved as a South Australian Scheme Return to Work Service Provider
 - authorised to provide services in the fit for work services category.
- ✓ Return to work consultants engaged by the above providers who are specified in the table on page 4.

A referral can be made

- ✓ when the return to work goal is new employer, or a decision is made to change the return to work goal to new employer, and one of the following
- ✓ when the most recent medical evidence from the treating doctor certifies the worker, for a period exceeding 14 calendar days, as either:
 - unfit for work, or
 - fit for less than full pre-injury hours.
- ✓ where the worker has previously completed a fit for work service and circumstances have changed such that the claims manager is of the view that the service may now achieve an outcome
- ✓ when an increase in medically certified functional capacity cannot reasonably be obtained through other activities and services.

When fit for work services cease

- ✓ when further service delivery is unlikely to result in an increase in medically certified functional capacity and
- ✓ when approved by the claims manager or
- ✓ at the request of the claims manager.

When fit for work services cease, the provider should complete and submit the [intervention outcome report](#) through online services within 10 business days.

When concurrent fit for work and job placement services (JPS) can be delivered

The claims manager is responsible for identifying the need for concurrent return to work services and will make referrals in accordance with the respective referral criteria. It is expected that concurrent services occur in limited circumstances, for example when:

- ✓ a worker is participating in JPS and assistance is required to upgrade their medically certified functional capacity. In this instance a referral will be limited to a fitness upgrade assessment only.
- ✓ a fit for work provider has recommended commencement of JPS prior to the full completion of a fitness upgrade program.

While concurrent job placement services are being delivered:

- the worker will participate in activities as set out by the job placement service provider
- where activities such as work placements and training have been pre-arranged by the fit for work provider,

the worker is to complete these activities with monitoring to be conducted by the job placement service provider

- there must be timely and regular communication between service providers to achieve collaborative goal setting
- the focus for the fit for work provider will be to gain an increase in medically certified work capacity to the worker's maximum durable capacity
- there must be no conflict in the requirements of the worker
- there must be no duplication of services.

Service item descriptors

Fitness upgrade assessment (FW110A)

Maximum time: 15 business days.

The purpose of this service is to gather and provide relevant information to a treating doctor that will help them make an informed reassessment of the worker's functional capacity for work, where this is ideally an upgrade to pre-injury level.

It is the provider's responsibility to determine:

- ✓ relevant and necessary information to provide to a doctor on a case-by-case basis to help them in certifying an upgrade in a worker's functional capacity
- ✓ how to empower the worker to engage with and contribute to achieving the upgrade, and
- ✓ consider functional capacity in light of employment goals.

During this service, when medically certified functional capacity achieved is less than pre-injury hours, the provider will work with the worker and doctor to develop and agree on a tailored and suitable fitness upgrade program for the worker. This is to be clearly documented.

The agreed fitness upgrade program is to be provided to the claims manager through online services. At a minimum it should specify the following:

- fitness upgrade goals at specific milestones and
- fitness pathway activities plan, including detailed description of activities to be undertaken by the worker. For example, completion of a graduated return to work schedule in a work simulation or at a work placement.

In addition, it shall include a planned allocation of Fitness Pathways Services expenditure for discussion with the claims manager.

Fitness upgrade program (FW120 – FW190)

Maximum time: 8 weeks duration from date of submission of the fitness upgrade program.

The purpose of this service is to address barriers to upgrading a worker's medically certified functional capacity

by coordinating and delivering the fitness upgrade program as agreed between the doctor, provider and worker during the fitness upgrade assessment. The aim is for the worker to be able to re-enter the workforce in suitable employment, at pre-injury hours.

The minimum service requirements include:

- ✓ fortnightly contact with the worker (if the worker is not participating in work or training activity that is at pre-injury hours, contact must be face-to-face) for 30 minutes
- ✓ updates to the claims manager as needed.

When a fitness upgrade program is implemented, the provider is responsible for:

- ✓ arranging or delivering the fitness upgrade pathway services as agreed in the fitness upgrade assessment
- ✓ monitoring the worker's progress and participation in the fitness upgrade program
- ✓ ensuring services that have been pre-arranged by the claims manager continue, and that such services are not duplicated or replaced with another fitness upgrade pathway service
- ✓ ensuring fitness upgrade pathway services are delivered by suitably qualified consultants

- ✓ co-ordinating and making payment for fitness upgrade pathway services that are arranged through a third party provider. These services are to be paid by the fit for work provider who then seeks reimbursement from the claims manager under the relevant item numbers in the fee schedule
- ✓ ensuring short term transport costs and interpreter services for the worker are reimbursed or paid directly by the claims manager if required.

Fitness upgrade program – extension (FW120 – FW190)

Maximum time: 4 weeks duration.

A claims manager may approve one fitness upgrade program extension where:

- ✓ there is reasonable prospect that the worker's medically certified functional capacity will increase to a level appropriate to gain suitable employment.

During the extension period, the provider can continue delivering services up to the maximum prescribed limits of the fitness upgrade program funds.

Fitness upgrade pathways services

The fitness upgrade pathway services will drive an upgrade in the worker's medically certified functional capacity during the fitness upgrade program (and extension where approved). They are to be selected in combination and proportion relevant to the worker's needs, and agreed upon by the doctor, worker and provider.

Item No.	Service descriptor	Max fee (ex GST)
FW120A	<p>Individual worker contact</p> <p>FFW Individual worker contact</p> <p>Activity and support required by the worker which will facilitate an upgrade in the worker's certified functional capacity</p>	\$205.40 per hour
FW130A	<p>Consultation with medical and treatment providers</p> <p>FFW Consultation with medical and treatment providers</p> <p>Communication with medical and treatment providers to facilitate an increase in certified functional capacity.</p>	\$205.40 per hour
FW150	<p>Group based or individual intervention programs</p> <p>FFW Group based intervention programs</p> <p>Non-clinical programs that may assist and facilitate an increase in the worker's: functional capacity; psychological preparedness for work; motivational levels; overcoming non-vocational barriers.</p> <p>Clinical treatment programs are not included.</p>	Reasonable cost
FW160A	<p>Arranging and monitoring work placements, work simulation or work hardening</p> <p>FFW Arranging and monitoring work placements, work simulation or work hardening</p>	\$205.40 per hour

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Item No.	Service descriptor	Max fee (ex GST)
	<p>Work placement/simulation/hardening involve placing the worker with a host organisation or in a simulated work environment for a defined period. This service should:</p> <ul style="list-style-type: none"> - provide workplace-based opportunities for the worker to develop marketable skills - provide an opportunity to test the worker's physical and psychological capacity for work or specific work duties - provide an opportunity for work specific rehabilitation - include arrangement and monitoring of progress with the host employer. <p>Note: When employment is offered through a work placement, this code can be used for activity supporting further durable upgrades in return to work.</p>	
FW170	<p>Training</p> <p>FFW Training</p> <ul style="list-style-type: none"> - training and materials to improve the worker's employability prospects, specifically: <ul style="list-style-type: none"> • employment-related training courses • employment-related books and equipment • literacy, language or numeracy assistance where places in other eligible government funded programs are unavailable - short term, low cost (less than \$500) training certificates and courses directly related to suitable employment options. <p>Pre-apprenticeship training or pre-tertiary training is not permitted under this item number.</p> <p>Note: Providers are required to seek approval from the claims manager for training courses that exceed \$500.00.</p>	Reasonable cost
FW180A	<p>Travel</p> <p>FFW Travel for FW130A, FW160A</p> <p>Required for arranging work trials FW160A, and medical and treatment provider consultation FW130A.</p>	\$174.30 per hour
FW190A	<p>Coordinating fitness upgrade pathway services</p> <p>FFW Coordination fitness upgrade pathway services</p> <p>This service includes:</p> <ul style="list-style-type: none"> - sourcing and arranging training materials to improve the worker's employability prospects - sourcing and arranging group based or individual intervention programs - communicating with the claims manager to discuss strategies to resolve barriers to upgrade functional capacity. 	\$205.40 per hour

Reports

Providers should determine the level and frequency of communicating with the claims manager for a referral with focus being placed on outcome-focussed service, as opposed to reporting. Where reporting is requested by the claims manager outside of the fitness upgrade pathway and the specified *intervention outcome report*, the report format should be determined on a case-by-case basis with the claims manager.

Intervention outcome report (FW242A, FW246A, FW248A)

On completion of the fit for work service the provider should complete and submit the *Intervention outcome report* through online services to document the outcome within 10 days following agreement with the claims manager of a closure date.

The report should include:

- ✓ the activity provided to achieve an increase in medically certified functional capacity
- ✓ the final outcome achieved, including a *Work Capacity Certificate* as evidence of certification
- ✓ recommendations for the job placement specialist to consider in assisting the worker to gain suitable employment
- ✓ any considerations that may impact the worker's capacity to maintain this certification
- ✓ any work placements or training completed.

Travel and equipment

Travel time is included in the fitness upgrade assessment service and not charged separately. Travel time must be:

- ✓ directly related to the provision of chargeable fit for work services for a referred worker, as described in this fee schedule
- ✓ documented in the worker's case file including purpose, origin, destination, travel time in minutes, including return
- ✓ divided proportionately between each worker where travel involves provision of services to multiple workers.

Note: Additional information is located in the Invoicing Information section.

Additional regional travel (FW901A)

The claims manager may approve additional regional travel for up to five additional hours at a time (up to a total maximum of ten hours):

- ✓ where the worker's treating doctor and/or host employer (for a work trial) is located in one of the regional postcodes available on the ReturnToWorkSA website and

- ✓ regional travel is only charged as the portion of time taken to travel beyond 50km from the provider's closest place of business.

Note: Only the portion of time taken to travel beyond 50km from the provider's closest approved regional office is chargeable under this item.

Travel expense reimbursement (FW907)

A claims manager may require a service to be delivered at a location greater than 100km from the provider's closest place of business. In these circumstances a claims manager may approve reimbursement of the following travel expenses:

- ✓ 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).

Note: Car hire can only be charged where the provider travels by aircraft to deliver a service. To ensure payment, it is recommended to seek claims manager approval prior to hiring the car.

To receive reimbursement, the provider must submit:

- ✓ a tax compliant invoice for travel expenses incurred, and
- ✓ a receipt for each travel expense incurred.

The invoice must be clearly itemised if more than one expense is being claimed e.g. airfare, accommodation, meals, etc. Economy airfare means the amount determined by ReturnToWorkSA to be the reasonable cost of undertaking the travel using a standard economy airfare.

If travel is undertaken for more than one worker, the travel expenses must be divided proportionately between the two or more workers.

Equipment expense reimbursement (FW910)

Reimbursement for equipment expenses incurred by a provider to directly support the worker's return to work may be approved by the claims manager where:

- ✓ there is evidence of prior approval from the claims manager where the cost of the item is greater than \$500, and
- ✓ tax compliant and itemised invoices for equipment expenses are provided.

Invoicing

Please refer to the Invoicing Information section of this fee schedule.

When claiming for reimbursement for costs paid to an external organisation, the provider should supply the following together with the invoice:

- ✓ maintain evidence of payment on file (e.g. receipt for payment)
- ✓ document date that the service was provided, and a description of service.

Where a service uses time based billing, the actual time taken must be accumulated for the day and then rounded to the nearest 6 minutes.

3. Job Placement Services

The purpose of job placement services is to assist the worker in achieving sustainable suitable employment within their medically certified work capacity with a new employer.

Providers are expected to ensure individual worker needs and service requirements are met throughout the service. This will involve regular, timely and targeted conversations with the requestor prior to and during the service. **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. These are viewed as exceptional circumstances and will be monitored by ReturnToWorkSA.**

Quick reference guide

Employment pathway services (EPS) – JB302 - JB306; JB312; JB314; JB315A

First 26 weeks	Up to \$5,200.00
Each subsequent 13 weeks	Up to \$1,560.00

Item number	Service descriptor	Max fee (ex GST)
JB101	IJPS Initial assessment and recommended employment pathway plan Within 10 business days	\$631.60 fixed fee
JB201	IJPS Service fee first 13 weeks	\$1074.70 fixed fee
JB202	IJPS Service fee second 13 weeks	\$1074.70 fixed fee
JB208	IJPS Additional regional service fee each 13 weeks	\$505.30 fixed fee
JB701	IJPS Service fee third and subsequent 13 weeks	\$1074.70 fixed fee
JB401	Employment placement fee - placement sustained for 2 weeks - current medical capacity	\$890.10 fixed fee
JB402	Employment placement fee - placement sustained for 2 weeks - less than current medical capacity	\$622.10 fixed fee
JB450	13 week durability fee at or above Average Weekly Earnings	\$2042.70 fixed fee
JB452	13 week durability fee at or above Full Pre-Injury Hours	\$1532.00 fixed fee
JB454	13 week durability fee less than Average Weekly Earnings	\$1021.50 fixed fee
JB456	13 week durability fee less than Full Pre-Injury Hours	\$510.70 fixed fee
JB460	26 week durability fee at or above Average Weekly Earnings	\$4084.90 fixed fee
JB462	26 week durability fee at or above Full Pre Injury Hours	\$3064.20 fixed fee
JB464	26 week durability fee less than Average Weekly Earnings	\$2042.50 fixed fee
JB466	26 week durability fee less than Full Pre-Injury Hours	\$1021.50 fixed fee

Job placement service

Who can deliver job placement services

- ✓ job placement services providers approved by ReturnToWorkSA.

A referral can be made

- ✓ when the return to work goal is a new employer, and
- ✓ when the worker has a work capacity, and
- ✓ where the worker is medically able to travel

When job placement services cease

- where there is no evidence of continued progress towards suitable employment, and approved by the claims manager, or
- at the request by the claims manager.

Concurrent return to work services

Fit for work or return to work assessment services may be delivered concurrently to a job placement service. ReturnToWorkSA and the claims agent are responsible for identifying the need for concurrent services and will make referrals in accordance with the relevant referral criteria.

When concurrent return to work services are being delivered, there must be:

- ✓ timely and regular communication between service providers to achieve collaborative goal setting
- ✗ no conflict in the requirements of the worker
- ✗ no duplication of services.

Concurrent fit for work and job placement services may occur where:

- ✓ additional support is required to obtain an increase in the worker's certified medical capacity to enable them to obtain suitable employment with a new employer.

Concurrent return to work assessment services and job placement services may occur where:

- ✓ the suitability of identified duties or employment is uncertain and
- ✓ additional expertise outside that of a job placement specialist is required to conclude suitability and/or
- ✓ additional information regarding suitable employment options for worker is required to support decision-making in the case management process

Service item descriptors

Initial assessment and recommended employment pathway plan (JB101)

Maximum time: 10 business days from date of referral.

The purpose of this service is to engage with the worker to assess and determine agreed suitable employment options and develop an employment pathway plan that resolves the worker's barriers to return to work.

Providers are expected to consider recent medical information and other information as provided by the claims manager when determining a minimum of 3 suitable employment options within this service.

The job placement service provider will provide a written employment pathway plan to the worker and claims manager through online services.

The employment pathway plan will include:

- ✓ a minimum of 3 specific suitable employment goals
- ✓ evidence of labour market information supporting suitable employment goals
- ✓ planned employment pathway services for the first 13 weeks of service. This will cover
 - detailed description of activities to be undertaken by the worker
 - consultant responsibilities
 - planned allocation of employment pathways services expenditure.

Service fee (JB201, JB202, JB701)

These service fees:

- are payable at the commencement of each 13 week period in order of:
 - service fee (first 13 weeks)
 - service fee (second 13 weeks)
 - service fee (third and subsequent 13 weeks)
- cover a worker's access to job search facilities in normal business hours
- include a minimum of fortnightly contact with the worker (if the worker is not participating in work or training activity equivalent to pre-injury hours, it is expected that contact will be face-to-face with the job placement service provider) for a minimum of 30 minutes
- include as needed updates of the worker's progress in employment pathway services and return to work, to the claims agent
- must be charged as a single invoice transaction for each item number (JB201, JB202, JB701)
- cover the provision of an updated employment pathway plan at the commencement of each 13 week period which describes the employment pathway plan activities for the next 13 weeks of service.

If the worker obtains sustainable employment that meets the criteria for a durability fee relating to an outcome which is at or above notional weekly earnings, the job placement service provider is not eligible to charge subsequent service fees.

Employment pathway services (JB302 - JB306; JB312; JB314; JB315A)

The job placement service provider can select and arrange services up to the maximum allowed in this fee schedule. Payment will only be made for those services delivered.

- The job placement service provider shall monitor employment pathway services usage to ensure the expenditure is within the maximums prescribed.

Employment pathway service (EPS) funding is allocated per worker:

- on referral for the first 26 weeks of service
- on request (and approval) for up to \$1,560.00 for each subsequent 13 week period.

Unused balances of EPS should be carried forward prior to requesting additional funding.

Additional regional service fee (JB208)

The claims manager may approve this service fee for one occasion per 13 week service period:

- ✓ where the worker’s residence, or other appropriate place to deliver a service is located in one of the regional postcodes available on the ReturnToWorkSA website, and
- ✓ the worker is unable to travel to the job placement service provider’s premises.

Employment pathway services

The job placement service provider will determine the combination and a proportion of services required for the specific needs of the worker and their circumstances in order to achieve the suitable employment goal. The employment pathway services (EPS) selected relevant to a worker’s requirements will be detailed in the completed employment pathway plan.

- Employment pathway services, where incurred as external costs to the job placement service provider, are to be paid by the job placement service provider who then seeks reimbursement from the claims agent.
- Transport costs will ideally be paid by the worker who will then seek reimbursement from the claims agent.
- Interpreter services will be paid directly to the provider by the claims agent.
- The Re-employment Incentive Scheme for Employers (RISE) program provides wage subsidies for employers and can be actively marketed in consultation with the worker. RISE requires approval by the claims agent.
- Other wage subsidies are not permitted to be reimbursed as employment pathway services.

The employment pathway services and associated fees are listed in the below table.

Item No.	Service descriptor	Max fee (ex GST)
JB302	<p>EPS Training to prepare a worker for employment including:</p> <ul style="list-style-type: none"> • employment related training courses • literacy, language or numeracy assistance where places in other eligible government funded programs are unavailable • work tools, tickets and licences. <p>Pre-apprenticeship training or pre-tertiary training is not permitted under this item number.</p> <p>Note: Providers must seek approval from the claims manager for training courses exceeding \$500.00</p>	Reasonable cost
JB303	<p>EPS Purchased activities and items to assist the worker find, gain and maintain employment such as:</p> <ul style="list-style-type: none"> • identification of wider suitable employment goals • motivational components of programs • purchase of mobile phones, phone cards, and mobile phone pre-paid credit vouchers • clothing to attend an interview where the worker has no suitable clothes • personal presentation, hygiene packs and basic haircuts 	Reasonable cost

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Item No.	Service descriptor	Max fee (ex GST)
	<ul style="list-style-type: none"> • work uniforms and safety equipment • workplace assistance and modifications where they are required but not available through any other government funded program • police checks. <p>Self-employment costs and childcare costs are not available under this item.</p> <p>Employment pathway services cannot be used for costs to verify employment for the purpose of an outcome claim.</p>	
JB304	<p>EPS Group-based job search activities</p> <p>If a worker cannot attend all program hours due to a medical condition, the job placement service provider is required to seek to make-up the lost hours through attendance at vacant slots in other group-based job search programs at no cost. Note: Where more than one worker attends, the hourly rate is apportioned per worker.</p>	\$126.30 per hour
JB305	<p>EPS Activities delivered by job placement service providers to assist the worker find and gain employment such as:</p> <ul style="list-style-type: none"> • additional one-on-one contacts (over and above the required fortnightly contact), including travel where required. • activities to manage worker behaviour and participation • activities to assist worker’s application for jobs including resume and cover letter development • arranging and monitoring work trials (including travel) • one-on-one interview support including attendance and travel where required • communication with treating providers and agents to plan return to work strategies, including travel where required. 	\$126.30 per hour
JB306	<p>EPS Reverse marketing and job carving, including travel where required.</p> <ul style="list-style-type: none"> - Reverse marketing can only be claimed where an individual worker is actively marketed to employers where a vacancy does not exist (that is, the reverse of having employers request workers with specific skills to fill a particular vacancy) - Job carving is the creation of a modified job to fit the worker's skills and capabilities and can occur in relation to an existing vacancy request from an employer. - Job carving can relate to several workers, but shall not include general marketing to employers. - The cost of job carving shall be allocated across the relevant workers. - A log of reverse marketing and job carving activities for workers shall be retained by the job placement service provider. 	\$126.30 per hour
JB312	<p>Direct contact to support employment durability as required by the claims manager, or as agreed between the claims manager and either the worker and/or employer.</p> <p>Post placement support and mentoring can be offered to address issues which are likely to impact on the worker’s ability to continue in an employment placement.</p>	\$126.30 per hour
JB314	<p>Assistance to overcome non-vocational barriers, for example:</p> <ul style="list-style-type: none"> • mental health support • substance dependency services • gambling rehabilitation • personal development and self-esteem • family support 	Reasonable cost

Item No.	Service descriptor	Max fee (ex GST)
	<ul style="list-style-type: none"> • financial counselling • anger management support. <p>Assistance to overcome non-vocational barriers may be reimbursed where the service may be approved by the claims manager.</p> <p>The job placement service provider must pay these services directly to the relevant provider then seek reimbursement from the claims manager using item number JB314.</p> <p>Only to be incurred with approval by the claims manager.</p>	
JB315A	<p>EPS Worksite assessment service</p> <p>The purpose of this service is to ensure that a safe and suitable return to work occurs with the new employer. It is used in circumstances where there is uncertainty about the suitability of the proposed duties and additional expertise beyond that of job placement service provider is required. The assessment should include recommendations in relation to the employment or work trial suitability that will assist the worker's safe and durable return to suitable employment.</p> <p>This service can only be delivered by a physiotherapist or occupational therapists employed by an approved Return to Work service provider under the Return to Work scheme.</p> <p>The service is to be delivered in accordance with the worksite assessment service detailed in the Return to Work Assessment Services section of this fee schedule. It includes:</p> <ul style="list-style-type: none"> • workplace visit with worker and employer/host employer • travel • recommendations for any workplace accommodation and/or education • clarification of worker's capacity from treating doctor, if required • report summarising recommendations including capacity of the worker to perform duties and any strategies that will assist the worker's safe and durable return to the proposed suitable employment. 	\$205.40 per hour

Outcome fees

Payable on submission of job placement services outcome report to be provided at 2 weeks, 13 weeks and 26 weeks.

Employment placement fee

- No more than three employment placement fees can be claimed for a single worker within 12 calendar months.
- Where a worker has independently sourced paid employment and the employment pathway plan has not been initiated, the job placement service provider is not eligible to claim a placement fee.
- Where a worker returns to paid employment with the pre-injury employer, the job placement service provider is not eligible to claim a placement fee or other durability fees.
- Not payable after a worker has reached the end of their medical support period.

Item No.	Service descriptor	Max fee (ex GST)
JB401	<p>IJPS Placement a current medical capacity</p> <p>A placement in paid employment at full current medical capacity hours for a duration of 2 working weeks from the employment commencement date.</p> <p>This item does not include non-payable placements.</p>	\$890.10 fixed fee
JB402	<p>A placement in paid employment at less than full medical certified capacity hours, for the duration of 2 working weeks from the employment commencement date.</p> <p>This item does not include non-payable placements.</p>	\$622.10 fixed fee

13 week durability fees

- No more than one of the 13 week durability fee listed below can be claimed per job placement for a single worker.

- No more than two 13 week durability fees can be claimed for a single worker within 12 calendar months.

Item No.	Service descriptor	Max fee (ex GST)
JB450	13 week durability fee – at or above Average Weekly Earnings. Fee payable if the worker obtains sustainable employment AND earns 90% or more of their average weekly earnings throughout week 1 to 13 following the employment commencement date. This item does not include non-payable placements.	\$2042.70 fixed fee
JB452	13 week durability fee – at or above Full Pre Injury Hours. Fee payable if the worker obtains sustainable employment at or above full pre injury hours throughout week 1 to 13 following the employment commencement date. This item does not include non-payable placements.	\$1532.00 fixed fee
JB454	13 week durability fee – less than Average Weekly Earnings. Fee payable if the worker obtains sustainable employment AND earns between 50% and 89% of their average weekly earnings throughout week 1 to 13 following the employment commencement date. This fee does not include non-payable placements.	\$1021.50 fixed fee
JB456	13 week durability fee – less than Full Pre Injury Hours. Fee payable if the worker obtains sustainable employment at less than full pre injury hours throughout week 1 to 13 following the employment commencement date. This item does not include non-payable placements.	\$510.70 fixed fee

26 week durability fees

- Payable on submission of job placement services outcome report.
- No more than one of the 26 week durability fees listed below can be claimed per job placement for a single worker.

Item No.	Service descriptor	Max fee (ex GST)
JB460	26 week durability fee – at or above Average Weekly Earnings. Fee payable if the worker obtains sustainable employment AND earns 85% or more of their average weekly earnings throughout week 14 to 26 following the employment commencement date. This item does not include non-payable placements.	\$4084.90 fixed fee
JB462	26 week durability fee - at or above Full Pre Injury Hours. Fee payable if the worker obtains sustainable employment at or above full pre injury hours throughout week 14 to 26 following the employment commencement date. This item does not include non-payable placements.	\$3064.20 fixed fee
JB464	26 week durability fee – less than Average Weekly Earnings. Fee payable if the worker obtains employment AND earns between 50% and 84% of their average weekly earnings throughout week 14 to 26 following the employment commencement date. This item does not include non-payable placements.	\$2042.50 fixed fee
JB466	26 week durability fee - less than Full Pre Injury Hours. Fee payable if the worker obtains sustainable employment at less than full pre injury hours throughout week 14 to 26 following the employment commencement date. This item does not include non-payable placements.	\$1021.50 fixed fee

Changes in employment status

Upgrading employment hours:

- where a worker is initially employed at below full capacity, providers should continue to assist a worker in maximising their earnings, and reducing their maximum income support. This may be through:
 - upgrading hours within the existing placement
 - obtaining a supplementary placement

- obtaining a new placement with greater earnings and hours of work.
- the maximum income threshold for '26 week durability fee – at or above average weekly earnings' is 85% compared to 90% for '13 week durability fee – at or above average weekly earnings'. This is to provide incentive for the provider to increase a worker's notional weekly earnings where they are initially employed below full capacity.

Re-anchoring:

- if a worker's employment ceases after being placed by a job placement service provider, the job placement service provider has a re-anchoring period of 10 business days to restore the worker to paid employment. This re-anchoring period will not impact the calculation of the 13 week and 26 week durability fee periods.

Invoicing

Please refer to the Invoicing Information section of this fee schedule.

The following is in addition to the invoicing section:

- initial assessment and employment pathway plan
- service fees
- outcome fees at each milestone.

When claiming for reimbursement for an employment pathway service for an external organisation cost:

- maintain evidence of payment on file (e.g. receipt for payment)
- document date that the service was provided, and a description of service.

Where a service uses time based billing, the actual time taken must be accumulated for the day and then rounded to the nearest 6 minutes.

4. Restoration to the community services

The purpose of restoration to the community services is to assist workers to reintegrate into their community activities. For seriously injured workers, this service may include flexible service requirements to explore employment transition opportunities for the worker, and/or prepare a worker for considering a future return to work. In cases where a return to work is possible, a separate referral to a return to work service will be required to drive a return to work outcome.

Providers are expected to ensure individual worker needs and service requirements are met throughout the service. This will involve regular, timely and targeted conversations with the requestor prior to and during the service. **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. These are viewed as exceptional circumstances and will be monitored by ReturnToWorkSA.**

Item No.	Service descriptor	Max fee (ex GST)
RC301	RC Initial assessment including travel Within 15 business days	\$1437.70 fixed fee
RC307	RC Restoration to the community coordination Maximum 20 hour blocks (incl. travel) within 26 weeks	\$205.40 per hour
RC901	RC Additional travel for regional areas	\$174.30 per hour
RC907	RC Travel expense reimbursement	Reasonable cost
RC910	RC Equipment expense reimbursement	Reasonable cost

Restoration to community service

Who can deliver restoration to the community services

- ✓ providers who are:
 - approved as a South Australian Return to Work service provider
 - authorised to provide services in the restoration to the community category.
- ✓ Return to work consultants engaged by the above providers who are specified in the table on page 4.

A referral can be made

- ✓ where the worker has complex injuries/conditions. Usually, but not limited to, serious injuries, and
- ✓ the worker does not have reasonable prospects of returning to work in the foreseeable future.

Service item descriptors

Initial assessment (including travel) (RC301)

The purpose of this service is to assess the worker's needs and develop a restoration to the community plan. The plan should be developed as early as practicable in order to assist the worker to access and participate as fully as possible in the community.

The initial assessment will incorporate, but is not limited to:

- ✓ a meeting with the worker, employer (where applicable) and treating doctor
- ✓ assessing the barriers to the worker's access to the community and identifying actions to address these
- ✓ establishing agreed restoration to the community plan with all parties
- ✓ recommended strategies to how the restoration to the community plan will be implemented
- ✓ traveling time required to deliver this service

When initial assessment is completed a brief report is to be completed by the provider summarising the above. This is to be submitted through online services within 15 business days.

Restoration to the community coordination (RC307)

During the restoration to the community coordination service, the provider will implement the restoration to the community plan. This service includes:

- ✓ updating relevant parties regarding actions, services and outcomes on a fortnightly basis
- ✓ all travel
- ✓ up to 20 hours of service can be approved by the claims manager at a time (maximum 6 months duration).

An intervention outcome report should be completed and provided to the claims manager through online services:

- ✓ upon completion of the restoration to the community plan, or

- ✓ when reintegration into the community has been achieved and a further intervention service is not required or
- ✓ where no further improvement is expected through the service, and further intervention services are not justified or
- ✓ at the request of a claims manager and
- ✓ within 10 business days from the closure date as it is agreed with the claims manager.

The intervention outcome report should include:

- ✓ a summary of the service provided, and the outcomes
- ✓ recommendations for the future management of the worker's reintegration to their community activities, including a return to work if applicable, including risks and barriers
- ✓ other related information as requested by the claims manager.

Travel and equipment

Travel time is included in the restoration to the community initial assessment and co-ordination services, and is not charged separately. Travel time must be:

- ✓ directly related to the provision of chargeable pre-injury employer services for a referred worker, as described in this fee schedule
- ✓ documented in the worker's case file including the purpose, origin, destination, travel time in minutes (including return)
- ✓ divided proportionately between each worker where travel involves provision of services to multiple workers.

Note: Additional information is located in the Invoicing Information section.

Additional regional travel (RC901)

The claims manager may approve additional regional travel for up to five additional hours maximum:

- ✓ for the initial assessment only
- ✓ where the worker's workplace, office of their employer, rooms of the worker's treating doctor, or other appropriate place to deliver a service is located in one of the regional postcodes available on the ReturnToWorkSA website.

Note: only the portion of time taken to travel beyond 50km from the provider's closest place of business is chargeable under this item.

Travel expense reimbursement (RC907)

A claims manager may require a service to be delivered at a location greater than 100km from the provider's closest place of business. In these circumstances, a case manager may approve reimbursement of the following travel expenses:

- ✓ 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).

Note: Car hire can only be charged where the provider travels by aircraft to deliver a service. To ensure payment, it is recommended to seek claims manager approval prior to hiring the car.

To receive reimbursement, the provider must submit:

- ✓ a tax compliant invoice for travel expenses incurred, and
- ✓ a receipt for each travel expense incurred.

The invoice must be clearly itemised if more than one expense is being claimed e.g. airfare, accommodation, meals, etc. economy airfare means the amount determined by the claims manager to be the reasonable cost of undertaking the travel using a standard economy airfare.

If travel is undertaken for more than one worker, the travel expenses must be divided proportionately between the two or more workers.

Equipment expense reimbursement (RC910)

Reimbursement for equipment expenses incurred by a provider to directly support the worker's return to work may be approved by the claims manager where:

- ✓ there is evidence of prior approval from the claims manager where the cost of the item is greater than \$500, and
- ✓ tax compliant and itemised invoices for equipment expenses are provided.

Employers are expected to fund workplace modifications such as workplace equipment. Where it is not reasonable and practical, a request, including items required and their cost, should be forwarded to the claims manager for consideration of approval.

Invoicing

Please refer to the Invoicing Information section of this fee schedule.

In addition, the following service must be charged as a single invoice transaction:

- ✓ initial assessment.

Where a service uses time based billing, the actual time taken must be accumulated for the day and then rounded to the nearest 6 minutes.

5. Return to work assessment services

The purpose of return to work assessment services is to provide an independent opinion that informs and supports the claims manager's decision-making process and the worker's recovery and return to work.

Providers are expected to ensure individual worker needs and service requirements are met throughout the service. This will involve regular, timely and targeted conversations with the requestor prior to and during the service. **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. These are viewed as exceptional circumstances and will be monitored by ReturnToWorkSA.**

Assessment services

Item No.	Service descriptor	Max fee (ex GST)
WA110A	RTWAS Suitable employment assessment and report Maximum 6 hours within 10 business days	\$205.40 per hour
WA120A	RTWAS Vocational assessment and report Maximum 7 hours within 10 business days	\$205.40 per hour
WA130A	RTWAS Worksite assessment and report including travel Maximum 6 hours within 10 business days	\$205.40 per hour
WA150A	RTWAS Functional capacity evaluation & report Maximum 7 hours within 10 business days	\$205.40 per hour
WA160A	RTWAS Pre-injury duties transition Maximum 7 hours within 4 weeks	\$205.40 per hour
WA170A	RTWAS Vocational counselling. Maximum 10 hours within 8 weeks	\$205.40 per hour

Supplementary items

Item No.	Service descriptor	Max fee (ex GST)
WA901A	RTWAS Additional travel for regional areas	\$174.30 per hour
WA907	RTWAS Travel expense reimbursement	Reasonable cost
WA910	RTWAS Equipment expense reimbursement	Reasonable cost

Return to work assessment service

Who can deliver return to work assessment services

- ✓ providers who are:
 - approved as a South Australian Return to work service provider
 - approved as a South Australian Job placement service provider (vocational counselling only)
 - authorised to provide services in the specified category.
- ✓ Return to work consultants engaged by the above providers who are specified under the individual service category in this payment policy
- ✓ providers who meet the qualification standard and experience as detailed under each of the return to work assessment service descriptors.

Travel and equipment

Travel time is included in the Return to work assessment services. Travel time must be:

- ✓ directly related to the provision of the Return to work assessment service for a referred worker, as described in this fee schedule
- ✓ documented in the worker's case file including purpose, origin, destination and travel time in minutes (including return)
- ✓ divided proportionately between each worker where travel involves provision of services to multiple workers.

Note: Additional information is located in the Invoicing Information section.

Service item descriptors

Suitable employment assessment (WA110A)

The purpose of a suitable employment assessment is to identify suitable employment options for the worker. The suitable employment options are to be real jobs, which exist in the marketplace, but are not necessarily available at that time.

This service includes a report summarising the:

- suitable employment options identified and supporting evidence, and
- agreement by the treating doctor and worker in respect of identified suitable employment options.

Who can deliver a suitable employment assessment

- ✓ a single approved provider, with qualified personnel completing each of the respective components, where required, for the purpose of providing an integrated report. For example, an employment consultant or career development consultant may complete the labour market analysis, whereas a return to work

consultant may complete all other elements of the assessment.

A referral can be made

- ✓ when the worker has a partial work capacity and is not in suitable employment and/or
- ✓ the worker has previously been referred to fit for work and/or job placement services and was unsuccessful in achieving a suitable employment outcome.

What is included in a suitable employment assessment

This service must be tailored to the worker's circumstances and include only the components required to identify suitable employment. This will include some or all of the following:

- ✓ non-psychometric assessments including an assessment of a worker's vocational interest and preferences
- ✓ identification of a minimum of 3 suitable employment options
- ✓ confirmation that the worker is vocationally suited to each identified suitable employment option
- ✓ labour market research that assesses and concludes that the job options are available at the point of assessment, and likely to be available in the foreseeable future
- ✓ information about pathways, timelines and relevant training details required for the worker to achieve each suitable employment option or improve the worker's ability to gain suitable employment
- ✓ consultation with the worker
- ✓ discussion with relevant medical practitioner to obtain agreement on suitable employment options
- ✓ provision of a brief report through online services summarising the above.

Vocational assessment (WA120A)

The purpose of a vocational assessment is to evaluate the worker's actual and potential ability in order to identify suitable opportunities. This may include assessing the worker's cognitive skills, aptitudes and competencies. These should relate to available and realistic job options while recognising all relevant background information.

The service will include tailoring the employment options to the worker's specific circumstances and obtaining agreement from the worker and their treating doctor.

Who can deliver a vocational assessment

- ✓ Return to work consultants – Psychologist.

A referral can be made

- ✓ where the return to work goal is new employment, or a decision is made to change the return to work goal to new employer or
- ✓ when job placement services are in place, and more thorough psychological assessments are required to

assist the identification of suitable employment options.

What is required within a vocational assessment service

This service may incorporate services such as:

- ✓ assessment of the worker's actual and potential abilities, cognitive skills, aptitudes and competencies through clinical and standardised assessment procedures and instruments
- ✓ identification of a minimum of 3 suitable employment options (available and realistic job options) including job descriptions
- ✓ vocational counselling to prepare a worker for career transitioning in line with labour market trends
- ✓ identification of re-training or re-education required in order for the worker to obtain the proposed suitable employment options
- ✓ consultation with the treating doctor regarding the worker's ability to perform identified job options, with the aim of obtaining agreement on the worker's capacity to perform these jobs
- ✓ provision of a brief report through online services summarising the above.

Worksite assessment and report (WA130A)

The purpose of a worksite assessment is to provide a one-off expert service to ensure that a safe and suitable return to work occurs. The service includes:

- ✓ the identification of suitable duties and/or employment
- ✓ an assessment of the physical and/or psychological demands of duties at the workplace
- ✓ recommendation of appropriate workplace modifications to accommodate a worker's capacity for work
- ✓ agreement by the involved parties on the return to work arrangements
- ✓ a brief report summarising the above.

Who can deliver a worksite assessment service

- ✓ Return to work consultants – Occupational Therapist, Physiotherapist, Exercise Physiologist or Psychologist (for psychological injuries)

What ReturnToWorkSA will not pay for

- ✗ worksite assessment delivered concurrently to pre-injury employer services, and/or
- ✗ fit for work services.

A referral can be made

- ✓ when the employer is managing the return to work and requires one-off expert assistance or

- ✓ when the worker's treating doctor has expressed some doubts about providing medical certification for duties due to lack of knowledge about the worksite, or
- ✓ when the availability and/or suitability of duties needs to be ascertained, or
- ✓ when the worker's supervisor and co-workers needs assistance to understand recommended work restrictions and safe work methods, or
- ✓ where advice regarding workplace design, modification, or provision of equipment and appliances is required (including an ergonomic assessment) to assist in achieving or maintaining a durable return to work, or
- ✓ where clarification is required regarding the suitability of the return to work goal being with the pre-injury employer.

What is required within the worksite assessment service

This service should be tailored to the worker's circumstances. It includes:

- ✓ attendance at the worksite with the worker and employer
- ✓ establishing the worker's capacity to undertake pre injury duties and individual tasks, giving consideration to the available medical evidence, and the provider's knowledge of the injury, treatment, pathology and prognosis
- ✓ identification of suitable duties including consideration of:
 - physical environment
 - mental work demands
 - human behaviour
 - working conditions
 - educational requirements
 - other relevant components.
- ✓ assessing the barriers to the worker's return to work and identifying actions to address these
- ✓ recommending workplace modifications or equipment where necessary to accommodate the worker's return to work
- ✓ educating the worker in safe work practices relevant to their return to work duties where appropriate
- ✓ establishing agreed return to work arrangements with the worker, employer and doctor
- ✓ providing recommended return to work arrangements to the claims manager
- ✓ provision of a brief report through online services, summarising the above.

Functional capacity evaluation and report (WA150A)

The purpose of the functional capacity evaluation (FCE) is to determine the worker's capacity over a range of physical demands in order to make recommendations for participation in work and specific duties available to the worker. The FCE is a standardised battery of tests used to evaluate a worker's capacity for work related activities.

Who can deliver a functional capacity evaluation service

Return to work consultants who are:

- a Physiotherapist or
- an Occupational Therapist
- an Exercise Physiologist.

And who:

- are formally trained in FCEs, and when required, formally certified in their nominated assessment system
- have the correct environment and space for the FCE equipment, and maintain and regularly calibrate the equipment
- have appropriate facilities, equipment and training to respond to emergencies.

A referral can be made

- ✓ when an assessment is needed to determine the worker's potential for work or to meet the physical demands of specific duties that are available to the worker, and
- ✓ where the required information about capacity is not available through other means.

Note: It is expected that no more than one functional capacity evaluation is completed in an 18 month period.

What is required within a functional capacity evaluation service

The functional capacity evaluation includes:

- ✓ review of medical information provided by the requestor
- ✓ identification of potential return to work goals and options for which the functional capacity evaluation is required
- ✓ identification and consideration of co-morbidities and their impact on the functional capacity evaluation
- ✓ assessment of the worker's functional abilities to perform the physical demands of the proposed job(s) and determine whether the worker has the capacity to undertake these demands
- ✓ application of appropriate systems and battery of tests to suit the worker's circumstances
- ✓ a self-reported pain assessment.

Functional capacity evaluation report

On completion of the service, a functional capacity evaluation summary report is to be submitted to the claims manager including:

- ✓ injury/diagnosis
- ✓ results of subjective interview
- ✓ results of self-reported measures
- ✓ current work status
- ✓ results of physical examination/screening
- ✓ behavioural aspects including pain behaviour and effort
- ✓ pace of work
- ✓ clinical observations including body mechanics
- ✓ functional abilities for the assessed physical demands
- ✓ capacity to perform specified duties when requested
- ✓ job matching, where a job description including documentation of the job demands has been provided
- ✓ appropriate recommendations relevant to the conclusions drawn from the results obtained during the evaluation.

Pre-injury duties transition (WA160A)

A claims manager may refer a worker for pre-injury duties transition:

- ✓ where the worker is working at full pre-injury hours, and the employer requires assistance to transition them to full pre-injury duties
- ✓ where the worker is not receiving any income support.

What ReturnToWorkSA will not pay for

- concurrent pre-injury employer services
- when it is immediately subsequent to a previous pre-injury employer service referral closure (this service is expected to be delivered within a pre-injury employer service)
- when it is immediately subsequent to a worksite assessment (as it is expected this plan be developed with this previous referral).

The allocated hours during this service include:

- ✓ provision of an **intervention outcome report** through online services once the worker has reached their maximum level of durable return to work. The report should detail a brief summary of actions taken, the level of duties reached at closure point, and highlight any barriers to the durability of the return to work status.
- ✓ a review of the pre-injury employer workplace with the worker and employer to develop a plan to transition the worker to their pre-injury duties

Vocational counselling (WA170A)

The purpose of vocational counselling is to prepare the worker for career transitioning with a new employer or to different employment with the pre-injury employer.

Who can deliver a vocational counselling service

- ✓ Return to work consultants – Psychologist, Rehabilitation Counsellor, Career Development Consultants or Employment Consultants.

A referral can be made

- ✓ Where the return to work goal is different employment with the pre-injury employer or a decision is made to change the goal to different employment with the pre-injury employer, or
- ✓ where the return to work goal is new employment or a decision is made to change the return to work goal to new employer, and
- ✓ when the worker requires support to accept career transitioning prior to commencing job placement services or a different role with the pre-injury employer.

What is included in a vocational counselling service

The vocational counselling service must be tailored to address the worker’s needs when transitioning to new employment. It should include:

- ✓ vocational counselling to prepare the worker for career transitioning, and
- ✓ provision of a brief report through online services summarising the above.

Services undertaken to support obtaining new employment (e.g. resume writing, job applications, work placements) are not included within the vocational counselling service and form a part of the job placement service.

Additional regional travel (W901A)

The claims manager may approve additional regional travel for up to five hours at a time (up to a total maximum of 10hrs):

- ✓ where the worker’s workplace, office of their employer, rooms of the worker’s treating doctor, or other appropriate place to deliver a service is located in one of the regional postcodes available on the ReturnToWorkSA website.

Note: Only the portion of time taken to travel beyond 50km from the provider’s closest approved regional office is chargeable under this item.

Travel expense reimbursement (WA907)

A claims manager may require a service to be delivered at a location greater than 100km from the provider’s closest place of business. In these circumstances a claims manager may approve reimbursement of the following travel expenses:

- ✓ 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).

Note: Car hire can only be charged where the provider travels by aircraft to deliver a service. To ensure payment, it is recommended to seek claims manager approval prior to hiring the car.

To receive reimbursement, the provider must submit:

- ✓ a tax compliant invoice for travel expenses incurred, and
- ✓ a receipt for each travel expense incurred.

The invoice must be clearly itemised if more than one expense is being claimed (e.g. airfare, accommodation, meals, etc). Economy airfare means the amount determined by the claims manager to be the reasonable cost of undertaking the travel using a standard economy airfare.

If travel is undertaken for more than one worker, the travel expenses must be divided proportionately between the two or more workers.

Equipment expense reimbursement (WA910)

Reimbursement for equipment expenses incurred by a provider to directly support the worker’s return to work, may be approved by the claims manager where:

- ✓ there is evidence of prior approval from the claims manager where the cost of the item is greater than \$500, and
- ✓ tax compliant and itemised invoices for equipment expenses are provided.

Employers are expected to fund reasonable workplace modifications and workplace equipment to accommodate a worker’s injury or disability. Where this is not reasonable and practical, a request, including items required and their cost, should be forwarded to the claims manager for consideration.

Invoicing

Please refer to the Invoicing Information section of this fee schedule.

All return to work assessment services are to be charged as a single invoice transaction.

Where a service uses time based billing, the actual time taken must be accumulated for the day and then rounded to the nearest 6 minutes.

6. Mediation services

The purpose of mediation services is to enable effective, structured and meaningful conflict resolution to resolve barriers that are preventing a return to work outcome within the first twelve months of a claim. The outcome of service is to facilitate timely, safe and durable return to work outcomes.

Providers are expected to ensure individual worker needs and service requirements are met throughout the service. This will involve regular, timely and targeted conversations with the requestor prior to and during the service. 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.

Item No.	Service descriptor	Max fee (ex GST)
PCM100	<p>Pre-mediation: (Up to 10 hours of combined pre-mediation, mediation and mediation report)</p> <p>Includes initial contacts, meeting with each party independently to identify issues, develop options and consider alternatives. An assessment must be made as to whether to proceed to mediation, based on likelihood of success.</p>	\$326.00 per hour
PCM200	<p>Mediation: (Up to 10 hours of combined pre-mediation, mediation and mediation report)</p> <p>Meeting(s) with parties collectively to address issues, develop options, consider alternatives and make decisions about future actions and outcomes.</p>	\$326.00 per hour
PCM300	<p>Additional Mediation: Approval for a further 2 hours of mediation can be sought from the Claims Agent in exceptional circumstances to enable the mediator to finalise facilitating a successful return to work outcome.</p> <p>Note1: A mediation service must be requested in writing by a claims agent.</p> <p>Note2: A mediation report (PCM400) is provided where:</p> <ul style="list-style-type: none"> • Pre-mediation does not proceed to mediation, or • Completion of mediation services. <p>Note3: A maximum of 10 hours can be charged for items PCM100, PCM200 and PCM400 combined. This includes all telephone contacts with relevant stakeholders, pre-mediation, mediation and the development and submission of the written report upon completion of mediation services.</p>	\$326.00 per hour
PCM400	<p>Mediation Report: Brief summary report detailing outcome(s) and must be provided to the claims agent within 5 business days following the completion of mediation. Invoice must be based on time spent to a maximum of 1 hour.</p>	\$326.00 per hour
PCM905	<p>Travel time: Travel by a mediator to regional locations as requested by the claims manager.</p>	\$270.70 per hour
PCM907	<p>Travel expenses: Travel expenses incurred for a mediation service delivered at the request of the claims manager, where the provider is required to travel to regional locations. This service may include: room hire, travel expenses including 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.</p> <p>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).</p>	Reasonable cost

Mediation services

Who can deliver mediation services

- ✓ mediators appointed by ReturnToWorkSA to be on its register of mediation providers.

A referral can be made

- ✓ if there is conflict preventing a return to work, and
- ✓ it is within the first 12 months of a claim, and
- ✓ when the two relevant parties have voluntarily agreed to participate in the mediation service.

When mediation services cease

- ✓ when further service delivery is unlikely to result in conflict resolution, and
- ✓ when approved by the claims manager, or
- ✓ at the request of the claims manager.

When mediation services cease, the provider should complete and submit the **mediation report** within 10 business days.

Service item descriptors

Pre-mediation (PCM100)

The purpose of this service is to engage with the two participating parties independently to assess the benefit of proceeding with mediation. During this service, the provider will:

- ✓ meet with the parties separately
- ✓ identify the barriers to return to work
- ✓ facilitate parties to identify potential options and alternatives to resolve these.

Based on the provider's assessment of the likelihood of a successful conflict resolution at the end of pre-mediation, the provider will either:

- proceed with arranging the mediation service, or
- inform the claims manager that further service delivery is unlikely to result in conflict resolution and complete the mediation report.

Mediation (PCM200)

The purpose of this service is to arrange for participating parties to meet collectively to address the identified barriers to return to work, develop options, consider alternatives and make decisions about future actions and outcomes.

Within the mediation referral, it is expected that the provider will:

- ✓ provide an appropriate and impartial meeting facility for participating parties
- ✓ be delivered within 10 business days from referral receipt.

Where these conditions cannot be met, the provider should discuss this with the claims manager as soon as possible.

Additional mediation (PCM300)

A provider can request for an additional 2 hours of mediation from the claims manager. The claims manager may approve these additional hours where:

- ✓ the allocated pre-mediation and mediation hours (maximum 10 hours including the mediation report) have been exhausted, and
- ✓ there is a reasonable prospect that the conflict preventing the return to work can be resolved within the additional time.

Evidence of the claims manager's approval should be maintained on file.

Mediation report (PCM400)

The provider should complete a brief summary report and provide this to the claims manager within 5 business days following the completion of service. This report will detail:

- ✓ the outcome of mediation services
- ✓ any other relevant findings and recommendations.

The provider will supply copies of the completed mediation outcome report to the persons involved in the mediation service.

Travel time (PCM905)

The claims manager may approve an agreed amount of time for the provider to travel to a regional location where this is not a location the provider usually attends. This time must be agreed with the claims manager prior to the referral commencing.

Travel expense reimbursement (PCM907)

A claims manager may require a service to be delivered at a regional location. In these circumstances, a claims manager may approve reimbursement of the following travel expenses incurred by the mediator:

- ✓ room hire, 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).

Note: Car hire can only be charged where the provider travels by aircraft to deliver the service. To ensure payment, it is recommended to seek claims manager approval prior to hiring the car.

To receive reimbursement, the provider must submit:

- ✓ a tax compliant invoice for travel expenses incurred, and
- ✓ a receipt for each travel expense incurred.

The invoice must be clearly itemised if more than one expense is being claimed e.g. airfare, accommodation, meals etc.

Economy airfares means the amount determined by the claims manager to be the reasonable cost of undertaking the travel using a standard economy airfare.

If travel is undertaken for more than one referral, the travel expenses must be divided proportionately between referrals.

Invoicing

Please refer to the Invoicing Information section of this fee schedule.

All mediation services are to be charged as a single invoice transaction.

Where a service uses time based billing, the actual time taken must be accumulated for the day and then rounded to the nearest 6 minutes.

7. Invoicing Information

What are the payment conditions

- Providers should only invoice for services described in this fee schedule.
- Payment for services (including reports) will not be made in advance, except for where explicitly noted in this fee schedule.
- There must be written evidence of claims manager referral and authorisation on an approved referral letter prior to the provision of the service.
- Services are only chargeable if provided by a registered return to work consultant, (ie, services provided by non-qualified administration staff are not chargeable) or an appointed job placement service provider.

How is chargeable time calculated

Where a service uses time based billing, the actual time taken must be accumulated for the day and then rounded to the nearest six minutes.

What is not chargeable

Providers should not invoice for the following:

- ✘ work undertaken by clerical/administration staff or other non-qualified staff
- ✘ file maintenance
- ✘ typing, photocopying
- ✘ preparing and submitting billings and accounts
- ✘ distributing reports
- ✘ receiving and reading of a *Work Capacity Certificate*
- ✘ time already billed on another claim
- ✘ cancelled appointments
- ✘ self-marketing
- ✘ supervision including peer review of files
- ✘ activities that are part of ReturnToWorkSA's or the Job Placement Service provider's quality assurance process
- ✘ staff training and professional development
- ✘ research to improve the knowledge and skills of consultants.

What records of services rendered are to be maintained?

Providers are required to maintain on a worker's file a record of all services invoiced, including the date those services were provided and sufficient detail to enable verification (e.g. copy of email, travel destination and distance), in accordance with their *Conditions of Appointment*.

What information is required on an invoice?

For all invoices, whether a tax invoice or not, the following information should be provided:

- provider details – name, ReturnToWorkSA provider number, contact and location details
- invoice number and invoice date

- Australian Business Number (ABN)
- worker's surname and given name(s)
- claim number
- brief description of the injury to which the services relate
- 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).

ReturnToWorkSA or the claims agent is unable to pay on 'account rendered' or statement invoices. Payment will be made, where appropriate, on an original invoice or duplicate/copy of the original.

When to submit an invoice

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

Online Services

Our online services provide a fast, secure and easy way for you to do business with us. Submit invoices online and get paid within 3 business days. To register, or for more information, please contact ReturnToWorkSA on 13 18 55 or visit login.rtwsa.com

GST

All amounts listed in this booklet are exclusive of GST. If applicable, ReturnToWorkSA will pay to the provider an amount on account of the provider's GST liability in addition to the GST exclusive fee. Return to Work Service Providers should provide ReturnToWorkSA or the claims agent with a tax invoice where the amounts are subject to GST.

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

Changes to provider details

For any amendments to business details, such as ABN, change of address or electronic funds transfer details, please complete the appropriate form available from your Principal. Once completed email to prov.main@rtwsa.com. For any queries relating to this form, please contact ReturnToWorkSA on 13 18 55.

Appendix 1 – Definitions

Claims manager refers to the person with primary responsibility for management of the worker's claim at ReturnToWorkSA or the claims agent.

Conditions of approval refer to the conditions under which the provider is approved under Part 3 of the Act as a Return to Work Service Provider.

Return to work consultant means a person employed by a Provider and registered with ReturnToWorkSA to deliver the services under the Conditions of Approval.

Current medical capacity is the hours for which the worker is certified as fit for paid employment with or without restrictions specified on the worker's most current *Work Capacity Certificate* at the relevant time (for example, at the commencement of paid employment).

Provider organisation (Provider) refers to an organisation which has been appointed/approved by ReturnToWorkSA to provide Return to Work Services to assist workers to remain at work or return to work following a work injury.

Date of injury is the date on which the worker sustained the injury that is the basis for their claim as recorded on ReturnToWorkSA or the claims agent's claims management information system.

An **Employment consultant** is a person who provides non-administrative job seeking assistance to workers who is employed by a Job Placement Specialist appointed under Part 3 of the Act.

Employment pathway plan refers to a plan that has been discussed with the worker specifying, at a minimum, the following:

- specific suitable employment goals
- wider suitable employment goals
- employment pathway activities plan, including detailed description of activities to be undertaken by the worker.

In addition, it shall include a planned allocation of Employment Pathways Services expenditure for discussion with the claims manager (and the worker at the discretion of the Job Placement Specialist).

Employment pathway services refers to return to work assistance provided to the worker under the Employment Pathway Services service items of this fee schedule.

Fitness pathway program refers to a program that has been discussed with the worker and nominated treating doctor specifying, at a minimum, the following:

- fitness upgrade goals at specific milestones and
- fitness pathway activities plan, including detailed description of activities to be undertaken by the worker.

In addition, it shall include a planned allocation of Fitness Pathways Services expenditure for discussion with the claims

manager (and the worker at the discretion of the return to work service provider).

Fitness upgrade pathway services refers to fitness upgrade assistance provided to the worker under the Fitness Upgrade Program items of this fee schedule.

Fee schedule means the Return to Work Services fee schedule, as amended from time to time, and published on our website at www.rtsa.com.

Host organisation refers to a company or business, not the pre-injury employer, which provides work training, work experience or work hardening.

Maximum income support is the notional weekly earnings less Part 4, Division 4 income support reductions (step downs).

A **Non-payable placement** is a position:

- where the worker obtains employment more than 180 calendar days following the cessation of services from the Job Placement Specialist provider.
- where the worker obtains employment following the cessation of services with the Job Placement Specialist provider, and commencement of services with another Job Placement Specialist provider or Return to Work Service Provider that is providing job seeking assistance.
- that would lead to employment involving nudity or in the sex industry, including retail positions.
- for placement in work experience activities.
- where the worker commences his own business.
- that contravenes Commonwealth, State or Territory legislation or provides terms and conditions of employment which are inconsistent with the relevant workplace/industrial relations laws, or any instrument made under such laws.
- that pays a commission as either the entire remuneration or part of the remuneration, except where any commission being paid to the worker is in addition to the amount being paid to the worker in accordance with any applicable Commonwealth or State law and any applicable award, industrial agreement and/or national minimum wage order.
- where the type of work is inappropriate for the worker's medically certified work capacity.
- for a school-based traineeship and/or apprenticeships.
- in a training course.
- for self-employment opportunities.
- that involves taking up employment in another country, regardless of whether the salary is paid in Australian Dollars or by an Australian company.
- for non-ongoing employment or a Work Trial, and/or
- for which the Job Placement Specialist provider has already claimed the relevant placement or outcome fee.

Notional weekly earnings (in relation to a worker) means:

- the worker's average weekly earnings, or
- where an adjustment has been made under the Act to take account of changes in levels of earnings, the value of

money or remuneration or other relevant factors – the worker's average weekly earnings as so adjusted but not so as to exceed in any case twice State average weekly earnings.

Potential future suitable employment is where suitable employment is obtainable following provision of training to the worker.

Reasonable costs as defined in section 33 of the Act.

Suitable employment means employment in work for which the worker is suited, whether or not the work is available, having regard to the following:

- the nature of the worker's incapacity and previous employment
- the worker's age, education, skills and work experience
- the worker's place of residence
- medical information relating to the worker that is reasonably available, including in any medical certificate or report
- the worker's *Recovery/return to work plan*, if any.

Specific suitable employment goals include identification of (1) current suitable employment goals, and (2) potential future suitable employment goals for the worker. The goals must be realistic and in areas of the labour market where employment is known to be commonly available.

Wider suitable employment goals specify the wider criteria for consideration in assessing further suitable employment.

For example:

'Any employment that falls within the following generic employment parameters will be regarded as suitable: (include a brief summary of the worker's transferable skills, qualifications, capacity for work (based on medical restrictions stated in the latest functional assessment or *Work Capacity Certificate*).

Work placement/experience/hardening in instances where a worker has limited work capacity, skills or experience, a graduated program of work tasks that are conducted in the workplace and progress to paid employment or upgrades in functional capacity, may be appropriate. Work placements aim to prepare a worker to return to paid employment by:

- increasing capacity, tolerance and endurance for the physical and intellectual demands of specified duties or employment
- updating existing skills or acquiring new skills
- improving work performance.

Work simulation is a form of work specific rehabilitation in which specified duties and environments are simulated using specific tools, machines/equipment and movements to assess, trial and increase functional capacity, tolerance and endurance for specific duties or employment.

Appendix 2 - Useful contacts

Claims agents

All work injury claims (*that are not self-insured or a severe traumatic injury*) are managed by EML 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 Serious Injury 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.

A list of self-insured employers in South Australia is available on the ReturnToWorkSA's website.

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