ReturntoWorkSA

Physiotherapy fee schedule and policy

Fee schedule

Effective 01 July 2023

Item no.	Service description	Max fee (ex GST)
PT108	**Initial Consultation** Initial consultation. History, assessment, planning education and treatment in accordance with the Clinical Framework for the Delivery of Health Services.	**$102.80 flat fee**
PT210	**Subsequent Consultation** Subsequent consultation. Re-assessment, planning education and treatment in accordance with the Clinical Framework for the Delivery of Health Services.	**$85.60 flat fee**
PT212	**Long Subsequent Consultation** Long subsequent consultation. Re-assessment, planning, education and treatment in accordance with the Clinical Framework for the Delivery of Health Services. Due to the complexity of the presentation, extra time is required for history taking, examination, treatment, documenting and liaison. This type of consultation is expected in only a limited number of cases for example, the requirement of an interpreter, injuries following extensive burns, major trauma and major surgery requiring intensive post-operative treatment.	**$102.90 flat fee**
PT214	**Restricted consultation** Restricted consultation. Re-assessment, planning, education and treatment in accordance with the Clinical Framework for the Delivery of Health Services. Due to the nature of the injury, extra time (up to one hour) is required for history taking, examination, treatment, documenting and liaison. A restricted consultation can only be requested by the treating physiotherapist where a prior consultation has been delivered. Up to 6 sessions may be requested and approval is granted by the claims manager on a case-by-case basis. Maximum 1 hour.	**$205.40 per hour** **Max 1 hour**
PT216	**Workplace visit** Workplace visit. Review of the worker and workplace demands in accordance with the Clinical Framework for the Delivery of Health Services, for the purposes of determining ongoing treatment needs and where appropriate, review movement patterns and techniques with work duties. The worker is to be present at the visit and for the best outcomes, the claims manager, supervisor/employer should also be present to facilitate a team approach. Maximum 1 hour.	**$205.40 per hour** **Max 1 hour**
PT300	**Fabrication/fitting/adjustment of a splint** Fabrication/fitting/adjustment of a splint.	**$205.40 per hour**
PT390	**Material used to construct or modify a splint** Materials used to construct or modify a splint.	**Reasonable cost**
PT415	**Individual aquatic session** Individual aquatic session. A session during which an individual worker is constantly and directly supervised and assessed by the physiotherapist. Maximum 4 sessions.	**$72.00 flat fee**
PT420	**Group aquatic session** Group aquatic session. A session during which a maximum of eight participants are constantly and directly supervised and assessed by the physiotherapist.	**$30.20 per worker**

PT455	**Individual exercise session** Individual exercise session. A session during which an individual worker is constantly and directly supervised and assessed by the physiotherapist. Maximum 4 sessions.	**$72.00 flat fee**
PT460	**Group exercise** Group exercise session. A session during which a maximum of eight participants are constantly and directly supervised and assessed by the physiotherapist.	**$21.20 per worker**
PT429	**Entry fee, aquatic or exercise facility** Entry fee to an aquatic or exercise facility. Reimbursement to the physiotherapist for an entry fee paid to the aquatic or exercise facility by the physiotherapist, on behalf of a worker. Where a physiotherapist is employed by the facility, item PT429 cannot be charged.	**Reasonable cost**
PTMP	**Physiotherapy management plan** A physiotherapy management plan completed and submitted by the treating physiotherapist. Physiotherapy management plan For claims managed by ReturnToWorkSA or their claims agents, the physiotherapist is expected to submit a plan: - prior to the 11th treatment if more than 10 treatments are likely to be required, or - prior to the expiry of an existing physiotherapy management plan if additional treatment is required, or - at the request of the claims manager. For claims managed by self-insured employers, the plan must be requested by the self-insured employer.	**$51.50 flat fee**
PT780	**Independent clinical assessment and report** Independent clinical assessment and report. An assessment of a worker, by a physiotherapist, other than the treating physiotherapist, and provision of a report for the purpose of providing a clinical opinion on current treatment, comment on the worker's functional ability and make recommendations on future physiotherapy management. This service must be requested in writing by the claims manager, self-insured employer, worker or worker's representative. Maximum 4 hours.	**$205.40 per hour** **Max 4 hours**
PT760	**Activities of daily living assessment and report** Activities of daily living assessment and report. Assessment of a worker's level of functioning in relation to personal care, household tasks, recreational and social activities. This service includes provision of a report and must be requested in writing by the claims manager, self-insured employer or treating medical expert. Where the service is recommended by a medical expert, prior approval must be obtained from the claims manager or self-insured employer. Maximum 5 hours.	**$205.40 per hour** **Max 5 hours**
PT762	**Activities of daily living implementation and review** Activities of daily living: Implementation and review. Re-assessment and review of a worker's progress in functional ability, the ongoing need for third party services or hired equipment, therapeutic aids or appliances. This service must be requested in writing by the claims manager, self-insured employer or treating medical expert. Where the service is recommended by a medical expert, prior approval must be obtained from the claims manager or self-insured employer. Maximum 2 hours.	**$205.40 per hour** **Max 2 hours**
PT552	**Telephone calls** Telephone calls relating to the management of the worker's claim, or to progress their recovery and return to work, made to or received from, the claims manager or self-insured employer, worker's employer (including the employer's return to work coordinator), worker's representative, ReturnToWorkSA advisor, approved return to work service provider* or worker's referring/treating medical practitioner. Any time spent on communication directly related to an independent clinical assessment and report, activities of daily living assessment and report or an activities of daily living re-assessment, is included within the total time invoiced for that service. *An approved return to work service provider means a provider approved by RTWSA to deliver specific recovery/return to work services (e.g. pre-injury employer, fit for work, restoration to the community and return to work assessment) in accordance with conditions set out in the Application for Approval as a South Australian Return to Work Service Provider.	**$28.50 flat fee**

PT820	**Treating physiotherapy report** Treating physiotherapist report. A written clinical opinion, statement or response to questions relating to the medical status and treatment of a worker, requested in writing by the claims manager, self-insured employer, worker or worker's representative. A report may be initiated by the treating physiotherapist when barriers have been identified that need further explanation to facilitate claims progress, or when surgery has been requested and further information could assist the assessment process. When initiated by the physiotherapist, a copy should be provided to the claims manager, treating medical practitioner and where appropriate, all relevant parties.	**$205.40 flat fee**
PT870	**Case conference** Case conference. Attendance at a case conference as requested in writing by the claims manager or self-insured employer, worker's employer (including the employer's return to work coordinator) or an approved return to work service provider*. *An approved return to work service provider means a provider approved by RTWSA to deliver specific recovery/return to work services (e.g. pre-injury employer, fit for work, restoration to the community and return to work assessment) in accordance with conditions set out in the Application for Approval as a South Australian Return to Work Service Provider.	**$205.40 per hour**
PT905	**Travel time** Travel time. Travel by a physiotherapist for the purpose of a case conference, home, hospital or worksite visit, independent clinical or activities of daily living assessment.	**$174.30 per hour**
PT907	**Travel expenses** Travel expenses. Travel expenses incurred for a medical service delivered at the request of the claims manager or self-insured employer, where the provider is required to travel to a destination greater than 100km from the provider's principal place of business or residential address. Car hire can only be charged where the provider travels by aircraft to deliver the service.	**Reasonable cost**
PTTE9	**Telehealth Initial Consultation** Telehealth/Telephone initial consultation. History, assessment, planning, education and treatment in accordance with the Clinical Framework for the Delivery of Health Services. Where possible, video consultations are preferred. Physiotherapists are expected to refer on if the required treatment cannot adequately be provided via telehealth and a face-to-face consultation is not possible.	**$102.80 flat fee**
PTTE0	**Telehealth Subsequent Consultation** Telehealth/telephone subsequent consultation. Review, planning, education, and exercise prescription/monitoring. Maximum 10 sessions. A Physiotherapy management plan is required on commencement of this service.	**$85.60 flat fee**
PTTE2	**Telehealth Long Subsequent Consultation** Telehealth/telephone long subsequent consultation. Review, planning, education, and exercise prescription/monitoring. This type of consultation is expected in only a limited number of cases where longer physiotherapy treatment is required, for example to engage an interpreter or for education purposes. Maximum 10 sessions. A Physiotherapy management plan is required on commencement of this service.	**$102.90 flat fee**
PTTE4	**Telehealth Restricted Consultation** Telehealth/telephone restricted consultation. Review, planning, education, and exercise prescription/monitoring. This type of consultation is expected in only a limited number of cases where longer physiotherapy treatment is required, for example to engage an interpreter or for education purposes. Prior approval from the claims manager is required. Maximum 10 sessions up to a maximum of 1 hour per session. A Physiotherapy management plan is required on commencement of this service.	**$205.40 per hour** **Max 1 hour**
CURAP	**Equipment, therapeutic aids and appliances**	**Reasonable cost**

	Other THERAPEUTIC Aids/Appliances including supply, delivery or repairs as recommended by Medical Expert. This also includes delivery of equipment (eg, wheelchairs, beds etc), repairs/maintenance to hearing aids, batteries etc.

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

Physiotherapy service and payment policy

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

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

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

Who can provide services to workers?

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

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

Returning to work and the role of the health provider

Why return to work is important

The beneficial effect that work can have on a person's health and wellbeing has been well evidenced in the Australian and New Zealand consensus statement on the health benefits of work - Position statement 2011: Realising the Health Benefits of Work.

Source: The Australasian Faculty of Occupational and Environmental Medicine (AFOEM), and The Royal Australasian College of Physicians (RACP).

The health provider's role in the recovery process

Health providers have a vital role to play in helping injured workers stay at or return to work. The health provider is best placed to advise and educate patients that, in most cases, a focus on return to work is in their best interest – for both their future, quality of life and that of their family. Staying at home until completely recovered is often not the best thing for an injured worker. Health providers can help by focusing on what a worker can do rather than what they can't.

To help make a difference, ensure that you:

- ✓ screen for risk early
- ✓ adopt a whole person approach
- ✓ set clear expectations
- ✓ provide clear recommendations on the worker's capacity and what the worker can do
- ✓ make enough time for clinical management
- ✓ contact the workplace where applicable.

For more information, visit the health provider tab at www.rtwsa.com.

ReturnToWorkSA's expectations for the delivery of services to workers

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

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

How much the insurer will pay?

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

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

What ReturnToWorkSA will pay for

ReturnToWorkSA will pay for services that are:

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

What the insurer will not pay for

ReturnToWorkSA or a self-insurer will not pay for:

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

Restricted consultation

A restricted consultation can only be requested by the treating physiotherapist where a prior consultation has been delivered.

Prior approval for restricted consultations is required. A telephone conversation with the claims manager is recommended prior to completing the application form.

The claims manager will consider reimbursement for a restricted consultation for injured workers where longer physiotherapy treatment is required e.g. to engage an interpreter or for education purposes.

Restricted consultations can:

- ✓ only be delivered when pre-approval is provided by the claims manager
- ✓ be requested via the *Restricted Consultation Application Form* found by clicking here under 'useful links'
- ✓ only be billed as a single consultation on any one day
- ✓ be for periods of greater than 30 minutes
- ✓ be billed as time spent, up to a maximum of 1 hour per session.
- ✓ form part of the overall *Physiotherapy Management Plan* and be counted as a proposed session.

Workplace visit

A workplace visit should include:

- ✓ a review of a worker and their related duties at the workplace for the purpose of tailoring ongoing treatment needs
- ✓ where appropriate, an assessment of the worker's technique in performing tasks at work
- ✓ communication of specific findings to the relevant individuals e.g. employer, claims manager and/or doctor (verbal or brief email).

Aquatic and exercise sessions

Aquatic and exercise sessions should:

- ✓ assist the worker achieve specific work-related and functional goals
- ✓ be part of an overall strategy to assist the worker to transition to independence or self-managed exercise program.

Concurrent treatment consultations and aquatic or exercise sessions is expected to occur for a limited period of time only.

Physiotherapy management plan

Treating physiotherapists should complete and submit the ReturnToWorkSA physiotherapy management plan. This plan is available on our website at www.rtwsa.com in word format.

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

- ✓ prior to the 11th treatment if more than 10 treatments are likely to be required, or
- ✓ every 12 weeks thereafter, or
- ✓ at the request of the claims manager.

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

A treatment is any clinical consultation, aquatic or exercise session. This plan:

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

Independent clinical assessment and report

A physiotherapist undertaking an independent clinical assessment must:

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

Purpose

The purpose of an independent clinical assessment is to provide:

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

Report

The independent clinical assessment report should:

- ✓ detail the relevant findings
- ✓ provide the assessor's independent clinical opinion on the reasonableness and necessity of the worker's current or proposed treatment
- ✓ provide recommendations for future physiotherapy management
- ✓ include responses to questions asked by the requestor

- ✓ be submitted within 10 business days from the date of the assessment.

Activities of daily living assessment and report

A physiotherapist undertaking an activities of daily living assessment (ADL):

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

Purpose

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

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

Report

An ADL assessment report should include:

- ✓ assessment findings, including current and expected future functional limitation(s) related to the worker's injury
- ✓ the impact of any co-morbidities and pre-existing conditions or injuries which impact on the worker's function
- ✓ strategies and recommendations for self-management including activity modifications that will maximise the worker's independence and ability to participate in their activities of daily living.
- ✓ clinical justification if equipment is recommended, with details of the cost and supplier provided. Hiring must be considered wherever possible. If the physiotherapist has a professional or financial interest in the product recommended, this must be declared and two quotes from other suppliers provided.
- ✓ clinical justification if support services from a third party are required, including details of level of assistance, duration, frequency and cost. If the physiotherapist has a professional or financial interest in the service or product recommended, this must be declared and two quotes from other suppliers provided.
- ✓ clinical justification for the need of ADL re-assessment (PT762) if recommended
- ✓ responses to any questions asked by the requestor

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

Non-Structural Home Modifications

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

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

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

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

Activities of daily living implementation and review

Purpose

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

Case conference

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

Travel time and expenses

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

- ✓ Tax compliant invoices for travel expenses must be provided with the relevant invoice for payment to be made. The invoice must be clearly itemised if more than one expense is being claimed (e.g. airfare, accommodation, meals etc).
- × There is no charge for travel time from one clinic to another clinic or to a pool/gymnasium.
- × Travel time and expenses will not be paid for physiotherapists treating working injured patients as a part of their regular visits to hospitals or worksites.

Invoicing requirements

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

Information required on an invoice

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

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

Invoicing for services which have an hourly rate fee

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

When payments will not be made

Payments will not be made:

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

When to submit an invoice

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

How to submit an invoice

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

Gallagher Bassett: invoices@gb.rtwsa.com

EML: accounts@eml.rtwsa.com

EnAble: EnAble@rtwsa.com

What are our payment terms

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

Outstanding payments

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

GST

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

Changes to provider details

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

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

Useful contacts

Claims agents

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

EML

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

Gallagher Bassett Services Pty Ltd

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

ReturnToWorkSA EnABLE Unit

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

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

Self-insured employers

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

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ReturnToWorkSA
Provider Enquiries: 8238 5757
400 King William Street, Adelaide SA 5000
providers@rtwsa.com

Government of South Australia