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SPECIAL SUPPLEMENT

WORKERS COMPENSATION (PHYSIOTHERAPY FEES) ORDER 2006

under the

Workers Compensation Act 1987

I, JON BLACKWELL, Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the Workers Compensation Act 1987, make the following Order.

Dated this 27th day of February 2006.

JON BLACKWELL,
Chief Executive Officer
WorkCover Authority

Explanatory Note

Treatment by a registered physiotherapist is one of the categories of medical or related treatment covered under the Workers Compensation Act 1987. This Order sets the maximum fees for which an employer is liable under the Act for treatment by a physiotherapist of an injured worker's work related injury.

Schedule A to this Order provides for maximum fees for physiotherapists generally. Schedule B to this Order provides for higher maximum fee levels for WorkCover approved physiotherapists. WorkCover approved physiotherapists are those who have participated in training courses approved or run by WorkCover.

This Order also makes provision for Physiotherapy Management Plans and the approval by workers compensation insurers of certain physiotherapy services.

1. Name of Order

This Order is the Workers Compensation (Physiotherapy Fees) Order 2006 No 1

2. Commencement

This Order commences on 1 March 2006.

3. Application of Order

This Order applies to treatment provided on or after the date of commencement, whether it relates to an injury received before, on or after that date.

4. Maximum fees for physiotherapy treatment generally

(1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a physiotherapist, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 2 of that Schedule.

(2) If it is reasonably necessary for a physiotherapist to provide treatment of a type specified in any of items 7 to 11 in Schedule A at the worker's home, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item 14 in Column 2 of Schedule A.

(3) This clause does not apply to treatment by a WorkCover approved physiotherapist.

5. Higher maximum fees for treatment by WorkCover approved physiotherapists

(1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a physiotherapist, who is a WorkCover approved physiotherapist, being treatment of a type specified in Column 1 of Schedule B to this Order, is the corresponding amount specified in Column 2 of that Schedule.

(2) If it is reasonably necessary for a WorkCover approved physiotherapist to provide treatment of a type specified in any of items 21 to 25 in Schedule B at the worker's home, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item 28 in Column 2 of Schedule B.

6. Goods and Services Tax

(1) The maximum fee amount for which an employer is liable under the Act in respect of the treatment types specified in:

(a) items 12, 13 and 14 of Schedule A to this Order, and

(b) items 26, 27 and 28 of Schedule B to this Order,

may be increased by the amount of any GST payable in respect of the service, and the cost as so increased is taken to be the amount fixed by this Order.

(2) This clause does not permit a physiotherapist to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:

(a) 10% of the maximum amount that would otherwise be payable under this Order to the physiotherapist in respect of the medical or related treatment, or

(b) the amount permitted under the New Tax System Price Exploitation Law,

whichever is the lesser.

7. Definitions

In this Order:

Case Conference means a face-to-face meeting or teleconference with the rehabilitation provider, employer, insurer and/or worker to discuss a worker's treatment in relation to the return to work plan and / or strategies to improve a worker's ability to return to work.

File notes of case conferences are to be documented in the physiotherapist's records indicating discussions and outcomes. This information may be required for invoicing purposes.

Discussion between treating doctors and physiotherapists are considered a normal interaction between referring doctor and practitioner and are not to be charged as a case conference item.

Complex treatment means treatment related to complex pathology and clinical presentation including, but not limited to, extensive burns, complicated hand injuries involving multiple joints and tissues, some complex neurological conditions, spinal cord injuries, head injuries and major trauma. Provision of complex treatment requires pre-approval from the insurer. It is expected that only a small number of claimants will require treatment falling within this category.

Group/class service occurs where a physiotherapist delivers a common service to more than one person at the same time. Examples are aquatic physiotherapy classes and exercise groups. The maximum class size is six (6) participants. A Physiotherapy Management Plan is required for each worker participant.

GST has the same meaning as in the A New Tax System (Goods and Services Tax) Act 1999 of the Commonwealth.

Home visit applies in cases where, due to the effects of the injuries sustained, the worker is unable to travel. The home visit must be the best and most cost-effective option allowing the physiotherapist to travel to the worker's home to deliver treatment. Provision of home treatment requires pre-approval from the insurer.

Initial consultation means the first session provided by the physiotherapist in respect of an and treatment injury, and includes:

- history taking
- physical assessment
- diagnostic formulation
- goal setting and planning treatment

- treatment/service
- clinical recording
- communication with referrer
- preparation of a Physiotherapy Management Plan when indicated.

New Tax System Price Exploitation Law means:

(a) the New Tax System Price Exploitation Code as applied as a law of New South Wales by the Price Exploitation Code (New South Wales) Act 1999; and

(b) Part VB of the Trade Practices Act 1974 of the Commonwealth.

Normal practice means premises in or from which a physiotherapist regularly operates a physiotherapy practice and treats patients. It also includes facilities where service may be delivered on a regular or contract basis such as a hydrotherapy pool, gymnasium, private hospital or workplace.

Physiotherapist means a registered physiotherapist.

Physiotherapy Management Plan means a document used by a physiotherapist to indicate treatment timeframe and anticipated outcomes for an injured worker to the relevant workers compensation insurer.

A Physiotherapy Management Plan provides the mechanism to request approval from the relevant workers compensation insurer for treatment beyond:

(a) the initial eight (8) consultations (when an injured worker has not attended for any previous treatment of a physical nature for this injury); or

(b) the initial consultation/treatment (when the injured worker has attended for previous treatment of a physical nature for this injury).

A Physiotherapy Management Plan can request approval for up to an additional eight (8) physiotherapy consultations, unless otherwise approved by the insurer.

Physiotherapy services refers to all services delivered by a physiotherapist and each service is to be billed according to the applicable fee set out in the Schedules to this Order.

Physiotherapy services may include, but are not limited to, acupuncture, aquatic physiotherapy, pilates, massage and exercise instruction.

Report Writing occurs when a physiotherapist is requested to compile a written report providing details of the worker's treatment, progress and work capacity. The insurer must provide **pre-approval** for such a service.

Standard consultation and treatment means treatment sessions provided subsequent to the initial consultation session and includes:

- re-assessment
- treatment/service
- clinical recording
- preparation of a Physiotherapy Management Plan when indicated

The Act means the Workers Compensation Act 1987.

Travel occurs where the most appropriate clinical management of the patient requires the physiotherapist to travel away from their normal practice. Travel costs do not apply where the physiotherapist provides contracted service to facilities such as a private hospital, hydrotherapy pool, workplace or gymnasium. The insurer must provide pre-approval for such a service.

Two (2) distinct areas means where two (2) entirely separate compensable injuries or conditions are assessed and treated and where treatment applied to one condition does not affect the symptoms of the other injury e.g. neck condition plus post fracture wrist. It does not include a condition with referred symptoms to another area.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved Physiotherapist means a physiotherapist who has, either before or after the commencement of this Order, by a date notified by WorkCover, participated in the WorkCover Training Courses and any other course approved by WorkCover (if any) for the purpose of this Order.

SCHEDULE A

Maximum fees for Physiotherapists generally

Item	Column 1 Type of Treatment	Column 2 Maximum Amount ($)
	Normal Practice	
1.	Initial consultation and treatment	50
2.	Standard consultation and treatment	40
3.	Initial consultation and treatment of two (2) distinct areas	75
4.	Standard consultation and treatment of two (2) distinct areas	60
5.	Complex treatment	80
6.	Group/class service	30 per participant
	Home Visit	
7.	Initial consultation and treatment	62
8.	Standard consultation and treatment	50
9.	Initial consultation and treatment of two (2) distinct areas	94
10.	Standard consultation and treatment of two (2) distinct areas	75
11.	Complex treatment	100
	Other	
12.	Case conference	100 per hour
13.	Report writing	100 (maximum)
14.	Travel	1.00 per kilometre

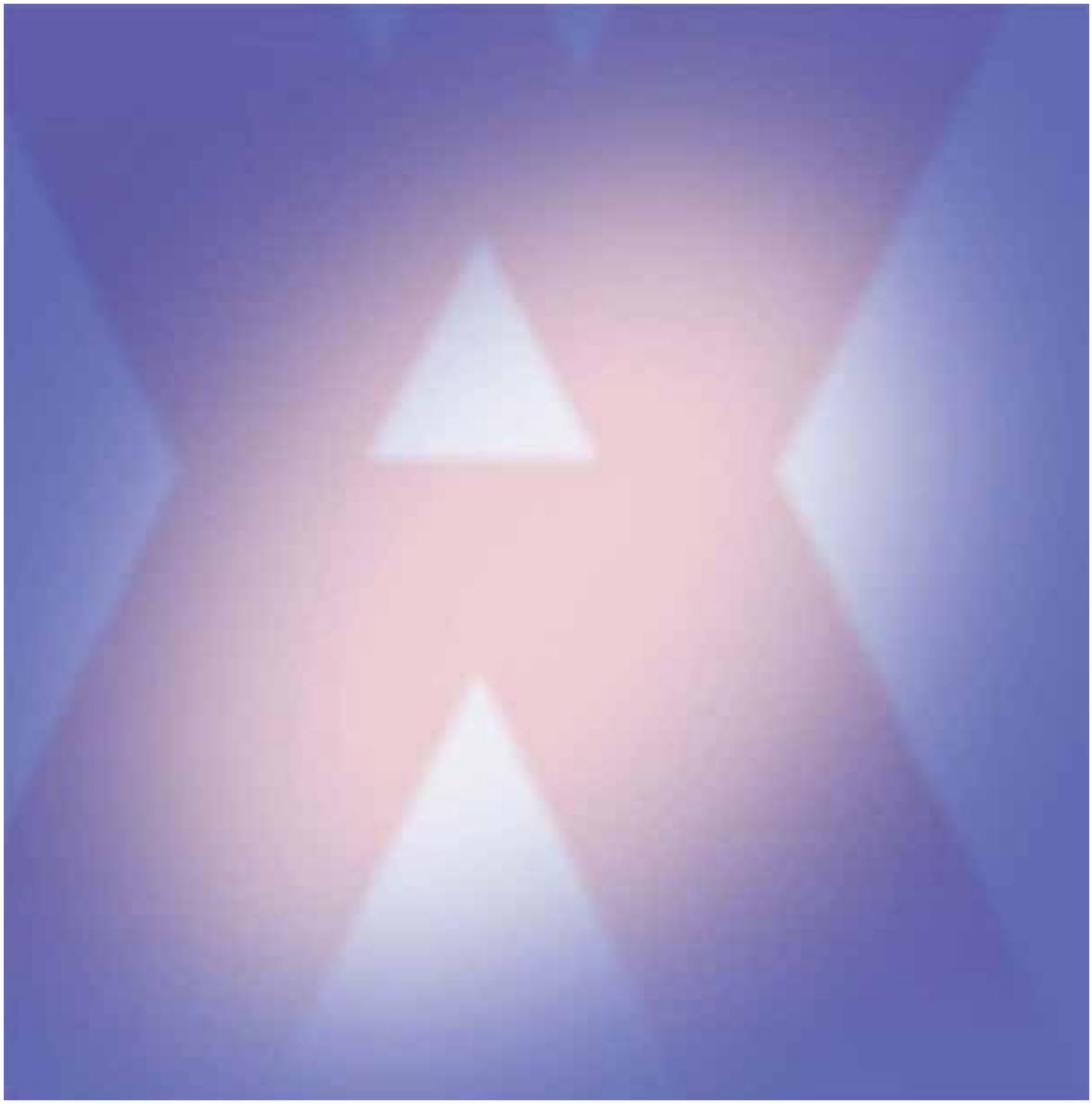
SCHEDULE B

Maximum fees for WorkCover approved Physiotherapists

Item	Column 1 Type of Treatment	Column 2 Maximum Amount ($)
	Normal Practice	
15	Initial consultation and treatment	65
16	Standard consultation and treatment	55
17	Initial consultation and treatment of two (2) distinct areas	98.00
18	Standard consultation and treatment of two (2) distinct areas	83.00
19	Complex treatment	110
20	Group/class service	39.00 per participant
	Home Visit	
21	Initial consultation and treatment	80.00
22	Standard consultation and treatment	64
23	Initial consultation and treatment of two (2) distinct areas	118.00
24	Standard consultation and treatment of (2) distinct areas	101.00
25	Complex treatment	130
	Other	
26	Case conference	130 per hour
27	Report writing	130 (maximum)
28	Travel	1.20 per kilometre

PHYSIOTHERAPISTS'

GUIDE TO WORKCOVER NSW



WorkCover. **Watching out for you.**

Disclaimer

This publication contains industry recommended action or information regarding occupational health, safety, injury management or workers compensation. It includes some of your obligations under the various Workers Compensation and Occupational Health and Safety legislation that WorkCover NSW administers. To ensure you comply with your legal obligations you must refer to the appropriate acts.

This publication may refer to WorkCover NSW administered legislation that has been amended or repealed. When reading this publication you should always refer to the latest laws. Information on the latest laws can be checked at www.nsw.gov.au or contact (02) 9238 0950 or 1800 463 955 (NSW country only).

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SECTION 1

INTRODUCTION

This manual has been produced by WorkCover NSW to provide physiotherapists who are treating injured workers with information about treatment procedures and the injury management system in NSW.

This manual refers to the revised fee schedules and amended reporting requirements introduced by the *Workers Compensation (Physiotherapy Fees) Order 2006 No 1*. All references contained in this Guide are a reference to this Order and the fees contained in the Schedules to this Order. The fees are set in Appendix V for your reference. You should however refer to the Order for more details regarding the fees and procedures set out in this Guide.

WorkCover's injury management system is designed to provide a framework which enables an early, safe and durable return of injured workers to the workplace. This is achieved in part through effective communication between the nominated treating doctor, insurers, employers and other health professionals and should be the focus of any treatment provided. Physiotherapists assist in this process by providing information to insurers regarding treatment requirements, and advice to other health professionals regarding functional ability and capacity for work. They also have insight into potential barriers that may impact upon the return to work process.

SECTION 2

PROCEDURES

These procedures are effective as of the date of gazettal in the Government Gazette and apply to all open claims when physiotherapy treatment is being provided. This includes claims where physiotherapy commenced prior to this date.

a) Background

Insurers require information from physiotherapists to assist them to manage claims. Specifically, insurers need to know:

i) what treatment is being provided, to ensure that this is co-ordinated with other injury management services; and

ii) how much treatment is anticipated will be provided, so that a reasonably accurate estimate of the total cost of the claim can be made (this is a WorkCover requirement for all claims).

b) Your WorkCover Approval Number

For a physiotherapist to be eligible for the higher WorkCover Fee (contained in Schedule B to the *Workers Compensation (Physiotherapy Fees) Order 2006* (the Order)), their WorkCover approval number needs to appear on all accounts submitted to the insurer.

Physiotherapists who are currently approved

Many physiotherapists were previously issued with a WorkCover approval number upon completion of the original Outcomes Training Course. This approval number will not change. However, to maintain your eligibility for higher fees contained in Schedule B of the Order, attendance at a one day training course entitled *"Managing Soft Tissue Injuries using Work Related Activity"* is essential. You are required to attend the Training Course before July 2007, otherwise your WorkCover approval number may be cancelled.

Physiotherapists seeking to become approved

Physiotherapists who have not previously been granted a WorkCover approval number will obtain one when they forward a completed "Physiotherapist Request for WorkCover Approval" form to WorkCover. These forms can be obtained by contacting WorkCover on 13 10 50. The physiotherapist will be entitled to charge the fee contained in Schedule B of the Order once they have received this number. However, this approval is conditional upon attendance at the *Managing Soft Tissue Injuries using Work Related Activity* Training Course July 2007, or if you register for an approval number from February 2007 onwards, within 6 months of being issued with the number, otherwise your WorkCover approval number may be cancelled.

Enrolment for the *Managing Soft Tissue Injuries using Work Related Activity* Training Course is to be arranged directly by the physiotherapist with a provider specified by WorkCover. Unless otherwise notified by WorkCover, the provider is the Australian Physiotherapy Association (APA).

Outcomes Based Treatment

A signed statement on Outcomes Based Treatment was initially required in order for physiotherapists to be issued with a WorkCover approval number. Developed jointly by WorkCover and the APA, the Outcomes Statement (Appendix 1) outlines the issues to be considered when approaching service delivery with an outcome focus. WorkCover no longer requires physiotherapists to sign the Joint APA/WorkCover Outcomes Statement to be entitled to claim the fees in Schedule B of the Order. A copy of the Outcomes Statement however remains included in the Guide as it provides a succinct statement about the value of outcomes based treatment.

c) On receipt of a referral

When an injured worker is referred to you, immediately contact the insurer or employer (if the insurer is unaware of the claim) to advise that the worker requires treatment.

If you begin treatment without advising the insurer, you may not be paid for delivering the service. Ask what the liability status of the claim is upon this initial contact. If liability has been declined, then the insurer will not pay for the service. If liability is accepted, then the insurer will pay if the treatment is deemed reasonably necessary. If liability is yet to be determined, the insurer may approve payments under the provisional liability arrangements that have been in place since 1 January 2002 (see section 4: Payment of Services).

It is also recommended that if the referral has not come directly from the nominated treating doctor (NTD), that you contact the NTD to seek support for the treatment that you intend to perform.

If you plan to provide **eight or less** treatment sessions, you do not need to submit any formal documentation at this stage, provided **no previous treatment** has been provided by either yourself or another manual therapist/alternate therapist/acupuncture practitioner for this injury/condition.

Following the first treatment you should contact the worker's employer to advise that you are the treating physiotherapist and to enquire about the availability of suitable duties. Reasonable costs for the time taken to liaise with the employer about return to work may be charged as case conferencing, provided the communication adds value to the management of the injured worker i.e. RTW issues are discussed.

d) The Physiotherapy Management Plan (see Appendix II)

The Physiotherapy Management Plan assists the insurer to understand the timeframes and outcomes of treatment, and to ensure that treatment is reasonably necessary. The purpose of the Physiotherapy Management Plan is to provide justification, based on clinical reasoning, for ongoing service delivery. The proposed treatment must have an outcome focus, and must clearly explain how treatment will assist the injured worker to return to work or to stay at work.

A copy of the Physiotherapy Management Plan is at Appendix II. The Plan may be photocopied or printed. Ideally you will have software within your practice that allows you to complete the plan electronically, so that this can be emailed to the insurer and save you time. The Plan may also be downloaded from WorkCover's website located at http://www.workcover.nsw.gov.au/Service Providers/Health Care Providers/Physiotherapists/Physiotherapy Management Plan. If you do not have email facilities, fax the plan to the insurer without a cover sheet.

Requirements for a Physiotherapy Management Plan

More than 8 treatments

In the case of a worker who has not attended for **any** previous manual therapy/alternate therapy/acupuncture for this injury and you plan to provide **more than eight** treatment sessions, complete the Physiotherapy Management Plan and submit it to the insurer for approval before you deliver any treatment beyond the initial eight sessions. Ideally, if more than eight treatments are proposed, the plan should be submitted after the first four sessions. Manual therapy includes any treatment by a physiotherapist, osteopath or chiropractor. Alternate therapy includes massage or other therapies such as Feldenkrais, Bowen, etc. Acupuncture includes treatment provided by a general practitioner or any other provider.

Previous treatment for the same injury

A Physiotherapy Management Plan will be required in **all cases** in which previous physical treatment has been attended with yourself or another provider, regardless of the number of treatments attended.

If an injured worker has received previous treatment from another manual therapist (whether a physiotherapist, chiropractor, osteopath), or alternate therapist, or acupuncture practitioner, contact the original therapist/practitioner to discuss treatment outcomes and identified barriers, to enable proper completion of the new management plan. Reasonable costs will be billable under case conferencing for this communication (except when the physiotherapist is based in the same practice as the previous therapist). Upon initial contact with the insurer (to provide notification of commencement of treatment), enquire as to the number of treatment sessions provided by previous treatment providers.

The insurer will pay the cost of an initial consultation by the physiotherapist (except when treatment recommences within 3 calendar months from the last appointment and that previous treatment was attended at the same practice). This fee is to allow for an assessment, provision of appropriate treatment and the preparation of a management plan.

It is the responsibility of the physiotherapist to determine if the worker has received previous treatment so that a Physiotherapy Management Plan can be submitted if required.

Without submission of a plan, the insurer is not liable for the cost of treatments beyond the initial eight (for a worker who has **not** attended for any previous treatment) or for treatments beyond the initial consultation (in the case of workers who **have** previously attended treatment). A plan must also be submitted for any subsequent blocks of treatment, unless prior arrangements have been made with the insurer.

Approval by the insurer

The insurer has five working days from the date of receiving the plan to advise you whether or not ongoing treatment is approved. The insurer records the decision on the plan and returns it to you by fax. If the insurer does not make a decision within five working days of receipt of the plan, ongoing treatment is considered approved. It is recommended that to assist in safeguarding receipt of payment for plans not formally approved by the insurer, that you maintain records providing evidence as to when the plan was forwarded to the insurer i.e. fax transmission log, sent emails log. Alternatively, if a response has not been received from the insurer within 5 working days of having submitted the plan, you may choose to contact the insurer to confirm receipt of the plan. It is suggested that you record details regarding this contact with the insurer.

It is important to note that when an insurer approves a management plan, they are agreeing that the proposed treatment set out in the plan (for the duration of that plan) is “reasonably necessary” only on the basis of the information available to the insurer at that time. Information received from the time of the approval of a management plan can lead the insurer to decide that the balance of the treatment in that plan is not “reasonably necessary”. By approving the plan an insurer is not guaranteeing that all the proposed treatment the plan sets out (for the duration of the plan) will be paid for by the insurer.

Further, owing to the fact that liability for medical or related treatment is determined by a number of considerations required by the legislation, again when an insurer agrees that the proposed treatment is reasonably necessary by approving the plan they are not guaranteeing that all the proposed treatment the plan sets out (for the duration of the plan) will be paid for by the insurer. Liability for medical treatment may be declined on some other consideration than its reasonable necessity, even on information already in the insurer’s possession

Refusal by insurer

If the insurer deems that the proposed treatment is not reasonably necessary or if the management plan contains insufficient information, the insurer will return it with an explanation of why further treatment is not approved. If further consultation fails to resolve the matter, either the insurer or the treating physiotherapist may refer the matter to an independent physiotherapy consultant for an opinion. You may contact WorkCover for further advice.

Denied liability

When liability is declined prior to the delivery of all the proposed treatment in the plan, treatment provided after the date of declinature will not be paid by the insurer unless the insurer (at the insurer's discretion) had made specific exception for that treatment in the worker's injury management plan for payment after liability is declined.

The insurer is required to inform the injured worker in writing regarding a decision to decline liability. Insurers are also to inform known current treatment providers of this decision. However the ultimate responsibility remains with the worker to inform the treatment provider of the decision. Complaints regarding repeated failure to pay for approved treatment services should be directed to WorkCover on 13 10 50.

e) Completing the Physiotherapy Management Plan (see Appendix III)

1. If a worker will be receiving in excess of 8 treatments from yourself or has attended for any previous treatment of the compensable injury with yourself or another manual therapist (physiotherapist, chiropractor, osteopath) or other alternate therapy of a physical nature (including acupuncture), submit a Physiotherapy Management Plan to the insurer as a request for approval to provide additional treatment. This will also apply to workers who experience a recurrence/aggravation of the original injury and who have previously been provided with treatment from yourself, or any treatment with another provider, whether or not they have previously been discharged from treatment. The resumption of treatment after discharge does not automatically entitle the worker to another 8 treatments without insurer pre-approval. The only exception to this is when treatment resumes with the same practitioner within a 3 month period from the last treatment and less than 8 treatments were provided originally (or previously approved treatments remain). In this situation treatment has resumed within the same episode of care.

2. Please refer to Appendix III for the Explanatory Notes as to how to complete the various sections of the plan.

3. If you wish to appeal against a decision by the insurer that treatment was not reasonably necessary or insufficient information has been provided on the plan, you should refer the matter for advice to WorkCover on 13 10 50.

4. If the insurer has not made a decision regarding the request for ongoing treatment within 5 working days of receiving the plan, then ongoing treatment is automatically approved, providing liability has been accepted.

5. There is no fee payable for completion of the Physiotherapy Management Plan, as it should be completed with the worker during the treatment session.
6. An insurer can cease payment at any time if there is evidence that ongoing treatment is not reasonably necessary. Both the worker and the treatment provider should be informed of the date that this decision would take effect. However it is ultimately the worker's responsibility to notify the treatment provider of this decision.

7. Problems in relation to approval of Physiotherapy Management Plans by an individual insurer should be directed to WorkCover on 13 10 50.

f) Incidental expenses

Reasonable expenses for items the worker actually takes with them (e.g. strapping tape, elastic stockings, theraband, exercise putty, disposable electrodes, walking sticks, etc.) are payable in addition to the gazetted fee. Necessary items up to a total cost of $55 per claim are permitted without prior approval of the insurer. A description of the item should appear on the invoice forwarded to the insurer.

An additional fee will however not be paid for exercise handouts, nor items used during the course of physiotherapy treatment (e.g. anti-inflammatory creams, ultrasound gel, tissues, etc.). These are regarded as consumables and are considered a business expense.

If a physiotherapist recommends that a worker requires additional aids or equipment that cost in excess of $55, e.g. walking aids, TENS machine, Swiss balls, then the physiotherapist must seek approval for payment from the insurer *prior to* purchase or hire of this equipment. If prior approval has not been given, then the insurer is not liable for the costs of the equipment.

g) Complex treatment

For complex injuries the insurer may approve more than eight services. Complex injuries refer to those with complex pathology and clinical presentation including, but not limited to, extensive burns, complicated hand injuries involving multiple joints and tissues, complex neurological conditions, spinal cord injury, head injuries and major trauma.

In the case of complex treatment, pre-approval from the insurer is required. Discuss the matter directly with the insurer case manager to establish the type and duration of the proposed treatment – and agree on reporting arrangements. It is expected that only a small number of claimants will require treatment falling within this category.

The complex treatment code is not to be used for long duration standard consultations. This code is only to be utilised in cases where the pathology relating to the compensable injury falls into the complex treatment categories, such as those listed above. It is not to be used for the treatment of one or two areas that have required a lengthier consultation than anticipated.

h) Commencement of a Work Related Activity Program

When an injured worker with a soft tissue injury of greater than 4 weeks duration is not upgrading on suitable duties as per the expected rate for their injury or failing to return to work, a review should be undertaken to determine whether a work related activity program is a more appropriate intervention than manual or electrotherapy. Generally workers in this category need a work related activity program if they have an ÖMPQ score of 105 or greater, although this will depend on what barriers to RTW have been identified. In some instances it may be more appropriate to refer the injured worker to an Injury Management Consultant or Rehabilitation Provider.

Screen the worker using the self administered ÖMPQ or obtain a copy of the worker's ÖMPQ score from the insurer. If the ÖMPQ score is > 105, then contact the insurer to obtain a copy of the workplace assessment report or discuss the need for a workplace assessment (if one has not previously been performed) and the possible commencement of a work related activity program. Refer to the *Soft Tissue Injuries General Guide 2005* and *Management of Soft Tissue Injuries – Treatment Providers Guide 2005* on the WorkCover website http://www.workcover.nsw.gov.au/ServiceProviders/HealthCare for further information on work related activity programs.

Before transitioning an injured worker from treatment modalities to an Early Work Related Activity Program, develop the Early Work Related Activity Program Management Plan with the injured worker. This will take place during a standard treatment consultation and is to be billed as such (PTA002/PTX002). The focus of this consultation is the recording of functional measures relevant to work tasks, discussing any identified potential barriers and setting goals. It is not expected that the physiotherapist will provide treatment modalities during this session. Note the Work Related

Activity Program Management Plan differs from the Physiotherapy Management Plan. It is available on WorkCover's website at http://www.workcover.nsw.gov.au/ServiceProviders/HealthCare.

If the treating physiotherapist will not be providing the Work Related Activity Program, then the treating physiotherapist should discuss the matter with the insurer and either seek approval to refer the worker to another practitioner for this purpose, or have the insurer organise this referral via the nominated treating doctor. In this situation, the treating physiotherapist will not complete the Work Related Activity Program Management Plan. This will be completed by the practitioner conducting the Work Related Activity Program.

i) Fees payable

A physiotherapist can charge the higher fees set out in Schedule B of the Order provided they have been issued with a WorkCover approval number. To obtain WorkCover approval the physiotherapist must be registered with the NSW Physiotherapists Registration Board and agree to attend the *Managing Soft Tissue Injuries using Work Related Activity* one day training course. Refer to previous details on page 2 of this guideline.

To charge the higher fees you must include your WorkCover approval number on all accounts submitted to the insurer.

The gazetted fees and requirement for Physiotherapy Management Plans applies to all services delivered by a physiotherapist. Physiotherapy services may include, but are not limited to, acupuncture, aquatic physiotherapy (hydrotherapy), pilates, massage and exercise instruction. Please note that fees for these services are not time based, but are included as part of the standard consultation fee structure. The standard consultation fee also applies to services provided in a private hospital (unless the 2 area or complex pathology definition applies), except when the physiotherapist does not deliver services to that facility on a regular or contracted basis.

The fees stated in the Order for two distinct areas only applies when 2 entirely separate compensable injuries or conditions are assessed and treated and where treatment applied to one condition does not affect the symptoms of the other injury e.g. neck condition plus post fractured ankle. It does not include a condition with referred symptoms to another area. The insurer will only consider payment for services or treatments relating to the compensable injury (not other pre-existing conditions). This fee is not to be used in any other situation (for example, longer consultations).

It is important to note that services such as aquatic physiotherapy and gymnasium programs are charged at the same rate as hands on treatment, as long as this treatment is provided on an individual basis. In the instance that these services are provided in a group format, the group/class fee applies. Group classes must not contain more than 6 participants. A session of this type may involve a group performing the same type of exercise (when treating a homogenous group) or the group may perform their own individualised programs. A physiotherapist must be planning, providing instruction, supervision, monitoring and in attendance at all times for hydrotherapy and gymnasium services to be charged under this fee schedule.

The gazetted physiotherapy fees do not apply in cases where a Physiotherapy Aide or any person (other than a qualified physiotherapist) is providing the service. A lesser fee will apply in these situations.

An additional entry fee for the pool or gymnasium facility will not be paid for by the insurer where the gymnasium or pool is owned or operated by the provider and a fee is being charged as per this schedule. An entry fee will only be paid where these services are provided at a facility off site from the physiotherapist's normal place of employment and an entry fee applies.

In this instance a travel cost may also be applicable. Travel costs do not apply where the physiotherapist provides contracted services or regularly attends these facilities. When travel costs apply, they are to be charged at the prescribed rate per kilometre and where multiple patients are being attended to in the same visit, it is expected that the travel charge will be divided

accordingly. Pre-approval from the insurer is required when travel costs are required to deliver the service.

It is important to note that all physiotherapy services (whether aquatic physiotherapy, pilates, gymnasium, massage, etc.) must be aimed at increasing an injured worker's capacity to work. They should not be focused on improving a worker's general level of health and fitness. In the case of aquatic physiotherapy, progression to a land-based exercise program must be achieved as quickly as possible. When the worker has a soft tissue injury and is 4 weeks or more post injury, has an ÖMPQ score equal to or greater than 105 and is not back on full duties or is failing to upgrade on suitable duties at the anticipated rate for their injury, exercise programs, including aquatic physiotherapy, are to be delivered according to the *Management of Soft Tissue Injuries – General Guide 2005 and Management of Soft Tissue Injuries - Treatment Providers Guide 2005.*

Fees for cancellation or failure to attend scheduled treatments will not be paid by the insurer.

j) Provider invoice

Payment for services will be made in accordance with the Physiotherapy Fees Order 2006. For insurer payment the provider is required to forward an itemised invoice including the following information:

- The words 'Tax Invoice' stated prominently
- The name of the practitioner who provided the service and practice details
- WorkCover NSW approval number (if approved)
- The date the tax invoice was issued
- The provider's Australian Business Number (ABN)
- The injured worker's name and claim number
- Date of each service
- Appropriate WorkCover NSW payment classification code (see appendix V)
- Service cost for each WorkCover NSW classification code
- A brief description of each service item provided, including areas treated
- Payee details

k) Concerns regarding quality of information

If an insurer is concerned about the adequacy or the quality of information provided by treating physiotherapists, and the insurer has been unable to obtain satisfactory information after pursuing the matter with the physiotherapist, the insurer may refer the matter to WorkCover for an opinion, or to an Independent Physiotherapy Consultant (section 3).

SECTION 3

Independent Physiotherapy Consultants

WorkCover NSW has appointed a network of Independent Physiotherapy Consultants who provide a second opinion regarding physiotherapy service delivery, generally at the request of the insurer. The consultants were appointed by a selection panel that comprised representatives from WorkCover, the APA and the Physiotherapists Registration Board.

Referral by an insurer to a physiotherapy consultant for a second opinion is intended to achieve the following objectives:

- consultation with the treating physiotherapist to objectively discuss relevant issues in regards to the management of the injured worker, with the aim being to achieve the best outcome for the injured worker;
- review of service delivery by qualified physiotherapists with recent clinical experience in the management of work-related injuries who can provide education and advice regarding how to achieve good treatment and return to work outcomes;
- control of costs by recommending the cessation of service delivery that is not reasonably necessary, or by providing recommendations for appropriate treatment; and
- to assist insurers and employers to better understand when and how much physiotherapy is reasonably necessary.

All consultants have agreed to meet certain conditions of appointment. These conditions are specified in Appendix VI. The list of current consultants is at Appendix VII.

The services provided by consultants will be paid for by the insurer and will be charged as a cost to the claim.

An integral component of the peer review process is consultation with the treating physiotherapist. You may be contacted by a consultant to discuss your current and proposed treatment for an injured worker.

a) When the insurer might consider using a consultant

The insurer will consider referring workers to a consultant if, after discussion with the treating physiotherapist, the insurer is concerned about:

- the number of treatments proposed;
- the frequency of proposed treatment;
- the reasonable necessity of treatment;
- the ongoing need for treatment; and/or
- delivery of more than 8 services without prior approval

b) The process of review by a consultant

See the flow chart at Appendix VIII, which explains the process of review by a consultant.

The insurer selects a consultant from the list and forwards a referral to the consultant, including any relevant physiotherapy and medical documentation. Following review of these reports, the consultant may contact the treating physiotherapist to discuss treatment. If both physiotherapists agree that ongoing treatment is to continue for a specified period or is to cease, the consultant will inform the insurer and the treating physiotherapist of this in writing.

If the consultant and the treating physiotherapist cannot agree that the proposed treatment is reasonably necessary, the insurer will arrange for the consultant to assess the worker.

On completion of this assessment, the consultant will provide a report to the insurer and to the treating physiotherapist with recommendations regarding future treatment requirements.

c) Complaints about consultants

Complaints in relation to the conduct of an Independent Physiotherapy Consultant should be referred to WorkCover on 13 10 50 or in writing to Locked Bag 2906, Lisarow, NSW, 2252.

d) Disputes

Following review by an Independent Physiotherapy Consultant, if the worker is not happy with the decision by an insurer to discontinue treatment, the worker may refer the matter to the Workers Compensation Commission. Arbitrators within the Commission will review the evidence and determine whether treatment should continue or should discontinue (See Section 7). An Approved Medical Specialist may be asked to review the worker to assist in the decision.

SECTION 4

Payment of Services

The insurer is required to pay for physiotherapy treatment that is reasonably necessary and results from the injury (and the injury satisfies the other considerations for liability under the Workers Compensation Scheme). Payment for treatment that is reasonably necessary and results from the injury will not exceed a fee set out in the Physiotherapy Fees Order 2006.

Under section 60A (a) of the Workers Compensation Act 1987, a worker is not liable to pay more than the maximum fee that is set out for physiotherapy treatment in the Gazetted Physiotherapy Fees Order 2006. Therefore a worker is not liable to pay the balance of any fee when the insurer pays the maximum fee for that treatment set out in the Physiotherapy Fees Order 2006.

Under payment procedures introduced for an injury first notified on or after 1 January 2002, an insurer can approve provisional payments of medical expenses, including physiotherapy treatment, up to a total value of $5,000. The making of provisional payments does not, however, constitute an admission of liability.

If you decide to proceed with treatment without prior approval, you have three options:

a) give the account to the worker, with whom you presumably have your contract in the first place for the treatment and payment (subject to maximum fee on the basis of section 60A(a) of the Workers Compensation Act 1987).

b) forward the account to the worker's employer, and/or

c) forward the account to the worker's insurer.

However, if the account is sent to the employer or insurer, it will not usually be paid until a decision has been made to make provisional payments or to accept liability on the claim. A decision on provisional liability is generally made within 7 days of the first notification. However, it will only be paid if it is considered reasonably necessary treatment in relation to the work related injury.

Commutations

Commutation of the claim removes an employer's liability to pay weekly compensation and treatment expenses from the effective date of the commutation, by payment of a lump sum of money. Any treatment attended following the commutation of a claim will therefore be the worker's financial responsibility.

The injury must first have been assessed as resulting in at least 15% Whole Person Impairment and must have occurred at least 2 years previously to be eligible for commutation.

SECTION 5

Reasonably Necessary Treatment

What is 'reasonably necessary' treatment?

The factors underlying reasonably necessary treatment are:

- appropriateness of treatment
- availability of alternative treatments
- cost of treatment
- effectiveness (actual or potential) of treatment
- usage of treatment in similar cases (or acceptance).

Appropriateness

To be appropriate, treatment must serve a purpose. It must have the capacity to:

- lessen the effects of injury
- cure
- alleviate
- retard progressive deterioration.

Alternatives

Consideration must be given to all other forms of treatment. If alternative avenues of treatment would substantially alleviate the problem, it may be difficult to regard the treatment in question as reasonably necessary.

It will therefore need to be clear as to why physiotherapy treatment is the preferred alternative and that, based on the worker's clinical presentation, physiotherapy is the best choice for the worker and likely to result in superior outcomes.

Cost

There must be a positive cost benefit. If treatment is provided at high cost but with minimal effectiveness, it may well be considered as not reasonably necessary where an effective alternative exists at a much lower cost.

Nor may it be considered reasonably necessary where there is only one possible avenue of treatment, but its effectiveness is very small and its cost is great.

Effectiveness

The degree to which the treatment can alleviate the consequences of injury will be considered when determining if it is reasonably necessary.

Acceptance

Whether or not a particular treatment approach has been used in similar cases, or is generally accepted by clinical peers, guides the decision about what is reasonably necessary treatment.

SECTION 6

Other Parties in the Scheme

The *Workplace Injury Management and Workers Compensation Act 1998* imposes specific requirements upon insurers, employers and medical practitioners which are aimed at encouraging the safe, timely and durable return of injured workers to the workplace. There are numerous other parties that may also be involved in this process. These include return to work coordinators, accredited rehabilitation providers, unions and lawyers. Information regarding the roles that some of these parties have in the system are outlined below.

a) Nominated treating doctors

Workers who will be off work for more than 7 days must nominate a treating doctor who will be responsible for co-coordinating all aspects of treatment and return to work management. This includes the issue of WorkCover medical certificates. The information provided on the WorkCover medical certificate assists the insurer to develop individual injury management plans. Treating physiotherapists may influence what is stated on the certificate by providing the doctor with up to date information regarding the worker's functional abilities and restrictions.

Nominated treating doctors liaise with return-to-work coordinators at the workplace. Nominated treating doctors may seek advice from accredited rehabilitation providers and treating physiotherapists to ensure that identified duties are safe for an injured worker.

b) Return to work coordinator

An individual appointed by the employer, who has responsibility for the practical implementation of the company's return to work policy and procedures, with the principal purpose being to assist injured workers to return to work in a safe and durable manner.

The role of the RTW Coordinator is to:

- assist employers to develop and implement their return to work programs
- assist injured workers to return to work as soon as medically appropriate
- develop and evaluate return-to-work plans, documenting suitable duties and work restrictions
- initiate and maintain contact with the workers, their supervisors, the nominated treating doctors and other relevant parties (including treating physiotherapists)
- ensure that injured workers in need of specialised rehabilitation services are referred to appropriate rehabilitation providers
- coordinate and monitor the progress of injured workers

Large businesses must designate a return to work coordinator who must attend training. In small business it is often the employer who undertakes the role of return to work coordinator to assist the injured worker.

c) Accredited rehabilitation providers

Accredited rehabilitation providers are engaged in more complex cases.

Cases may require the involvement of providers because of a range of factors, including:

- difficulty in identifying suitable duties
- problems between the injured worker and the employer
- an abnormal reaction by a worker and/or his or her family to the injury
- the worker's inability to return to their pre-injury job

Rehabilitation providers are organisations staffed by health professionals experienced in occupational rehabilitation. Occupational rehabilitation is defined as services that may be required in order to return the injured worker to work. Staff generally include occupational therapists, physiotherapists, rehabilitation counsellors and occupational psychologists. Rehabilitation Providers must be accredited by WorkCover NSW in order to deliver rehabilitation services to injured workers.

The services available from an accredited rehabilitation provider include:

- workplace assessment, job analysis and advice concerning job modification
- identification and monitoring of return to work on suitable duties
- functional assessment
- rehabilitation counselling
- vocational assessment and counselling
- identification and placement in retraining and/or suitable employment
- functional education

Providers may contact treating physiotherapists for specific information regarding functional ability, work capacity and aggravating factors, as well as appropriate injury management strategies.

d) Dispute resolution

Insurer

All insurers are required to have an internal dispute resolution system in place. As such, the insurer should be the first point of contact regarding any dispute.

Injury Management Consultants

When there is a disagreement over the suitability of selected duties offered by an employer, the insurer or the employer may engage the services of an Injury Management Consultant. These consultants are medical practitioners approved by WorkCover specifically for the purpose of reviewing a worker's fitness for employment and the availability of duties at a workplace. Injury Management Consultants may also be used under the Dispute Resolution Service to assist the Workers Compensation Commission in resolving injury management disputes.

WorkCover's Claims Assistance Service

The Claims Assistance Service is contactable for any enquiries relating to injury management, workers compensation and occupational health and safety. The Claims Assistance Service is also the first point of contact with WorkCover in regards to disputes.

The Workers Compensation Commission

The Workers Compensation Commission deals with all disputes that arise out of workers compensation claims unless these disputes are already before the Compensation Court. The Commission has 3 main roles:

- expedited assessments so disputes about benefits and payments can be quickly resolved
- resolution of medical disputes, and
- conciliation/arbitration of disputes about suitable duties

The Commission is structured to provide a speedy and flexible dispute resolution system. Disputes will be referred promptly to the appropriate part of the Commission for assessment and determination.

Approved Medical Specialists

Approved Medical Specialists are appointed by the Commission to decide questions about level of impairment, injury causation, suitability of employment and fitness for work. Their decisions in relation to permanent impairment are binding. Their opinion in the other non-binding matters will be used by the arbitrators in the Commission to help resolve the dispute.

SECTION 7

Where to go for Assistance

WorkCover Services

- **WorkCover Information Centre/Claims Assistance Service**

  For all enquiries relating to injury management, workers compensation and occupational health and safety.

  Phone: **13 10 50**

- **WorkCover Publication Order Line (for all publications)**

  Phone: **1300 799 003**

- **WorkCover Website: www.workcover.nsw.gov.au**

- **Workers Compensation Commission**

  Phone: **1300 368 040**

Professional Associations

- **Australian Physiotherapy Association (NSW Branch)**

  Phone: **(02) 8748 1555**

Appendix I

Joint APA/WorkCover Statement on Outcome Based Treatment

Outcome measures allow for monitoring the effectiveness of physiotherapy treatment, specifically in relation to the worker's health, functional and return to work status. All physiotherapy services should be based on best practice principles to ensure that the treatment provided is appropriate, and produces objective benefits. Best practice incorporates physiotherapy treatments for which there is research evidence of efficacy and that for which there is not yet evidence in the literature but which is based on scientific theory, clinical expertise and patient values (Sackett et al, 2000).

The goals of treatment must relate to sustained return to work at maximal possible function, and should be determined in consultation with the worker. The progress of treatment must be measured against these goals, in order to demonstrate the effectiveness of the treatment intervention.

The provision of treatment where sustained objective improvement has not been demonstrated has the potential to reinforce dysfunctional illness behaviour, delay return to work, and add unnecessary claims costs.

Treatment outcomes should be expressed in functional terms as they relate to specific work task capacities. Examples of these are increasing tolerances for standing, walking, lifting, sitting, pushing, pulling and carrying. In addition, treatment outcomes should address improvements in activities of daily living.

An estimate of outcomes of physiotherapy care involves comparison of measurements. The first measurement is taken when treatment commences, and others at later stages. Differences between initial and subsequent measurements demonstrate change that may be attributed to physiotherapy intervention. Other factors such as medications, psychosocial and other interventions must be taken into consideration when determining specific benefits derived from physiotherapy.

When developing a treatment program, physiotherapists should apply their assessment skills and knowledge of clinical reasoning to provide treatment that is reasonably necessary. This will be based on:

- clearly identified goals of treatment designed to improve functional status
- an understanding of the evidence supporting the efficacy of the treatment
- estimation of an approximate number of visits and timeframes required to achieve the stated goals
- measurable, functional outcomes, so that treatment can be progressed, and ceased when treatment goals have been achieved
- consideration given to how the goals of treatment and outcomes relate to return to work.

Appendix II

Physiotherapy Management Plan

Section 1:	**This is Management Plan No:** Date of initial consultation for this episode of care: ___/___/__ Total consultations for this injury approved to date (including initial 8): No. consultations required in **this** plan: Anticipated **total** no. consultations required until discharge: Anticipated discharge date ___/___/__ OR Anticipated review date ___/___/___
Insurer:	**Physiotherapist's Contact Details:** (Place stamp here)
Case Manager:	
Fax:	
Date of Injury:	
Workplace injury to which this plan relates:	
Occupation/Job Title:	
Referred by:	Signature: WorkCover No. Date:

Section 2: Treatment Plan

Section 3: Outcome measures that you use to assess and monitor worker's progress throughout this treatment period

Outcome Measure	Measure at initial Assessment	Current measure (at commencement of this plan)	Anticipated outcome at end of this plan
Work status			
Functional restrictions limiting return to work			

Section 4: Indicate type of consultation being provided:

Standard 2 Distinct Areas Complex Home Visit

Section 5: Identified barriers to RTW and recommended strategy to overcome the barrier

Barrier (Include ÖMPQ score if > 4 weeks post injury and indicated)	Recommended strategy

Section 6: Other assistance (Can the insurer assist your management in any other way – eg:
Referral to an Independent Physiotherapy Consultant/ Medical Specialist/Rehabilitation Provider ☐ Yes ☐ No

Please provide details of referral required:

Insurer use	**Plan approved / Plan not approved**
Name:	Phone:
Signed:	Date:

Comments and/or reason for non-approval:

Cc: NTD **Worker agreed to plan:** Yes No

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Appendix III

Physiotherapy Management Plan Explanatory Notes & Sample Plans

This physiotherapy management plan must be used when more than eight treatment sessions are required or in cases when previous treatment of a physical nature has been attended for the injury. In the latter scenario the management plan should be submitted following the initial assessment. This applies to all services provided by physiotherapists for injured workers in the NSW Workers Compensation Scheme. For more information, see the service descriptors in the Physiotherapy Fees Order 2006.

It is important to note that prior to any treatment being provided to an injured worker, the insurer must be contacted to make notification of the intention to commence treatment. If you begin treatment without advising the insurer, you may not be paid for delivering the service.

A separate fee is not payable for completion of the plan, as it is completed during a treatment session and developed in consultation with the worker.

INSTRUCTIONS

All sections of the plan must be completed – failure to do so will delay processing and approval.

WorkCover-approved therapists must provide their WorkCover approval number on the plan.

In the case of a worker who has not attended for **any** previous manual therapy/acupuncture/alternate therapy for this injury and you plan to provide **more than eight** treatment sessions, complete the physiotherapy management plan and submit it to the insurer for approval before you deliver any treatment beyond the initial eight sessions. Ideally, if more than eight treatments are proposed, the plan should be submitted after the first four sessions. Manual therapy includes any treatment by a physiotherapist, osteopath or chiropractor. Alternate therapy includes massage, acupuncture or alternative therapies such as Feldenkrais, Bowen, etc.

In the case where the worker has attended for previous manual/acupuncture/alternate therapy for this injury from either you or another provider, you must submit a plan after the initial assessment. In this instance you do not have automatic approval for 8 treatment sessions.

Without submission of a plan, the insurer is not liable for the cost of treatments beyond the initial eight (for a worker who has not attended for any previous treatment) or for treatments beyond the initial consultation (in the case of those who have previously attended treatment). A plan must also be submitted for any subsequent blocks of treatment, unless prior arrangements have been made with the insurer.

The physiotherapist completing and signing the plan is responsible for its content. Once complete, preferably email (or alternatively fax without a cover sheet) the plan to the insurer. Email addresses for major insurers are listed in Appendix VIII of these guidelines. Alternatively, obtain this from the insurer case manager direct.

After reviewing the plan, the insurer will:

- Approve it and provide comment, if necessary.
- Request further information or clarification
- Provide a reason for non-approval

If no response has been received from the insurer within 5 working days of plan submission, then you may choose to contact the insurer to confirm that they have received the plan. If you

decide not to follow up the insurer's receipt of the plan, then it is recommended that you maintain records of evidence as to the date that the plan was forwarded to the insurer e.g. fax transmission log, sent emails log.

If an injured worker has recently received treatment of a physical nature from another practitioner for the same injury, contact the previous practitioner to discuss how many treatments were provided and the outcome of previous treatment. Then submit a plan for the additional treatment (as long as treatment still remains reasonably necessary).

SECTION 1

1. Include the name of the insurer case manager on the plan. Ask the worker for details.

2. Include the claim number and date of injury – failure to do so will delay processing. Ask the worker or insurer case manager for details.

3. State the workplace injury to which the plan relates (referring only to the compensable workplace injury). DO NOT list signs and symptoms. The treatment of signs or symptoms, which are referred from the compensable injury, are to be included in the treatment as part of a standard consultation.

4. In cases where the therapist is treating two separate areas, list both areas of injury. If these 2 separate areas have the same claim number, preferably use just one management plan for both areas. If there is inadequate space on the management plan, advise the insurer that additional documentation is being submitted.

5. To understand the worker's capacity to return to safe durable work, familiarize yourself with the worker's occupation. In cases where a rehabilitation provider is involved, request a copy of their workplace assessment report to assist you.

6. Include the name of the person who referred the worker for treatment.

Management Plan:

7. In the case of workers who have had no previous physical treatment for their injury, Management Plan No. 1 is the plan for treatments 9 -16. If the worker requires further treatment, subsequent plans must be numbered consecutively, even if there is a significant gap between treatment episodes. For workers who have attended for previous treatment with another practitioner, Management Plan No.1 will be submitted after the initial assessment and therefore be for treatments 1-8 (this includes the initial assessment).

8. The date of *initial consultation* refers to the current episode of care. In all cases an episode of care is deemed to have ended if no treatment has been provided for a period of 3 calendar months. Any subsequent treatment will require the physiotherapist to conduct a new 'Initial assessment' followed by the submission of a Management Plan for approval of further treatment beyond this initial consultation. Contact should be made with the insurer to inform them that treatment is recommencing and to verify the liability status of the claim prior to conducting this 'Initial assessment'. In this situation where the worker is recommencing treatment, a referral must be obtained from their Nominated Treating Doctor prior to the 'Initial assessment'.

9. *Total consultations for this injury approved to date*: This is the total number of treatment sessions approved to date (including those from any previous episodes of care, but not including those requested in this plan). This includes the initial eight sessions. This should include the number of sessions approved with any previous practitioners (ask the insurer for this information).

10. Indicate the number of consultations required for this plan (maximum of 8).

11. *Anticipated total number of consultations required until discharge* is the number of treatment sessions you expect to administer until discharge of the injured worker. This

number will include all treatments provided to date (including the initial 8 sessions), those requested in this management plan and those expected to be requested in future management plans until discharge.

12. The anticipated date the worker will be discharged from your care **or** the date on which the treatment/plan will next be reviewed. This indicates the time period over which you plan to provide the treatments requested in this plan.

Physiotherapist's details:

13. Include details of the treating physiotherapist, the treating physiotherapist's individual WorkCover approval number, practice name and address, phone and fax numbers, and email address (if available). If more than one physiotherapist is treating the patient, then the details pertaining to the physiotherapist who most frequently provides the treatment should be listed here. Under no circumstances should the practice name be stated in place of the treating physiotherapist's details. Use of a practice stamp is encouraged here, however the physiotherapist's individual WorkCover approval number, signature and date the plan was completed must be added to this section if a stamp is used.

SECTION 2 – TREATMENT PLAN

List details of treatment procedures currently being provided (including specific modalities) and those that you anticipate will be required in the near future. Abbreviations can be used in this section, as it is acknowledged that there is little space available on the management plan to provide this information. Examples of abbreviations include HEP (home exercise program), U/S (ultrasound), mobs (mobilisations), STM (soft tissue massage), Tx (traction), C/S (cervical spine), T/S (thoracic spine), L/S (lumbar spine), etc.

Please note that the treatment being provided needs to be designed to achieve the expected outcomes and be consistent with the expected management of the injury sustained.

Remember that *medical referral alone is not sufficient to meet the criterion of reasonably necessary*.

SECTION 3 – OUTCOME MEASURES

1. The outcome measure must be relevant to return to work goals. They guide clinical reasoning and assist in evaluating the worker's progress.
2. The outcome measures identified will assist the insurer determine the reasonable necessity of proposed management.
3. The physiotherapist must identify two mandatory outcome measures in consultation with the worker:
   a) Work status
   b) Functional restrictions limiting return to work

In addition to these mandatory fields, other outcome measures – e.g. other functional restrictions/measures can also be included. Clinical measures can be included as necessary. All measures used however should still be relevant to the outcome of intervention and assist the insurer in determining whether further intervention is necessary. For example: if the worker performs a clerical job, which involves predominantly seated tasks, do not use standing tolerance as a measure.

The outcome measures need to be reported at:

- Initial assessment – at the commencement of **this** episode of care
- Current measure – at the date of development of **this** plan
- Anticipated outcome – what will be achieved at the conclusion of **this** plan.

Outcome measures should be:

- described in specific terms
- quantifiable or measurable and
- time-referenced wherever possible

Work status

Indicate the work status using the following descriptors:

- Unfit for work
- Suitable duties - reduced hours
- Suitable duties - full pre-injury hours
- Pre-injury duties - reduced hours
- Pre-injury duties – full pre-injury hours

Alternatively you can use more specific information such as:

- commence suitable duties (e.g. no lifting over 5 kg), part-time (i.e. 4 hours x 5 days week) in 2 weeks.

Functional restrictions limiting return to work

Clearly indicate the functional restriction/s limiting return to work and specify the level at initial assessment, the worker's current capacity to perform the task and what you expect to achieve by the end of this plan as a result of the intended management. As stated above, the functional restriction **must** relate to a work task. For example, do not use lifting capacity as a measure for someone who is not required to perform any lifting tasks in the course of their employment.

Some examples of functional restrictions:

- Lifting
- Overhead reach
- Climbing
- Squatting.

Other restrictions can be used as appropriate with regards to the worker's injury and job demands.

If unclear about work tasks or functional demands, contact the employer or rehabilitation provider (if you are aware that one is involved). In the event that a rehabilitation provider is involved, request a copy of their workplace assessment report if you haven't already been provided with one. This information is likely to assist with the formulation of appropriate goals and measures. Reasonable costs for liasion with these parties is billable as case conferencing.

SECTION 4 – LEVEL OF CONSULTATION

Indicate the level of consultation being charged for in regards to this workplace injury. The following definitions apply when determining appropriate fees for services above that of a standard consultation:

1. Initial Consultation/Treatment of 2 distinct areas: means where 2 **entirely separate** compensable injuries or conditions are assessed and treated and where treatment applied to one condition/injury does not affect the symptoms of the other condition/injury. For example, a neck condition plus post fractured wrist. It does not include a condition with referred symptoms to another area.

2. Complex Treatment: complex injuries refer to those with complex pathology and clinical presentation including, but not limited to, extensive burns, complicated hand injuries involving multiple joints and tissues, complex neurological conditions, spinal cord or head injuries and major trauma. Provision of complex treatment requires pre-approval from the insurer. It is expected that only a small number of claimants will require treatment falling within this category.

3. Home visit: applies to cases where, due to the effects of the injuries sustained, the worker is unable to travel. The home visit must be the best and most cost-effective option, allowing the physiotherapist to travel to the worker's home to deliver treatment. Provision of home treatment requires pre-approval from the insurer. In the home visit category it may be appropriate to circle more than one consultation type eg. the home visit may involve the treatment of 2 distinct areas.

SECTION 5 – BARRIERS TO RETURN TO WORK

1. Requires the therapist to outline any identified barriers to return to work. For example, barriers may include the worker's fear of re-injury, lack of available suitable duties at the workplace, or the continued certification of a worker as totally unfit despite measurable progress in the worker's physical capacity.

2. The barriers identified may not have immediate solutions and your recommended strategies may not necessarily relate to physiotherapy intervention. For example:

   - 'Fear of re-injury' may be addressed by recommending referral to a rehabilitation provider to ensure the duties are safe
   - The insurer referring the worker to an Injury Management Consultant may address 'medical restrictions continuing despite measurable progress'.

ÖMPQ score (Örebro Musculoskeletal Pain Questionnaire):

This is a self administered screening tool which is valid and reliable in predicting long-term disability. It is to be utilised with an injured worker with a soft tissue injury who has not returned to work or upgraded as per expectations and is 4 weeks or greater post injury. The results of the ÖMPQ assist with determining the most appropriate form of future intervention. Please refer to appendix IV for a copy of this questionnaire. If an injury is less than 4 weeks duration, then there is no need to complete this questionnaire, at least initially.

If there is no return to work barriers use 'nil identified' or 'not applicable'.

For the insurer to approve the therapist's ongoing intervention, it must be reasonably necessary and consistent with WorkCover's guidance material on the *Prevention of long-term disability in workers with soft tissue injuries using work-related activity (2004)*.

SECTION 6 – OTHER ASSISTANCE

Use section 6 to indicate the need for additional assistance – from a Rehabilitation Provider, Injury Management Consultant, Independent Physiotherapy Consultant or an Independent Medical Examiner – or insurer action.

The worker must be involved in developing the Physiotherapy Management Plan and must agree to the plan. Indicate at the bottom of the plan that the worker's agreement has been obtained.

In addition, there must be evidence on the Plan that the nominated treating doctor has received a copy of the Physiotherapy Management Plan.

PHYSIOTHERAPY MANAGEMENT PLAN

This plan relates to_____ **D.O.B** _____ **Male/Female**
(Workers name)

Claim No. _____

Section 1:	**This is Management Plan No: 2** Date of initial consultation for this episode of care: 1/7/05 Total consultations for this injury approved to date (including initial 8): 16 No. consultations required in **this** plan: 8 Anticipated **total** no. consultations required until discharge: 24 Anticipated discharge date 11/11/05 OR Anticipated review date ___/___/___
Insurer:	**Physiotherapist's Contact Details:** (Place stamp here)
Case Manager:	
Fax:	
Date of Injury: 12/5/05	
Workplace injury to which this plan relates: Ankle fracture	
Occupation/Job Title: Storeman	
Referred by: Dr Brown	Signature: WorkCover No. Date:

Section 2: Treatment Plan

Ankle mobilisations, stretches, exercise program consisting of range of movement/stretches/proprioceptive exercises, gait re-education. Plan to progress HEP to include strengthening exercises. Also plan to provide functional education to improve lifting capacity

Section 3: Outcome measures that you use to assess and monitor worker's progress throughout this treatment period

Outcome Measure	Measure at initial Assessment	Current measure (at commencement of this plan)	Anticipated outcome at end of this plan
Work status	Unfit for work	Unfit for work	Fit for suitable duties, reduced hours
Functional restrictions limiting return to work: Weight bearing tolerance	Mobilising with crutches	Mobilising without crutches. Weight bearing tolerance of 10 mins.	Walking/standing tolerance of 30 mins
Lifting/carrying capacity	Unable to lift or carry	Lifting/carrying 5kgs from waist level. Unable to lift from floor level	Lift/carry 10kgs from waist level. Able to lift 5kgs from floor level.
Forklift driving capacity	Unable to drive own vehicle due to pain in right ankle	Now driving own vehicle for up to 20 mins	Forklift driving for 30 minute periods

Section 4: Indicate type of consultation being provided:

Standard | 2 Distinct Areas | Complex | Home Visit

Section 5: Identified barriers to RTW and recommended strategy to overcome the barrier

Barrier (Include ÖMPQ score if > 4 weeks post injury and indicated)	Recommended strategy
NTD continuing to certify worker as unfit despite improved functional abilities and availability of suitable duties at workplace	Liasion between insurer and NTD re measures as to current function as noted by physio, as discussion b/n physio and NTD has not resulted in any upgrades
Worker does not think they will return to their pre-injury duties	Return to work suitable duties asap, with upgrades to pre-injury duties commensurate with improved function as noted by physio.

Section 6: Other assistance (Can the insurer assist your management in any other way – eg:
Referral to an Independent Physiotherapy Consultant/ Medical Specialist/Rehabilitation Provider x Yes ☐ No

Please provide details of referral required: Liasion with NTD as suggested above. If this communication is unsuccessful, then referral to an IMC for an opinion re fitness for work.

Insurer use	**Plan approved / Plan not approved**
Name:	Phone:
Signed:	Date:

Comments and/or reason for non-approval:

Cc: NTD **Worker agreed to plan:** Yes No

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PHYSIOTHERAPY MANAGEMENT PLAN

This plan relates to: _____ D.O.B. _____ Male/Female
Claim No. _____

Section 1:	**This is Management Plan No: 1** Date of initial consultation for this episode of care: 1/2/05 Total consultations for this injury approved to date (including initial 8): 8 No. consultations required in **this** plan: 8 Anticipated **total** no. consultations required until discharge: 16 Anticipated discharge date 7/4/05 OR Anticipated review date ___/___/___
Insurer:	**Physiotherapist's Contact Details:** (Place stamp here)
Case Manager:	
Fax:	
Date of Injury: 22/1/05	
Workplace injury to which this plan relates: Lumbar strain	
Occupation/Job Title: Clerk	
Referred by: Dr Samuels	Signature: WorkCover No. Date:

Section 2: Treatment Plan

Spinal mobilisations, education re posture and appropriate technique to access filing cabinet bottom drawer, prescription of a home exercise program (including stretches and core stability work). Plan to upgrade home exercise program and incorporate walking on a treadmill into treatment sessions

Section 3: Outcome measures that you use to assess and monitor worker's progress throughout this treatment period

Outcome Measure	Measure at initial Assessment	Current measure (at commencement of this plan)	Anticipated outcome at end of this plan
Work status	Unfit for work	Fit for suitable duties, 4 hours/day x 5 days/week	Pre-injury duties, full hours
Functional restrictions limiting return to work: sitting tolerance	Sitting limit of 5-10 minutes	Sitting tolerance of 20 minutes	Sitting tolerance of 1 hour
Walking tolerance	Unable to walk to post office to post/collect mail (10 minute walk up hill). Walking tolerance 5 mins	Walking tolerance 15mins on flat ground. Unable to manage slopes/hills at this stage	30 minute walking tolerance and ability to negotiate hills and slopes
Access bottom drawer of filing cabinet	Unable to access bottom drawer of filing cabinet as task increases back pain	Using correct technique to access filing cabinet (squat) and able to maintain position momentarily	Consistently using squat to access bottom drawer and able to maintain this position for few minutes

Section 4: Indicate type of consultation being provided:

Standard 2 Distinct Areas Complex Home Visit

Section 5: Identified barriers to RTW and recommended strategy to overcome the barrier

Barrier (Include ÖMPQ score if > 4 weeks post injury and indicated)	Recommended strategy
Office chair at workplace is inadequate	Workplace assessment by Rehabilitation Provider

Section 6: Other assistance (Can the insurer assist your management in any other way – eg:
Referral to an Independent Physiotherapy Consultant/ Medical Specialist/Rehabilitation Provider ☐ Yes x No

Please provide details of referral required:

Insurer use	**Plan approved / Plan not approved**
Name:	Phone:
Signed:	Date:

Comments and/or reason for non-approval:

Cc: NTD **Worker agreed to plan:** Yes No

Appendix 1 Örebro Musculoskeletal Pain Questionnaire (ÖMPQ)

LINTON AND BOERSMA 2003[14]

1. Name _____ Phone _____ Date _____

2. Date of Injury _____ Date of birth _____

3. Male ☐ Female ☐

4. Were you born in Australia*? Yes ☐ No ☐

These questions and statements apply if you have aches or pains, such as back, shoulder or neck pain. Please read and answer questions carefully. Do not take too long to answer the questions, however it is important that you answer every question. There is **always** a response for your particular situation.

5. Where do you have pain? Place a tick (✓) for all appropriate sites. 2x (max 10)

☐ Neck ☐ Shoulder ☐ Arm ☐ Upper Back

☐ Lower Back ☐ Leg ☐ Other (state) _____

6. How many days of work have you missed because of pain during the past 18 months? Tick (✓) one

☐ 0 days (1) ☐ 1-2 days (2) ☐ 3-7 days (3) ☐ 8-14 days (4)

☐ 15-30 days (5) ☐ 1 month (6) ☐ 2 months (7) ☐ 3-6 months (8)

☐ 6-12 months (9) ☐ over 1 year (10)

7. How long have you had your current pain problem? Tick (✓) one.

☐ 0-1 weeks (1) ☐ 1-2 weeks (2) ☐ 3-4 weeks (3) ☐ 4-5 weeks (4)

☐ 6-8 weeks (5) ☐ 9-11 weeks (6) ☐ 3-6 months (7) ☐ 6-9 months (8)

☐ 9-12 months (9) ☐ over 1 year (10)

8. Is your work heavy or monotonous? Circle the best alternative.

0 1 2 3 4 5 6 7 8 9 10

Not at all *Extremely*

9. How would you rate the pain that you have had during the past week? Circle one.

0 1 2 3 4 5 6 7 8 9 10

No pain *Pain as bad as it could be*

10. In the *past three months*, on average, how bad was your pain on a 0-10 scale? Circle one. 0 1 2 3 4 5 6 7 8 9 10 *No pain* *Pain as bad as it could be*	
11. How *often* would you say that you have experienced pain episodes, on average, during the *past three months*? Circle one. 0 1 2 3 4 5 6 7 8 9 10 *Never* *Always*	
12. Based on all things you do to cope, or deal with your pain, on an average day, how much are you able to decrease it? Circle the appropriate number. 0 1 2 3 4 5 6 7 8 9 10 *Can't decrease it at all* *Can decrease it completely*	10 - x
13. How tense or anxious have you felt in *the past week*? Circle one. 0 1 2 3 4 5 6 7 8 9 10 *Absolutely calm and relaxed* *As tense and anxious as I've ever felt*	
14. How much have you been bothered by feeling depressed in the *past week*? Circle one. 0 1 2 3 4 5 6 7 8 9 10 *Not at all* *Extremely*	
15. In your view, how large is the risk that your current pain may become persistent? Circle one. 0 1 2 3 4 5 6 7 8 9 10 *No risk* *Very large risk*	
16. In your estimation, what are the chances that you will be able to work *in six months*? Circle one. 0 1 2 3 4 5 6 7 8 9 10 *No chance* *Very large chance*	10 - x
17. If you take into consideration your work routines, management, salary, promotion possibilities and work mates, how satisfied are you with your job? Circle one. 0 1 2 3 4 5 6 7 8 9 10 *Not satisfied at all* *Completely satisfied*	10 - x

Here are some of the things that other people have told us about their pain. For each statement, circle one number from 0 to 10 to say how much physical activities, such as bending, lifting, walking or driving, would affect your pain.	
18. Physical activity makes my pain worse. 0 1 2 3 4 5 6 7 8 9 10 *Completely disagree* *Completely agree*	
19. An increase in pain is an indication that I should stop what I'm doing until the pain decreases. 0 1 2 3 4 5 6 7 8 9 10 *Completely disagree* *Completely agree*	
20. I should not do my normal work with my present pain. 0 1 2 3 4 5 6 7 8 9 10 *Completely disagree* *Completely agree*	
Here is a list of five activities. Circle the one number that best describes your current ability to participate in each of these activities.	
21. I can do light work for an hour. 0 1 2 3 4 5 6 7 8 9 10 *Can't do it because of pain problem* *Can do it without pain being a problem*	10 - x
22. I can work for an hour. 0 1 2 3 4 5 6 7 8 9 10 *Can't do it because of pain problem* *Can do it without pain being a problem*	10 - x
23. I can do ordinary household chores. 0 1 2 3 4 5 6 7 8 9 10 *Can't do it because of pain problem* *Can do it without pain being a problem*	10 - x
24. I can do the weekly shopping. 0 1 2 3 4 5 6 7 8 9 10 *Can't do it because of pain problem* *Can do it without pain being a problem*	10 - x
25. I can sleep at night. 0 1 2 3 4 5 6 7 8 9 10 *Can't do it because of pain problem* *Can do it without pain being a problem*	10 - x

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Explanatory notes

This screening questionnaire identifies how likely it is that workers with soft tissue injuries will develop long term problems. The Örebro Musculoskeletal Pain Questionnaire[13] (ÖMPQ) is valid and reliable in predicting long-term disability[14] – the reliability of this tool in predicting failure to return to work outcomes has been demonstrated in an Australian population[15].

This yellow flag screening questionnaire, when completed four to 12 weeks after musculoskeletal injury, predicts long term disability and failure to return to work[13]. A cut-off score of 105 has been found to predict, with 95 per cent accuracy, those who will recover and, with 81 per cent accuracy, those who will have no further sick leave, in the next six months. Prediction of long term sick leave (more than 30 days within the next six months) was found to be 67 per cent accurate[14].

The ÖMPQ predicted failure to return to work six months after compensable musculoskeletal injury in a NSW population of workers. The injuries in the study group were mixed and the ÖMPQ was found to be more specific and sensitive for back injuries. In workers with back injuries screened at four to 12 weeks, a cut-off score of 130 correctly predicted 86 per cent of those who failed to return to work[15].

Identification, through the ÖMPQ, of workers at risk of failing to return to work due to personal and environmental factors provides the opportunity for treating practitioners to apply appropriate interventions (including the use of activity programs based on cognitive behavioural strategies) to reduce the risk of long term disability in injured workers. Evidence indicates that these factors can be changed if they are addressed [17-22].

Scoring instructions

- For question 5, count the number of pain sites and multiply by two – this is the score (maximum score of 10).
- For questions 6 and 7 the score is the number bracketed after the ticked box
- For questions 8, 9, 10, 11, 13, 14, 15, 18, 19 and 20 the scores is the number that has been ticked or circled.
- For questions 12, 16, 17, 21, 22, 23, 24 and 25 the score is 10 minus the number that has been circled.
- Write the score in the shaded area beside each item.
- Add up the scores for questions 5 to 25 – this is the total ÖMPQ score.

Superscripted numerals refer to articles referenced in Section 9 of *Soft Tissue Injuries – General Guide 2006*.

Readers seeking further information on the administration of the ÖMPQ are referred to Steven Linton's text: *Understanding pain for better clinical practice – a psychological perspective*. Edinburgh: Elsevier, 2005.

APPENDIX V

WorkCover Payment Classification System Information - Physiotherapy

Please refer to the Gazetted Physiotherapy Fees Order 2006 for complete details of treatment types

WorkCover Approved Physiotherapists

Payment Classification Code	Type of Treatment	Gazetted Fees Order
PTA001	Initial Consultation and treatment	$65.00
PTA002	Standard Consultation and treatment or Early Work Related Activity Program Consultation	$55.00
PTA003	Initial Consultation and treatment of 2 distinct areas	$98.00
PTA004	Standard Consultation and treatment of 2 distinct areas	$83.00
PTA005	Complex Treatment	$110.00
PTA006	Group/class service	$39.00/participant
PTA007	Home Visit – Initial Consultation and treatment	$80.00
PTA008	Home Visit - Standard Consultation and treatment	$64.00
PTA009	Home Visit - Initial Consultation and treatment of 2 distinct areas	$118.00
PTA010	Home Visit - Standard Consultation and treatment of 2 distinct areas	$101.00
PTA011	Home Visit – Complex treatment	$130.00
PTA012	Case Conference	$130.00/hour
PTA013	Report Writing	$130.00 (maximum)
PTA014	Travel	$1.20/kilometre
OAD001	Aids not elsewhere classified such as the purchase or replacement costs of aids such as back rests, strapping, communication devices that are required as a result of a work related injury	
OTT003	Work Related Activity/Work Conditioning Program: Payments for programs that facilitate improvements in work capacity through cognitive behaviour and physical therapies. Pursuant to section 59, 60 & 61 of the Workers Compensation Act 1987.	

Physiotherapists Generally

Payment Classification Code	Type of Treatment	Gazetted Fees Order
PTX001	Initial Consultation and treatment	$50.00
PTX002	Standard Consultation and treatment or Early Work Related Activity Program Consultation	$40.00
PTX003	Initial Consultation and treatment of 2 distinct areas	$75.00
PTX004	Standard Consultation and treatment of 2 distinct areas	$60.00
PTX005	Complex Treatment	$80.00
PTX006	Group/class service	$30.00/participant
PTX007	Home Visit – Initial Consultation and treatment	$62.00
PTX008	Home Visit - Standard Consultation and treatment	$50.00
PTX009	Home Visit - Initial Consultation and treatment of 2 distinct areas	$94.00
PTX010	Home Visit - Standard Consultation and treatment of 2 distinct areas	$75.00
PTX011	Home Visit – Complex treatment	$100.00
PTX012	Case Conference	$100.00/hour
PTX013	Report Writing	$100.00 (MAXIMUM)
PTX014	Travel	$1.00 cents/kilometre
OAD001	Aids not elsewhere classified such as the purchase or replacement costs of aids such as back rests, strapping, communication devices that are required as a result of a work related injury	
OTT003	Work Related Activity/Work Conditioning Program: Payments for programs that facilitate improvements in work capacity through cognitive behaviour and physical therapies. Pursuant to section 59, 60 & 61 of the Workers Compensation Act 1987.	

Appendix VI

Conditions of appointment as an Independent Consultant

Appointment as a WorkCover-approved independent consultant is subject to the following conditions:

1. Injured workers referred for assessment will be interviewed and examined with the same care, consideration and courtesy, as are my own patients. I agree to accept the standards set by my peers and respect community expectations about the conduct of independent physiotherapy assessments.
2. I understand that I am, and must appear to be, independent of the insurer or self-insurer. I will maintain this independent status and undertake not to overtly criticise treatment by a colleague or medical practitioner. Notwithstanding this, I will discuss my findings and/or recommendations with the injured worker at my discretion. I also understand the insurer or self-insurer will explain the nature of my independent status to the injured worker prior to the review.
3. Notwithstanding the above, I will assist in any way possible to resolve any difficulties that may become apparent in the course of the review.
4. I agree to remain mindful of the requirements of the *Workplace Injury Management Workers Compensation Act 1998* and any amendments to the Act.
5. I understand that whether my services are called upon will be entirely at the discretion of insurers.
6. I agree to participate in evaluation mechanisms in relation to all aspects of delivering independent assessments and reviews. This will require that I retain all relevant documentation associated with referral, assessments and reports, accounts and other documents as WorkCover may direct from time to time.
7. I understand that I must give WorkCover 14 days' notice of my intention to cease providing services as an independent consultant.
8. I agree not to recommend the referral of injured workers to any business that I own or to which I provide treatment services.

Appendix VII

Appointed Independent Physiotherapy Consultants

January 2006

SYDNEY REGION

Dr Rob Boland
PO BOX 170
Lidcombe NSW 1825
Phone: (02) 9351 9156
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&
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Mr Gaven Williams
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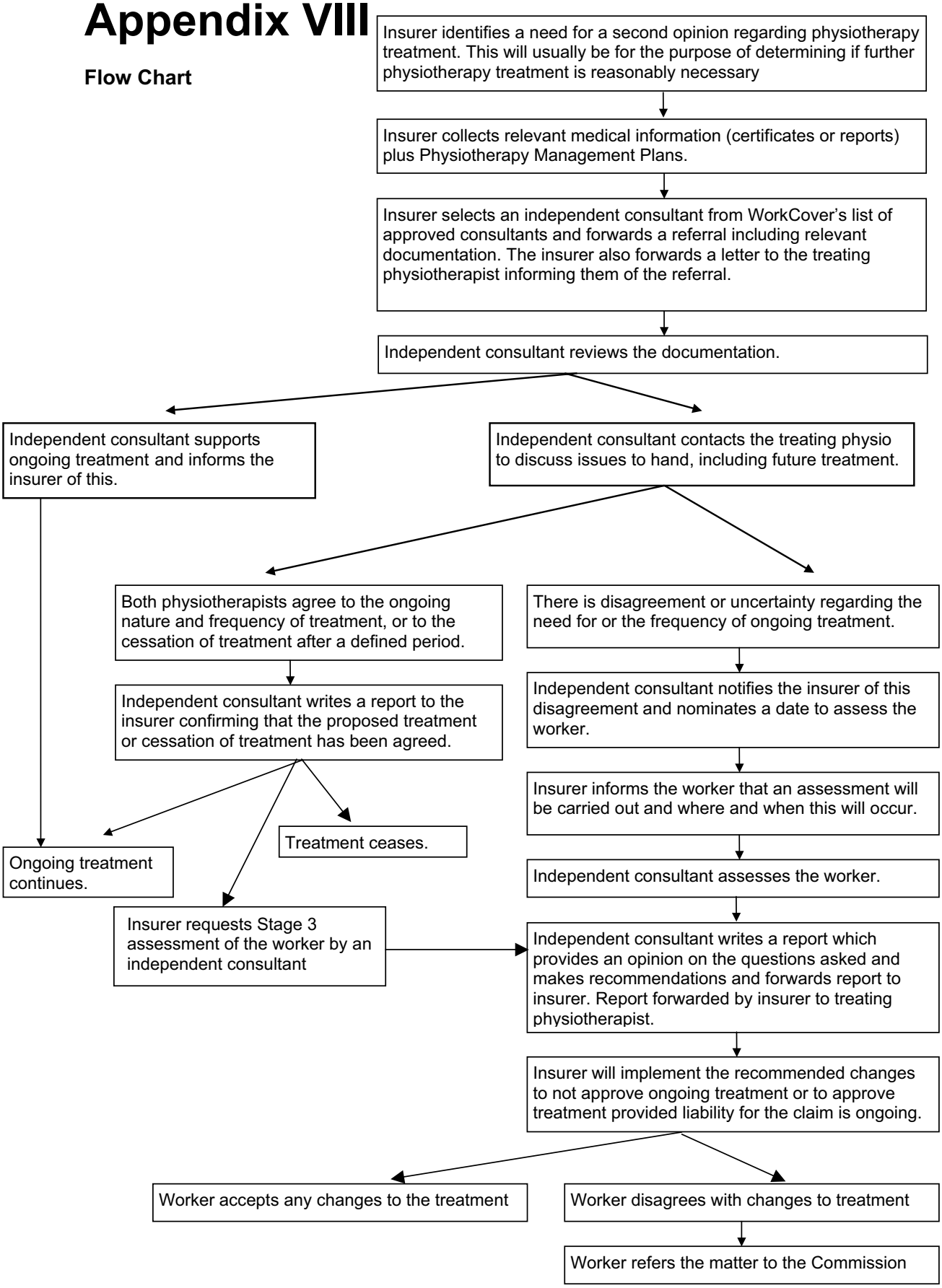
Appendix VIII

Flow Chart



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Appendix IX

WorkCover Agents

Allianz Australia Pty Ltd
Email: Physio_Approval@allianz.com.au
Fax: (02) 9266 7410
Ph: 1300 130 664

Cambridge Integrated Services Pty Ltd
Email: injury.mgt@cambridge-au.com
Fax: (02) 8273 4505
Ph: (02) 8273 4635 (Carly van den Akker, Injury Management Coordinator)

CGU Insurance Ltd
Email: Physiotherapy.Plans@iag.com.au
Fax: (02) 9088 9648
Phone: (02) 9088 9885 (Jane Selman, Injury Management Administration)

Employers' Mutual Ltd
E-mail : Treatmentplans@emia.com.au
Fax: (02) 9290 2405
Phone: (02) 9229 7926

GIO Insurance Ltd
Email: wcclaims@gio.com.au.
Fax: *1300 733 677*
Phone: *(02) 8299 1969 (Marlene de l'Epine)*

QBE Insurance Ltd
Email: elizabeth.worcester@qbe.com
Fax: (02) 8227 8109
Phone:(02) 9375 4687

Gallagher Bassett Services Workers Compensation NSW
Email: allplans@gbtpa.com.au
Fax: (02)8255 8577
Ph: (02)9464 7477 (Greg Larkin)

Self Insurers

Refer to WorkCover's website for details regarding all self insurers
www.workcover.nsw.gov.au//list of

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