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Workers Compensation (Private Hospital Maximum Rates) Order 2020

under the

Workers Compensation Act 1987

I, Carmel Donnelly Chief Executive of the State Insurance Regulatory Authority, pursuant to section 62 (1A) of the *Workers Compensation Act 1987*, make the following Order.

Dated this day of 17 March 2020

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

1. Name of Order

This Order is the *Workers Compensation (Private Hospitals Maximum Rates) Order 2020*

2. Commencement

This Order commences on 1 April 2020

3. Application of Order

This Order applies to the hospital treatment of a worker at a private hospital, being treatment of a type referred to in clause 5 and provided on or after the date of commencement of this Order, whether the treatment relates to an injury that is received before, on, or after that date.

4. Definitions

(1) In this Order:

the Act means the *Workers Compensation Act 1987*.

Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Admitted patient means a patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients).

GST means the goods and services tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)*.

Health record means a record of the health information of an individual.

Health Information has the same meaning as in the *Health Records and Information Privacy Act 2002*.

Insurer means the employer's workers compensation insurer.

Intensive care (level 1 or level 2) has the same meaning as clause 6(h) of the *Private Health Facilities Regulation 2017* in relation to an intensive care (level 1 or level 2) class private health facility. Staffing must meet the requirements set out in Part 8 of Schedule 2 of the *Private Health Facilities Regulation 2017*.

Non-admitted patient means a patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient: emergency department patient; outpatient; and other non-admitted patient (treated by hospital employees off the hospital site – includes community/outreach services).

Private hospital means a hospital or licensed private health facility (as defined in the *Private Health Facilities Act 2007*) but excludes a public hospital.

Same day patient means an admitted patient who is admitted and discharged on the same date.

(2) A reference to treatment or services in this Order is a reference to treatment or services provided at a private hospital or at any rehabilitation centre conducted by such a hospital.

5. Fees for hospital patient services generally

(1) An employer is not liable under the Act to pay any amount for hospital treatment provided to a worker at a facility that is not a public hospital or a private hospital as defined.

(2) Where the service is a taxable supply for the purposes of the GST Law, the amount in the last column of the attached Table should be increased by the amount of GST payable.

(3) The theatre fees include the costs of consumable and disposable items. Only in exceptional circumstances will additional fees be paid for high cost consumable and disposable items on provision of evidence from the hospital that the item is reasonably necessary.

(4) There are Medical Benefits Schedule item numbers on the National Procedure Banding list that change the band to be applied dependent on the provision of a complexity certificate. If the procedure involves one or more of the indicators of high cost or complexity

- listed on the certificate, the higher banding is payable. A certificate of complexity must accompany the invoice claiming a higher banding level.
- (5) The facility fees also include the cost of pharmaceutical items provided during the admission. Only pharmaceutical items provided at discharge may be charged separately.
- (6) The overnight facility fees also include the cost of all allied health services provided during the admission except for overnight Rehabilitation patients.
For overnight Rehabilitation patients allied health services are to be charged in accordance with the relevant Workers Compensation Fees Order for that professional discipline. Where services are provided by allied health disciplines with no relevant Fees Order, these providers must bill using the relevant payment classification code for their discipline e.g. OAS002 for occupational therapists, OTT002 for speech pathologists and OTT006 for all other therapies and treatments, at the equivalent rate for Physiotherapists under the Workers Compensation (Physiotherapy, Chiropractic, Osteopathy Fees) Order (applicable at the time of service) that best reflects the service provided.
- (7) Same day admissions for full and half day Rehabilitation and Psychiatric programs (excluding ECT) should be charged using the applicable Day Facility Fee. This fee includes the cost of all allied health services provided during the admission (including any allied health services which may not be covered by a Workers Compensation Fees Order).
- (a) A Full-Day Rehabilitation Program is for patients who have an established rehabilitation need, do not require overnight care, and whose rehabilitation program and goals require the involvement of a multidisciplinary team. Full-Day rehabilitation programs should be used for treatments with at least 3 hours' duration.
- (b) A Half-Day Rehabilitation Program is for patients who have an established rehabilitation need, do not require overnight care, and whose rehabilitation program and goals require the involvement of a multidisciplinary team. Half-Day rehabilitation programs should be used for treatments with at least 1.5 hours' duration.
- (c) A Full-Day Psychiatric Program (excluding ECT) is for patients who have an established need for mental health services, do not require overnight care, and whose psychiatric program and goals require the involvement of a multidisciplinary team. Full-Day psychiatric programs should be used for treatments with at least 4.5 hours' duration.
- (d) A Half-Day Psychiatric Program (excluding ECT) is for patients who have an established need for mental health services, do not require overnight care, and whose psychiatric program and goals require the involvement of a multidisciplinary team. Half-Day psychiatric programs should be used for treatments with at least 2.5 hours' duration.

6. Invoices for private hospital patients

Invoices for private hospital patients are to be submitted to insurers and must include the following information:

- worker's first name and last name and claim number
- payee details
- ABN
- name of service provider who provided the service
- date of service
- Authority payment classification code
- Medicare Benefits Schedule (MBS) item and theatre band (where applicable)
- service cost for each Authority classification code
- theatre duration (if applicable)

7. Additional Information

The insurer or the Authority may request additional information as evidence of the service provided and billed.

8. Fees for Surgically Implanted Prostheses and Handling

- (1) Surgical prostheses are to be selected from the Department of Health Prostheses List (in accordance with the *Private Health Insurance (Prostheses) Rules (Cth)* rate current at the time of service) at the minimum benefit rate.
- (2) A 5% handling fee may be applied to each item up to a maximum of \$172.70 per item.

9. Fees payable for Allied Health Services for Non-Admitted patients for single mode of therapy for an individual or group program up to 2 hours

- (1) Where a worker is provided with allied health services as a non-admitted patient for either a single mode of therapy or group program in a private hospital, the maximum amount for which an employer is liable under the Act for the provision of those services is in accordance with the relevant Workers Compensation Fees Order for that professional discipline.
- (2) Where there is no relevant Workers Compensation Fees Order for an allied health service provided, the service must be billed in accordance with the relevant community rate for that professional discipline.
- (3) A group program, defined as two or more patients receiving the same service at the same time with allied health or medical professionals, must be outcome based with a return to work emphasis.

10. Single rooms

There is no additional fee payable for a single room.

11. Fees for Electro Convulsive Therapy (ECT)

As there is no theatre banding fee for ECT, this service is to be billed using the facility fee Band 3 (PTH006) and theatre Band 1 (PTH008) stated in the Fee Schedule to this Order.

| Code | Private Hospitals Fee Schedule – from 1 April 2020 Under section 62 (1A) of the <i>Workers Compensation Act 1987</i> | Maximum Fees for services |
|---------------|---|---------------------------|
| | OVERNIGHT FACILITY FEES (Daily) | |
| PTH001 | Advanced surgical 1 to 14 days | \$856.70 |
| | >14 days | \$580.50 |
| PTH002 | Surgical 1 to 14 days | \$806.50 |
| | >14 days | \$580.50 |
| PTH003 | Psychiatric 1 to 21 days | \$766.40 |
| | 22 to 65 days | \$592.60 |
| | Over 65 days | \$544.00 |
| PTH004 | Rehabilitation 1 to 49 days | \$832.50 |
| | >49 days | \$611.80 |
| PTH005 | Other (Medical) 1 to 14 days | \$716.00 |
| | >14 days | \$580.50 |
| PTH007 | Intensive Care < 5 days, level 2 | \$3,331.60 |
| | < 5 days, level 1 | \$2,306.30 |
| PTH006 | DAY FACILITY FEES (including Accident and Emergency attendance) (Daily) | |
| | Psychiatric Full-Day Program – treatments with at least 4.5 hours' duration Half-Day Program – treatments with at least 2.5 hours' duration. | \$368.40 \$287.90 |
| | Rehabilitation Full-Day Program – treatments with at least 3 hours' duration Half-Day Program- treatments with at least 1.5 hours' duration | \$368.40 \$287.90 |
| | Band 1 – absence of anaesthetic or theatre times | \$368.40 |
| | Band 2 – local anaesthetic, no sedation | \$432.70 |
| | Band 3 – general or regional anaesthetic or intravenous sedation, less than 1 hour theatre time | \$488.30 |
| | Band 4 – general or regional anaesthetic or intravenous sedation, 1 hour or more theatre time | \$545.70 |
| PTH008 | THEATRE FEES – as per national procedure banding schedule Multiple procedure rule: 100% of fee for first procedure, 50% for second procedure undertaken at the same time as the first, 20% for the third and subsequent procedures undertaken at the same time as the first. | |
| | Band 1A | \$206.90 |
| | Band 1 | \$368.40 |
| | Band 2 | \$630.90 |
| | Band 3 | \$771.70 |
| | Band 4 | \$1,044.50 |
| | Band 5 | \$1,534.50 |
| | Band 6 | \$1,760.50 |
| | Band 7 | \$2,353.10 |
| | Band 8 | \$3,276.00 |
| | Band 9A | \$3,387.30 |
| | Band 9 | \$4,328.40 |
| | Band 10 | \$5,119.90 |
| | Band 11 | \$6,061.90 |
| | Band 12 | \$6,550.30 |
| | Band 13 | \$7,944.10 |
| PTH009 | SURGICAL PROSTHESES FEES | |

| | | |
|---------------|---|---|
| | Prostheses | As per Dept Health listed minimum rate |
| | Handling fee | 5% of prosthesis fee capped at \$172.70 |
| WCO005 | PROVISION OF HEALTH RECORDS | |
| | Fee for the electronic provision of health records | Flat fee of \$60 |
| | Fee for providing hard copies of health records (only where not maintained electronically). | \$38 (for first 33 pages or less) and an additional \$1.40 per page (up to a maximum of \$162 for additional pages) if more than 33 pages. This fee includes postage and handling |

Reference number:(n2020-795)

WORKERS COMPENSATION (ACCREDITED EXERCISE PHYSIOLOGY FEES) ORDER 2020 No.2

under the

Workers Compensation Act 1987

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this 17th day of March 2020

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a remedial medical gymnast is medical or related treatment as defined in section 59 of the *Workers Compensation Act 1987*. For the purposes of this Order, the term “remedial medical gymnast” is interchangeable with “Accredited Exercise Physiologist”. This Order sets the maximum fees for which an employer is liable under the Act for any Accredited Exercise Physiology treatment related services provided to a NSW worker. It must not exceed the maximum fee for the treatment or service as specified in this Order. Workers are not liable for the cost of any medical or related treatment covered by this Order. The effect of this Order is to prevent an Accredited Exercise Physiologist from recovering from the injured worker or employer any extra charge for Accredited Exercise Physiology treatments covered by the Order.

This Order provides that pre-approval by workers compensation insurers must be sought for certain Accredited Exercise Physiology treatment.

The incorrect use of any item referred to in this Order can result in the Accredited Exercise Physiologist being required to repay monies that the Accredited Exercise Physiologist has incorrectly received.

The Authority has not set a maximum amount for any medical or related treatment provided in respect of a worker’s work related “Severe injury” as defined in this Order. Fees for this treatment are to be negotiated with the insurer prior to the delivery of the treatment. Use of the Allied Health Recovery Request is optional for the request of treatment for workers with Severe injury.

Workers Compensation (Accredited Exercise Physiology Fees) Order 2020 No.2

1. Name of Order

This Order is the *Workers Compensation (Accredited Exercise Physiology Fees) Order 2020 No.2*.

2. Commencement

This Order commences on 20 March 2020.

3. Definitions

In this Order:

the Act means the Workers Compensation Act 1987.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Accredited Exercise Physiology treatment related services refers to clinical exercise prescription, instruction and supervision, health education and exercise-based lifestyle and behaviour modification services. Each service is to be billed according to Schedule A.

Accredited Exercise Physiologist means an exercise physiologist accredited by Exercise and Sports Science Australia (ESSA) to provide Accredited Exercise Physiology services. As outlined in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners, an Accredited Exercise Physiologist must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

For the purposes of this Order, the term “remedial medical gymnast” is interchangeable with “Accredited Exercise Physiologist”.

Allied Health Recovery Request means the form used to request prior approval for treatment and services and to communicate with the insurer about a worker’s treatment, timeframes and anticipated outcomes.

Case conference means a face-to-face meeting, video conference or teleconference with any or all of the following parties – worker, employer, workplace rehabilitation provider, insurer or other treatment practitioner/s delivering services to the worker, including the nominated treating doctor. Discussion must seek to clarify the worker’s capacity for work, barriers to return to work and strategies to overcome these barriers via an open forum to ensure parties are aligned with respect to expectations and direction of the worker’s recovery at work or return to suitable employment. If the discussion is with the worker, it must involve a third party to be considered a Case conference.

Discussions with Independent consultants are not classified as Case conferencing and are not to be charged. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction and are not to be charged.

File notes of Case conferences are to be documented in the Accredited Exercise Physiologist’s records indicating the person/s spoken to, details of discussions, duration of the discussion and outcomes. This information may be required for invoicing or auditing purposes.

Exempt worker refers to specific classes of workers set out in Part 19H of Schedule 6 of the 1987 Act for which most of the amendments made to the Workers Compensation Acts in 2012 and 2015 do not apply. These classes of workers include police officers, paramedics, fire fighters, coal miners and volunteers prescribed by the *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*.

External facility means an external facility such as a gymnasium or pool, where the facility is not owned or operated by the treatment provider or where the provider does not contract their services to the facility.

Group/class intervention occurs where an Accredited Exercise Physiologist delivers the same service that is, the same exercise and instruction, to more than one person at the same time. Maximum class size is six (6) participants.

GST means the Goods and Services Tax payable under the GST Law.

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

Incidental expenses means items the worker actually takes with them for independent use at home (e.g. strapping tape, theraband, exercise putty, disposable electrodes, walking stick). This does not apply to consumables used during a consultation or exercise handouts.

Independent consultant review means a review where barriers to recovery, progress, return to work or active participation are evident, and an independent opinion of allied health treatment will benefit the management of the worker’s injury. The review must be completed by an Independent consultant approved by the Authority.

Initial Allied Health Recovery Request means the first Allied Health Recovery Request completed and submitted to the insurer for the claim.

Initial consultation and treatment means the first session, provided by the Accredited Exercise Physiologist in respect of an injury, or the first consultation in a new episode of care for the same injury and may include:

- history taking
- physical assessment
- goal setting and treatment planning
- treatment/service

- clinical recording
- communication with referrer, insurer and other relevant parties, and
- preparation of an Allied Health Recovery Request when indicated.

The service is provided on a one-to-one basis with the worker for the entire session. It is a maximum of one hour duration, or where less than one hour should be pro-rated into 5 minute blocks to reflect the time taken.

Insurer means the employer's workers compensation insurer.

New episode of care means when a worker has ceased treatment more than three (3) months previously and returns for additional treatment for the same injury with the same or a different practitioner.

Normal practice means premises in or from which an Accredited Exercise Physiologist regularly operates an exercise physiology practice and treats patients. It also includes facilities where services may be delivered on a regular basis or as a contracted service, such as a private hospital, hydrotherapy pool or gymnasium.

Reduced supervision treatment occurs where an Accredited Exercise Physiologist delivers a service, which may or may not be the exact same exercise and instruction, to more than one person at the same time. Maximum number of persons per session is three (3), with the Accredited Exercise Physiologist to worker ratio being one-to-one for at least 30% of the session time.

Report writing occurs only when the insurer requests an Accredited Exercise Physiologist compile a written report, other than an Allied Health Recovery Request, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Severe injury means one or more of the following diagnoses:

- spinal cord injury — acute traumatic lesion of the neural elements in the spinal canal (spinal cord and cauda equina) resulting in permanent sensory deficit, motor deficit or bladder/bowel dysfunction as a result of the workplace injury
- traumatic brain injury — based on evidence of a significant brain injury which results in permanent impairments of cognitive, physical and/or psychosocial functions. A defined period of post traumatic amnesia plus a Functional Independence Measure (FIM) at five or less, or two points less than the age appropriate norm (or equivalent where other assessment tools are used) is required
- multiple amputations (or equivalent loss of function) of the upper and/or lower extremities or single amputations (or equivalent loss of function) involving forequarter amputation or shoulder disarticulation, hindquarter amputation, hip disarticulation or "short" trans femoral amputation involving the loss of 65% or more of the length of the femur
- burns — full thickness burns greater than 40 per cent of the total body surface area or full thickness burns to the hands, face or genital area, or inhalation burns causing long term respiratory impairment, plus a FIM score at five or less, or two points less than the age norm (or equivalent where other assessment tools are used)
- permanent traumatic blindness, based on the legal definition of blindness.

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

- re-assessment
- intervention/treatment
- clinical recording
- preparation of an Allied Health Recovery Request when indicated.

The services are provided on a one-to-one basis with the worker for the entire session. They are a maximum of one hour duration, or where less than one hour should be pro-rated into 5 minute blocks to reflect the time taken.

Telehealth services means delivery of consultations via video or telephone. Consultations would be inclusive of any electronic communication to support the delivery of the treatment service. Accredited Exercise Physiologists must consider the appropriateness of this mode of service delivery for each worker on a case-by-case basis. Telehealth services require pre-approval from the insurer and must be consented to by all parties – the worker, Accredited Exercise Physiologist and insurer. Service providers are responsible for delivering Telehealth services in accordance with the principles of professional conduct and the relevant professional and practice guidelines to ensure that all care is taken to ensure the safety, appropriateness and effectiveness of the service.

Travel rates can be claimed when the most appropriate clinical management of the worker requires the Accredited Exercise Physiologist to travel away from their Normal practice.

Travel costs do not apply where the Accredited Exercise Physiologist provides services on a regular or contracted basis to facilities such as a private hospital, hydrotherapy pool, or gymnasium. Where multiple workers are being treated in the same visit, the travel charge must be divided evenly between those workers.

4. Application of Order

This Order applies to treatment provided on or after 20 March 2020, whether it relates to an injury received before, on or after that date.

5. Maximum fees for Accredited Exercise Physiologists

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of a worker by an Accredited Exercise Physiologist, 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 an Accredited Exercise Physiologist to provide a service of a type specified in any of items EPA001 to EPA004 in Schedule A at a place other than the Normal practice, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of service is increased by;
 - a) an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item EPA008 in Column 2 of Schedule A, where this service has been pre-approved by the insurer.
- (3) The maximum amount payable for an Initial Allied Health Recovery Request is \$38.00 (+ GST). This fee is payable only once (1) per claim for completion of the Initial Allied Health Recovery Request.
- (4) Telehealth services are to be billed according to the appropriate items EPA301 to EPA302 in Schedule A and require insurer pre-approval. No additional payment in relation to facility fees can be charged by the practitioner undertaking the consultation.

6. Treatment provided interstate or to exempt workers

Accredited Exercise Physiologists approved by the authority must submit their SIRA approval number when invoicing for treatment delivered under the NSW workers compensation system in a State/Territory other than NSW, or to exempt workers.

When an Accredited Exercise Physiologist is not approved by the Authority and delivering treatment under the NSW workers compensation system in a State/Territory other than NSW or to exempt workers, the service provider number for that service provided:

- interstate is INT0000
- to an exempt worker is EXT0000

and the payment classification code is the one that is relevant to the Accredited Exercise Physiologist as defined in Schedule A item column of this Order.

7. External facility fees

In the exceptional circumstance where approval is given for treatment to be provided at an external facility, the facility (and not the service provider) is to invoice the insurer directly under code OTT007. Where this is not possible, the service provider must clearly state the name, location and charge the cost price of the facility on their invoice and attach a copy of the facilities invoice to their account.

External facility fees only apply to the cost for the worker's entry. Fees payable for the entry of the Accredited Exercise Physiologist are a business cost and cannot be charged to the insurer.

An entry fee will not be paid where the facility is owned or operated by the treatment provider or the provider contracts their services to the facility.

8. Nil fees for cancellation or non-attendance

No fee is payable for cancellation or non-attendance by a worker for treatment services with an Accredited Exercise Physiologist.

9. Goods and Services Tax

- (1) Accredited Exercise Physiology services are subject to GST.
- (2) Case conferences, Report writing, Travel services and the Initial Allied Health Recovery Request (AHRR) provided by an Accredited Exercise Physiologist in relation to treatment of a worker are subject to GST.
- (3) An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit an Accredited Exercise Physiologist to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

10. Requirements for invoices

All invoices should be submitted within 30 calendar days of the service provided and must be itemised in accordance with Schedule A of this Order and comply with the Authority's itemised invoicing requirements for the invoice to be processed. Refer to the relevant provider page on the SIRA website - <https://www.sira.nsw.gov.au/for-service-providers/A-Z-of-service-providers>

11. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

Schedule A

Maximum fees for Accredited Exercise Physiologists services

| Item | Column 1 Type of Treatment | Column 2 Maximum Amount (\$) (excl GST) |
|--------|---|--|
| EPA001 | Initial consultation and treatment | \$13.10/ 5 minutes \$157.20/ hour (maximum 1 hour) |
| EPA002 | Standard consultation and treatment | \$13.10/ 5 minutes \$157.20/ hour (maximum 1 hour) |
| EPA301 | Initial consultation and treatment via telehealth (requires pre-approval by the insurer) | \$13.10/ 5 minutes \$157.20/ hour (maximum 1 hour) |
| EPA302 | Standard consultation and treatment via telehealth (requires pre-approval by the insurer) | \$13.10/ 5 minutes \$157.20/ hour (maximum 1 hour) |
| EPA003 | Reduced supervision treatment | \$68.50 |
| EPA004 | Group/class intervention | \$49.90/participant |
| EPA005 | Incidental expenses e.g. strapping tape, theraband, exercise putty, etc. Note: This code does not apply to external facility fees | Cost price |
| EPA006 | Case conference | \$13.10/ 5 minutes \$157.20/ hour |
| EPA007 | Report writing (only when requested by the insurer) | \$13.10/ 5 minutes \$157.20/ hour (maximum 1 hour) |
| EPA008 | Travel (requires pre-approval by the insurer) | Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 of Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009, at the rate effective 1 July 2019.</i> <i>Use of private motor vehicle:</i> - 68 cents per kilometre |
| WCO005 | Fees for providing copies of clinical notes and records. | Where clinical records are maintained electronically by an allied health practitioner /practice, a flat fee of \$60 (is payable for provision of all requested clinical records held by the practice). Inclusive of postage and handling. An allied health practitioner/practice should not provide or bill for hard copy clinical records if they are maintained electronically. Where clinical records are not maintained electronically, the maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling. |

| | | |
|--------|--|---|
| OAS003 | Submission of an Initial Allied Health Recovery Request (AHRR) only. | <p>\$38.00 (Initial AHRR per claim only)</p> <p>All other Allied Health Recovery Requests submitted are not subject to a fee.</p> |
|--------|--|---|

**WORKERS COMPENSATION (PHYSIOTHERAPY, CHIROPRACTIC AND
OSTEOPATHY FEES) ORDER 2020 No.2**

under the

Workers Compensation Act 1987

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this 17th day of March 2020

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a Physiotherapist, Chiropractor or Osteopath is 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 any Physiotherapy, Chiropractic and Osteopathy treatment related services provided to an NSW worker. It must not exceed the maximum fee for the treatment or service as specified in this Order. Workers are not liable for the cost of any medical or related treatment covered by this Order. The effect of this Order is to prevent a Physiotherapist, Chiropractor or Osteopath from recovering from the injured worker or employer any extra charge for Physiotherapy, Chiropractic and Osteopathy treatment covered by the Order.

This Order provides that pre- approval by workers compensation insurers must be sought for certain Physiotherapy, Chiropractic and Osteopathy treatment.

The incorrect use of any item referred to in this Order can result in the Physiotherapist, Chiropractor or Osteopath being required to repay monies that the Physiotherapist, Chiropractor or Osteopath has incorrectly received.

The Authority has not set a maximum amount for any medical or related treatment provided in respect of a worker's work related "Severe injury" as defined in this Order. Fees for this treatment are to be negotiated with the insurer prior to the delivery of services. Use of the Allied Health Recovery Request is optional for the request of treatment for workers with Severe injury.

Workers Compensation (Physiotherapy, Chiropractic and Osteopathy Fees) Order 2020 No.2

1. Name of Order

This Order is the *Workers Compensation (Physiotherapy, Chiropractic and Osteopathy Fees) Order 2020 No.2*

2. Commencement

This Order commences on 20 March 2020.

3. Definitions

In this Order:

The Act means the *Workers Compensation Act 1987*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Allied Health Recovery Request means the form used to request prior approval for treatment and services and to communicate with the insurer about a worker's treatment, timeframes and anticipated outcomes.

Case conference means a face-to-face meeting, video conference or teleconference with any or all the following parties – worker, employer, workplace rehabilitation provider, insurer or other treatment practitioner/s delivering services to the worker, including the nominated treating doctor. Discussion must seek to clarify the worker's capacity for work, barriers to return to work and strategies to overcome these barriers via an open forum to ensure parties are aligned with respect to expectations and direction of the worker's recovery at work or return to suitable employment. If the discussion is with the worker, it must involve a third party to be considered a Case conference.

Discussions with Independent consultants are not classified as Case conferencing and are not to be charged. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction and are not to be charged.

File notes of Case conferences are to be documented in the Physiotherapist's, Chiropractor's or Osteopath's records indicating the person/s spoken to, details of discussions, duration of the discussion and outcomes. This information may be required for invoicing or auditing purposes.

Chiropractor means a Chiropractor registered with Australian Health Practitioner Regulation Agency. As outlined in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners, a Chiropractor must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

Chiropractic services refer to all treatment related services delivered by a Chiropractor. Each service is to be billed in accordance with Schedule A.

Complex treatment means treatment related to complex pathology and clinical presentation including extensive burns, complicated hand injuries involving multiple joints or tissues and 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.

Exempt worker refers to specific classes of workers set out in Part 19H of Schedule 6 of the 1987 Act for which most of the amendments made to the Workers Compensation Acts in 2012 and 2015 do not apply. These classes of workers include police officers, paramedics, fire fighters, coal miners and volunteers prescribed by the *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*.

External facility means an external facility such as a gymnasium or pool, where the facility is not owned or operated by the treatment provider or where the provider does not contract their services to the facility.

Group/class intervention occurs where a Physiotherapist, Chiropractor or Osteopath delivers a common service to more than one person at the same time. Examples are education, exercise groups, aquatic classes/hydrotherapy. Maximum class size is six (6) participants.

GST means the Goods and Services Tax payable under the GST Law.

GST Law 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 injury sustained, the worker is unable to travel. The home visit must be the best and most cost-effective option allowing the practitioner to travel to the worker's home to deliver treatment. Provision of home visit treatment requires pre-approval from the insurer.

Incidental expenses means items the worker actually takes with them for independent use at home (e.g. strapping tape, theraband, exercise putty, disposable electrodes, walking stick). This does not apply to consumables used during a consultation or exercise handouts.

Independent consultant review means a review where barriers to recovery, progress, return to work or active participation are evident, and an independent opinion of allied health treatment

will benefit the management of the worker's injury. The review must be completed by an Independent consultant approved by the Authority.

Initial Allied Health Recovery Request means the first Allied Health Recovery Request completed and submitted to the insurer for the claim.

Initial consultation and treatment means the first session provided by the Physiotherapist, Chiropractor or Osteopath in respect of an injury or the first consultation in a new episode of care for the same injury and may include:

- history taking
- physical assessment
- diagnostic formulation
- goal setting and treatment planning
- treatment/service
- clinical recording
- communication with referrer, insurer and other relevant parties, and
- preparation of an Allied Health Recovery Request when indicated.

The service is provided on a one to one basis with the worker for the entire session.

Insurer means the employer's workers compensation insurer.

New episode of care means when a worker has ceased treatment more than three (3) months previously and returns for additional treatment for the same injury with the same or a different practitioner.

Normal practice means premises in or from which a practitioner regularly operates a Physiotherapy, Chiropractic or Osteopathy practice and treats patients. It also includes facilities where services may be delivered on a regular or contracted basis such as a private hospital, hydrotherapy pool or gymnasium.

Osteopath means an Osteopath registered with Australian Health Practitioner Regulation Agency. As outlined in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners, an Osteopath must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

Osteopathy services refer to all treatment related services delivered by an Osteopath. Each service is to be billed in accordance with Schedule A.

Physiotherapist means a Physiotherapist registered with Australian Health Practitioner Regulation Agency. As outlined in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners, a Physiotherapist must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

Physiotherapy services refer to all treatment related services delivered by a Physiotherapist. Each service is to be billed in accordance with Schedule A.

Report writing occurs only when the insurer requests a Physiotherapist, Chiropractor or Osteopath compile a written report, other than the Allied Health Recovery Request, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Severe injury means one or more of the following diagnoses:

- spinal cord injury — acute traumatic lesion of the neural elements in the spinal canal (spinal cord and cauda equina) resulting in permanent sensory deficit, motor deficit or bladder/bowel dysfunction as a result of the workplace injury
- traumatic brain injury — based on evidence of a significant brain injury which results in permanent impairments of cognitive, physical and/or psychosocial functions. A defined period of post traumatic amnesia plus a Functional Independence Measure (FIM) at five or less, or two points less than the age appropriate norm (or equivalent where other assessment tools are used) is required

- multiple amputations (or equivalent loss of function) of the upper and/or lower extremities or single amputations (or equivalent loss of function) involving forequarter amputation or shoulder disarticulation, hindquarter amputation, hip disarticulation or "short" trans femoral amputation involving the loss of 65% or more of the length of the femur
- burns — full thickness burns greater than 40 per cent of the total body surface area or full thickness burns to the hands, face or genital area, or inhalation burns causing long term respiratory impairment, plus a FIM score at five or less, or two points less than the age norm (or equivalent where other assessment tools are used)
- permanent traumatic blindness, based on the legal definition of blindness.

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

- re-assessment
- intervention/treatment
- clinical recording, and
- preparation of an Allied Health Recovery Request when indicated.

The standard consultation rate is to be billed by the Physiotherapist, Chiropractor or Osteopath irrespective of the modality of treatment delivered during the consultation, provided it is on a one-to-one basis with the worker. Treatment may include but is not limited to manual therapy, education regarding self-management strategies, exercise prescription, acupuncture and aquatic therapy/hydrotherapy.

Telehealth services means delivery of consultations via video or telephone. Consultations would be inclusive of any electronic communication to support the delivery of the treatment service. Practitioners must consider the appropriateness of this mode of service delivery for each worker on a case-by-case basis. Telehealth services require pre-approval from the insurer and must be consented to by all parties – the worker, practitioner and insurer. Service providers are responsible for delivering Telehealth services in accordance with the principles of professional conduct and the relevant professional and practice guidelines to ensure that all care is taken to ensure the safety, appropriateness and effectiveness of the service.

Travel rates can be claimed when the most appropriate clinical management of the worker requires the Physiotherapist, Chiropractor or Osteopath to travel away from their Normal practice.

Travel costs do not apply where the Physiotherapist, Chiropractor or Osteopath provides services on a regular or contracted basis to facilities such as a private hospital, hydrotherapy pool or gymnasium. Where multiple workers are being treated in the same visit, the travel charge must be divided evenly between those workers.

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.

Work related activity assessment consultation and treatment means a session provided on a one-to-one basis for work related activity, for a maximum of one hour duration, or where less than one hour should be pro-rated into 5 minute blocks to reflect the time taken. This includes:

- assessment/reassessment
 - assessment of current condition including functional status
 - review of previous treatment
- goal setting and treatment/work related activity planning
- delivery of intervention/treatment
 - clinical recording
 - communication with key parties
 - preparation of an Allied Health Recovery Request when indicated.

Note: aquatic therapy/hydrotherapy is not considered work related activity and cannot be billed using this code.

4. Application of Order

This Order applies to treatment provided on or after 20 March 2020 whether it relates to an injury received before, on or after that date.

5. Maximum fees for Physiotherapy, Chiropractic or Osteopathy treatment

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of a worker by a Physiotherapist, Chiropractor or Osteopath, 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 practitioner to provide treatment of a type specified in any of items PTA007 to PTA011 (for Physiotherapy), CHA005, CHA006, CHA071, CHA072 or CHA073 (for Chiropractic) or OSA007 to OSA011 (for Osteopathy) in Schedule A at a place other than the Normal practice (including 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:
 - a) an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item PTA014 (Physiotherapy), CHA009 (Chiropractic), or OSA014 (Osteopathy) in Column 2 of Schedule A, where this service has been pre-approved by the insurer.
- (3) The maximum amount payable for an Initial Allied Health Recovery Request is \$38.00 (+ GST). This fee is payable only once (1) per claim for completion of the Initial Allied Health Recovery Request.
- (4) Telehealth services are to be billed according to the appropriate items PTA301 to PTA304 (for Physiotherapy); CHA301 to CHA304, (for Chiropractic) and OSA301 to OSA304 (for Osteopathy) in Schedule A and require insurer pre-approval. No additional payment in relation to facility fees can be charged by the practitioner undertaking the consultation.

6. Treatment provided interstate or to exempt workers

Physiotherapists, Chiropractors and Osteopaths approved by the authority must submit their SIRA approval number when invoicing for treatment delivered under the NSW workers compensation system in a State/Territory other than NSW, or to exempt workers.

When a Physiotherapist, Chiropractor or Osteopath is not approved by the Authority and delivering treatment under the NSW workers compensation system in a State/Territory other than NSW or to exempt workers, the service provider number for that treatment provided:

- interstate is INT0000
- to an exempt worker is EXT0000

and the payment classification code is the one that is relevant to the Physiotherapist, Chiropractor or Osteopath as defined in Schedule A item column of this Order.

7. External facility fees

In the exceptional circumstance where approval is given for treatment to be provided at an external facility, the facility (and not the service provider) is to invoice the insurer directly under code OTT007. Where this is not possible, the service provider must clearly state the name, location and charge cost price of the facility on their invoice and attach a copy of the facilities invoice to their account.

External facility fees only apply to the cost for the worker's entry. Fees payable for the entry of the practitioner are a business cost and cannot be charged to the insurer.

An entry fee will not be paid where the facility is owned or operated by the treatment practitioner or the treatment practitioner contracts their services to the facility.

8. Nil fee for cancellation or non-attendance

No fee is payable for cancellation or non-attendance by a worker for treatment services with a Physiotherapist, Chiropractor or Osteopath.

9. Goods and Services Tax

- (1) Physiotherapy, Chiropractic or Osteopathy treatment services provided by a practitioner directly to a worker are GST free.
- (2) Case conferences, Report writing, Travel services and the Initial Allied Health Recovery Request (AHRR) provided by a Physiotherapist, Chiropractor or Osteopath in relation to treatment of a worker are subject to GST.
- (3) An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit an allied health practitioner to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

10. Requirements for invoices

All invoices should be submitted within 30 calendar days of the service provided and must be itemised in accordance with Schedule A of this Order and comply with the Authority's invoicing requirements for the invoice to be processed. Refer to the relevant provider page on the SIRA website - <https://www.sira.nsw.gov.au/for-service-providers/A-Z-of-service-providers>

11. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

Schedule A

Maximum fees for Physiotherapy, Chiropractic and Osteopathy services

| Physiotherapists Item | Chiropractors Item | Osteopaths Item | Column 1 Type of Treatment | Column 2 Maximum Amount (\$) (excl GST) |
|----------------------------------|-------------------------------|----------------------------|--|---|
| Normal Practice | Normal Practice | Normal Practice | | |
| PTA001 | CHA001 | OSA001 | Initial consultation and treatment | \$98.30 |
| PTA002 | CHA002 | OSA002 | Standard consultation and treatment | \$83.30 |
| PTA301 | CHA301 | OSA301 | Initial consultation and treatment via telehealth (requires pre-approval by the insurer). | \$98.30 |
| PTA302 | CHA302 | OSA302 | Standard consultation and treatment via telehealth (requires pre-approval by the insurer). | \$83.30 |
| PTA003 | CHA031 | OSA003 | Initial consultation and treatment of two (2) distinct areas | \$148.30 |
| PTA004 | CHA032 | OSA004 | Standard consultation and treatment of two (2) distinct areas | \$125.50 |
| PTA303 | CHA303 | OSA303 | Initial consultation and treatment of two (2) distinct areas via telehealth (requires pre-approval by insurer). | \$148.30 |
| PTA304 | CHA304 | OSA304 | Standard consultation and treatment of two (2) distinct areas via telehealth (requires pre-approval by insurer). | \$125.50 |
| PTA005 | CHA033 | OSA005 | Complex treatment | \$166.30 |
| PTA006 | CHA010 | OSA006 | Group/class intervention | \$59.00/participant |
| N/A | CHA004 | N/A | Spine X-rays performed by a Chiropractor | \$150.10 |
| Home Visit | Home Visit | Home Visit | | |
| PTA007 | CHA005 | OSA007 | Initial consultation and treatment | \$121.00 |
| PTA008 | CHA006 | OSA008 | Standard consultation and treatment | \$96.80 |
| PTA009 | CHA071 | OSA009 | Initial consultation and treatment of two (2) distinct areas | \$178.60 |
| PTA010 | CHA072 | OSA010 | Standard consultation and treatment of two (2) distinct areas | \$152.90 |
| PTA011 | CHA073 | OSA011 | Complex treatment | \$196.80 |
| Other | Other | Other | | |
| PTA012 | CHA081 | OSA012 | Case conference Report writing (only when requested by the insurer) | \$16.40/ 5 minutes \$196.80/ hour (maximum 1 hour) |
| PTA013 | CHA082 | OSA013 | Work Related Activity assessment, consultation and treatment (cannot be used for aquatic therapy/hydrotherapy) | \$16.40/ 5 minutes \$196.80/ hour (maximum 1 hour) |

| | | | |
|--------|--------|--------|--|
| PTA014 | CHA009 | OSA014 | Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 of Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i> , at the rate effective 1 July 2019. <i>Use of private motor vehicle:</i> - 68 cents per kilometre |
| OAD001 | OAD001 | OAD001 | Travel (requires pre-approval by the insurer). Incidental expenses e.g. strapping, tape, theraband, exercise putty, etc. Note: This code does not apply to external facility fees |
| WCO005 | WCO005 | WCO005 | Cost price Where clinical records are maintained electronically by an allied health practitioner /practice, a flat fee of \$60 is payable (for provision of all requested clinical records held by the practice) inclusive of postage and handling. An allied health practitioner/practice should not provide or bill for hard copy clinical records if they are maintained electronically. Where clinical records are not maintained electronically, the maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling". |
| OAS003 | OAS003 | OAS003 | Fees for providing copies of clinical notes and records. Submission of an Initial Allied Health Recovery Request (AHRR) only. |
| | | | \$38.00 (Initial AHRR per claim only) All other Allied Health Recovery Requests submissions are not subject to a fee. |

**WORKERS COMPENSATION (PSYCHOLOGY AND COUNSELLING FEES) ORDER 2020
No.2**

under the

Workers Compensation Act 1987

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this 17th day of March 2020

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a Psychologist or Counsellor is medical or related treatment as defined in section 59 of the *Workers Compensation Act 1987*. This Order sets the maximum fees for which an employer is liable under the Act for any Psychology or Counselling treatment related services provided to a NSW worker. It must not exceed the maximum fee for the treatment or services as specified in this Order. Workers are not liable for the cost of any medical or related treatment covered by this Order. The effect of this Order is to prevent a Psychologist or Counsellor from recovering from the injured worker or employer any extra charge for Psychologist or Counselling treatments covered by the Order.

This Order provides that pre approval by workers compensation insurers must be sought for certain Psychology/Counselling treatment.

The incorrect use of any item referred to in this Order can result in the Psychologist or Counsellor being required to repay monies that the Psychologist or Counsellor has incorrectly received.

The Authority has not set a maximum amount for any medical or related treatment provided in respect of a worker's work related "Severe injury" as defined in this Order.

The Authority has not set a maximum amount for trauma focused psychological treatment provided to an Emergency service worker employed by a Treasury Managed Fund member agency who has been diagnosed with a work related post-traumatic stress disorder.

Fees for these services are to be negotiated with the insurer prior to the delivery of services. Use of the Allied Health Recovery Request is optional for the request of services for workers with Severe injury.

Workers Compensation (Psychology and Counselling Fees) Order 2020 No.2

1. Name of Order

This Order is the *Workers Compensation (Psychology and Counselling Fees) Order 2020 No.2*

2. Commencement

This Order commences on 20 March 2020.

3. Definitions

In this Order:

the Act means the *Workers Compensation Act 1987*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Allied Health Recovery Request means the form used to request prior approval for treatment and services and to communicate with the insurer about a worker's treatment, timeframes and anticipated outcomes.

Case conference means a face-to-face meeting, video conference or teleconference with any or all of the following parties – worker, employer, workplace rehabilitation provider, insurer or other treatment practitioner/s delivering services to the worker, including the nominated treating doctor. Discussion must seek to clarify the worker's capacity for work, barriers to return to work and strategies to overcome these barriers via an open forum to ensure parties are aligned with respect to expectations and direction of the worker's recovery at work or return to suitable employment. If the discussion is with the worker, it must involve a third party to be considered a Case conference.

Discussions with Independent consultants are not classified as Case conferencing and are not to be charged. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction and are not to be charged.

File notes of Case conferences are to be documented in the Psychologist's or Counsellor's records indicating the person/s spoken to, details of discussions, duration of the discussion and outcomes. This information may be required for invoicing or auditing purposes.

Counsellor means a Counsellor who is a full clinical member of the Psychotherapy and Counselling Federation of Australia (PACFA), or Accredited Mental Health Social Worker with the Australian Association of Social Workers (AASW) or an Australian Counsellors Association (ACA) member level 3-4. As outlined in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners, a Counsellor must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

Counselling services refer to all treatment related services delivered by a Counsellor. Each service is to be billed according to Schedule B.

Emergency service worker means a worker who is employed by a Treasury Managed Fund member agency as an ambulance officer, a police officer or a fire and rescue officer.

Exempt worker refers to specific classes of workers set out in Part 19H of Schedule 6 of the 1987 Act for which most of the amendments made to the Workers Compensation Acts in 2012 and 2015 do not apply. These classes of workers include police officers, paramedics, fire fighters, coal miners and volunteers prescribed by the *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*.

Expert guidelines means the *Expert guidelines: Diagnosis and treatment of post-traumatic stress disorder in emergency service workers* endorsed by the Black Dog Institute.

Group/class intervention occurs where a Psychologist or Counsellor delivers a common service to more than one (1) person at the same time, for example: group therapy. Maximum class size is six (6) participants.

GST means the Goods and Services Tax payable under the GST Law.

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

Incidental expenses means items the worker actually takes with them for independent use at home (e.g. relaxation CDs and self-help books). This does not apply to consumables used during a consultation or exercise handouts.

Independent consultant review means a review where barriers to recovery, progress, return to work or active participation are evident, and an independent opinion of allied health treatment will benefit the management of the worker's injury. The review must be completed by an Independent consultant approved by the Authority.

Initial Allied Health Recovery Request means the first Allied Health Recovery Request completed and submitted to the insurer for approval by the Psychologist or Counsellor for the claim.

Initial consultation and treatment means the first session provided by the Psychologist or Counsellor in respect of an injury or the first consultation in a new episode of care for the same injury and may include:

- history taking
- assessment
- diagnostic formulation (Psychologists only)
- goal setting and treatment planning
- treatment/service
- clinical recording
- communication with referrer, insurer and other relevant parties, and
- preparation of an Allied Health Recovery Request when indicated.

The service is provided on a one-to-one basis with the worker for the entire session.

Insurer means the employer's workers compensation insurer.

New episode of care means when a worker has ceased treatment more than three (3) months previously and returns for additional treatment for the same injury with the same or different practitioner.

Normal practice means premises in or from which a practitioner regularly operates a Psychology or Counselling practice and treats patients. It also includes facilities where services may be delivered on a regular or contract basis such as a private hospital or workplace.

Psychologist means a Psychologist registered to provide Psychology services with Australian Health Practitioner Regulation Agency (AHPRA). As outlined in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners, a Psychologist must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

Psychology services refers to all treatment related services delivered by a Psychologist. Each service is to be billed according to Schedule A.

Report writing occurs only when the insurer requests a Psychologist or Counsellor compile a written report, other than an Allied Health Recovery Request, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Severe injury means one or more of the following diagnoses:

- spinal cord injury — acute traumatic lesion of the neural elements in the spinal canal (spinal cord and cauda equina) resulting in permanent sensory deficit, motor deficit or bladder/bowel dysfunction as a result of the workplace injury
- traumatic brain injury — based on evidence of a significant brain injury which results in permanent impairments of cognitive, physical and/or psychosocial functions. A defined period of post traumatic amnesia plus a Functional Independence Measure (FIM) at five or less, or two points less than the age appropriate norm (or equivalent where other assessment tools are used) is required
- multiple amputations (or equivalent loss of function) of the upper and/or lower extremities or single amputations (or equivalent loss of function) involving forequarter amputation or shoulder disarticulation, hindquarter amputation, hip disarticulation or "short" trans femoral amputation involving the loss of 65% or more of the length of the femur
- burns — full thickness burns greater than 40 per cent of the total body surface area or full thickness burns to the hands face or genital area, or inhalation burns causing long term respiratory impairment, plus a FIM score at five or less, or two points less than the age norm (or equivalent where other assessment tools are used)
- permanent traumatic blindness, based on the legal definition of blindness.

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

- re-assessment

- intervention/treatment
- clinical recording, and
- preparation of an Allied Health Recovery Request when indicated.

The service is one-to-one for the entire session.

Trauma focused psychological treatment means cognitive behavioural therapy or eye movement desensitisation reprocessing provided by a Psychologist in accordance with the *Expert guidelines* as defined in this Order.

Telehealth services means delivery of consultations via video or telephone. Consultations would be inclusive of any electronic communication to support the delivery of the treatment service. Practitioners must consider the appropriateness of this mode of service delivery for each worker on a case-by-case basis. Telehealth services require pre-approval from the insurer and must be consented to by all parties – the worker, Psychologist or Counsellor and insurer.. Service providers are responsible for delivering Telehealth services in accordance with the principles of professional conduct and the relevant professional and practice guidelines to ensure that all care is taken to ensure the safety, appropriateness and effectiveness of the service.

Travel rates can be claimed when the most appropriate clinical management of the worker requires the Psychologist or Counsellor to travel away from their Normal practice.

Travel costs do not apply where the Psychologist or Counsellor provides services on a regular or contracted basis to facilities such as a private hospital or workplace. Where multiple workers are being treated in the same visit, the travel charge must be divided evenly between those workers.

4. Application of Order

This Order applies to treatment provided on or after 20 March 2020, whether it relates to an injury received before, on or after that date.

5. Maximum fees for Psychology or Counselling treatment

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of a worker by a Psychologist or Counsellor, being treatment of a type specified in Column 1 of Schedule A for Psychologists, and Schedule B for Counsellors to this Order, is the corresponding amount specified in Column 2 of those Schedules.
- (2) If it is reasonably necessary for a practitioner to provide treatment of a type specified in any of items PSY001, PSY002, PSY004 or PSY006 (for Psychologists) in Schedule A or COU002, COU003, COU005 or COU007 (for Counsellors) in Schedule B at a place other than the Normal practice, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by;
 - a) an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item PSY005 (for Psychologists) in Column 2 Schedule A and COU006 (for Counsellors) in Column 2 of Schedule B, where this service has been pre-approved by the insurer.
- (3) The maximum amount payable for an Initial Allied Health Recovery Request is \$38.00 (+ GST). This fee is payable only once per claim for completion of the Initial Allied Health Recovery Request.
- (4) Telehealth services are to be billed according to the appropriate items PSY301 to PSY302 (for Psychologists) in Schedule A and items COU302 to COU303 (for Counsellors) in Schedule B and require insurer pre-approval. No additional payment in relation to facility fees can be charged by the practitioner undertaking the consultation.

6. Treatment provided interstate or to exempt workers

Psychologists or Counsellors approved by the authority must submit their SIRA approval number when invoicing for treatment delivered under the NSW workers compensation system in a State/Territory other than NSW, or to exempt workers.

When an Psychologist or Counsellor is not approved by the Authority and delivering treatment under the NSW workers compensation system in a State/Territory other than NSW or to exempt workers, the service provider number for that service provided:

- interstate is INT0000
- to an exempt worker is EXT0000

and the payment classification code is the one that is relevant to the Psychologist or Counsellor as defined in Schedule A and B item column of this Order.

7. Nil fee for cancellation or non-attendance

No fee is payable for cancellation or non-attendance by a worker for treatment services with a Psychologist or Counsellor.

8. Goods and Services Tax

- (1) Psychology treatment services provided by a Psychologist directly to the worker are GST free.
- (2) Counselling services provided by a Counsellor directly to the worker are subject to GST.
- (3) Case conference, Report writing, Travel services and the Initial Allied Health Recovery Request (AHRR) provided by a Psychologist or Counsellor in relation to treatment of a worker are subject to GST.
- (4) An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit a Psychologist or Counsellor to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

9. Requirements for invoices

All invoices should be submitted within 30 calendar days of the service provided and must be itemised in accordance with Schedule A or B of this Order and comply with the Authority's itemised requirements for the invoice to be processed. Refer to the relevant provider page on the SIRA website - <https://www.sira.nsw.gov.au/for-service-providers/A-Z-of-service-providers>

10. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

Schedule A

Maximum fees for Psychologists services

| Psychologists Item | Column 1 Type of Treatment | Column 2 Maximum Amount (\$) (excl GST) |
|---------------------------|--|---|
| PSY001 | Initial consultation and treatment | \$234.30 |
| PSY002 | Standard consultation and treatment | \$195.60 |
| PSY301 | Initial consultation and treatment via telehealth (requires pre-approval by the insurer) | \$234.30 |
| PSY302 | Standard consultation and treatment via telehealth (requires pre-approval by the insurer) | \$195.60 |
| PSY003 | Report writing (only when requested by the insurer) | \$16.30/ 5 minutes \$195.60/hour (maximum 1 hour) |
| PSY004 | Case conference | \$16.30/ 5 minutes \$195.60/ hour |
| PSY005 | Travel (requires pre-approval by the insurer) | Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 of Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009, at the rate effective 1 July 2019.</i> <i>Use of private motor vehicle:</i> - 68 cents per kilometre |
| PSY006 | Group/class intervention | \$58.50/ participant |
| PSY007 | Trauma focused psychological treatment (for a worker who has been diagnosed with a work-related post traumatic stress disorder). | Must be pre-approved by the insurer. Rates to be negotiated between the practitioner and insurer. Only to be used where treatment is provided to an emergency service worker employed by a Treasury Managed Fund member agency. |
| OAD001 | Incidental expenses e.g. relaxation CD's, books, etc. | Cost price |
| WCO005 | Fees for providing copies of clinical notes and records. | Where clinical records are maintained electronically by an allied health practitioner /practice, a flat fee of \$60 is payable (for provision of all requested clinical records held by the practice) inclusive of postage and handling. An allied health practitioner/practice should not provide or bill for hard copy clinical records if they are maintained electronically. Where clinical records are not maintained electronically, the maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling. |

| | | | | | |
|--|--------|--|--|--|--|
| | OAS003 | | Submission of an Initial Allied Health Recovery Request (AHRR) only. | | \$38.00 (Initial AHRR per claim only) All other Allied Health Recovery Requests submitted are not subject to a fee. |
|--|--------|--|--|--|--|

Schedule B

Maximum fees for Counsellors services

| Counsellors Item | Column 1 Type of Treatment | Column 2 Maximum Amount (\$) (excl GST) |
|-------------------------|---|--|
| COU002 | Initial consultation and treatment | \$174.50 |
| COU003 | Standard consultation and treatment | \$156.00 |
| COU302 | Initial consultation and treatment via telehealth (requires pre-approval from the insurer) | \$174.50 |
| COU303 | Standard consultation and treatment via telehealth (requires pre-approval from the insurer) | \$156.00 |
| COU004 | Report writing (only when requested by the insurer) | \$13.00/ 5 minutes \$156.00/ hour (maximum 1 hour) |
| COU005 | Case conference | \$13.00/ 5 minutes \$156.00/ hour |
| COU006 | Travel (requires pre-approval from the insurer) | Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 of Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009, at the rate effective 1 July 2019.</i> <i>Use of private motor vehicle:</i> - 68 cents per kilometre |
| COU007 | Group/class intervention | \$49.50/ participant |
| OAD001 | Incidental expenses e.g. relaxation CD's, books, etc | Cost price |
| WCO005 | Fees for providing copies of clinical notes and records. | Where clinical records are maintained electronically by an allied health practitioner /practice, a flat fee of \$60 applies for provision of all requested clinical records held by the practice. Where clinical records are not maintained electronically, the maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling. |
| OAS003 | Submission of an Initial Allied Health Recovery Request (AHRR) only. | \$38.00 (Initial AHRR per claim only) All other Allied Health Recovery Requests submitted are not subject to a fee. |

**WORKERS COMPENSATION (MEDICAL PRACTITIONER FEES)
ORDER 2020 No.2**

under the

Workers Compensation Act 1987

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this 17th day of March 2020

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a Medical Practitioner is 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 any medical or related treatment provided to a NSW worker. The fee for the treatment or service must not exceed the maximum fee for the treatment or service as specified in this Order. Workers are not liable for the cost of any medical or related treatment covered by this Order. The effect of this Order is to prevent a Medical Practitioner from recovering from the worker or employer any extra charge for treatments covered by this Order.

Under section 60(2A)(a) of the *Workers Compensation Act 1987*, medical or related treatment requires prior insurer approval unless treatment is provided within 48 hours of the injury happening or treatment is exempt from pre-approval under the *Workers Compensation Act 1987* or the State Insurance Regulatory Authority's *Workers Compensation Guidelines* in effect at the time.

This Order adopts the *List of Medical Services and Fees* issued by the Australian Medical Association (AMA), except where specified in this Order. To bill an AMA item, a Medical Practitioner must be confident they have fulfilled the service requirements as specified in the item descriptor. Medical Specialists must utilise AMA item numbers relevant to the type of consultation/service provided (e.g. a dually qualified pain medicine specialist/anaesthetist cannot bill time based anaesthetic item numbers where pain medicine consultations/services apply; etc). Where a comprehensive item is used, separate items cannot be claimed for any of the individual items included in the comprehensive service.

The incorrect use of any item referred to in this Order can result in penalties, including the Medical Practitioner being required to repay monies that the Medical Practitioner has incorrectly received.

Consulting Surgeons should also refer to the *Workers Compensation (Surgeon Fees) Order 2020* or, if an Orthopaedic Surgeon, the *Workers Compensation (Orthopaedic Surgeon Fees) Order 2020*.

Workers Compensation (Medical Practitioner Fees) Order 2020 No.2

1. Name of Order

This Order is the *Workers Compensation (Medical Practitioner Fees) Order 2020 No.2*.

2. Commencement

This Order commences on 20 March 2020.

3. Definitions

In this Order:

the Act means the *Workers Compensation Act 1987*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Aftercare visits are covered by the surgical procedure fee during the first six weeks following the date of surgery or until wound healing has occurred. Unrelated visits or incidental reasons for visits that are not regarded as routine aftercare must be explained with accounts rendered.

AMA List means the document entitled *List of Medical Services and Fees* issued by the Australian Medical Association and dated 1 November 2019 and any subsequent amendments to this List published by the AMA in the period 1 November 2019 – 31 October 2020.

Assistance at Operation means assistance provided by a Medical Practitioner, but only where an assistant's fee is allowed for in the Commonwealth Medical Benefits Schedule (MBS). An assistant fee may only be applicable for surgical procedures EA015 – MY330 and MZ731 to MZ871.

Assistance at operation is only payable once per eligible item number performed by the principal Surgeon/Medical Practitioner irrespective of the number of Medical Practitioners providing Assistance at operation.

Note: *Assistance at Operation* fees are not payable to health practitioners who are not a Medical Practitioner e.g. perioperative nurses.

In accordance with NSW Health policy directive *Employment Arrangements for Medical Officers in the NSW Public Health Service (Doc No: PD2019_027)*, assistant fees cannot be charged for workers compensation cases performed in a public hospital when the assistant is a resident medical officer or registrar. If a resident medical officer or registrar is on rotation to an accredited private hospital, the relevant assistant fee may be charged. Payment of these fees are to be directed into a hospital or departmental trust fund account and the invoice should include

details of this account. The Authority reserves the right to conduct an audit of assistant fee payments to ensure their proper distribution into the named trust fund.

Case conference means a face-to-face meeting, video conference or teleconference with any or all of the following parties – worker, employer, workplace rehabilitation provider, insurer or other treatment practitioner/s delivering services to the worker. Discussion must seek to clarify the worker's capacity for work, barriers to return to work and strategies to overcome these barriers via an open forum to ensure parties are aligned with respect to expectations and direction of the worker's recovery at work/return to suitable employment. If the discussion is with the worker, it must include a third party to be considered a Case conference. Discussions between the worker's nominated treating doctor and other treating practitioners (e.g. allied health practitioners, medical specialists/surgeons) relating to treatment are considered a normal interaction between referring doctor and practitioner. This is not to be charged as a Case conference.

File notes of Case conferences are to be documented in the Medical Practitioner's records indicating the person/s spoken to, details of discussions, duration of the discussion and outcomes. This information may be required for invoicing purposes.

Consulting Surgeon means a Medical Practitioner who is recognised by the Medical Board of Australia or by Medicare Australia as a Specialist Surgeon or Specialist in orthopaedic surgery and who is registered with the Australian Health Practitioner Regulation Authority as a Specialist in surgery in their chosen field. It also includes a Surgeon or Orthopaedic Surgeon who is a staff member at a public hospital providing services at that public hospital. In accordance with section 60(2A)(d) of the Act, the employer will not be liable for the treatment provided if the treatment or service is provided by a Medical Practitioner who is suspended or disqualified from practice under any relevant law or the Medical Practitioner's registration is limited or subject to any condition imposed as a result of a disciplinary process.

General Practitioner is a Medical Practitioner and has the meaning given by subsection 3(1) of the *Health Insurance Act 1973 (Cth)*. In accordance with section 60(2A)(d) of the Act, the employer will not be liable for the treatment provided if the treatment or service is provided by a Medical Practitioner who is suspended or disqualified from practice under any relevant law or the Medical Practitioner's registration is limited or subject to any condition imposed as a result of a disciplinary process.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)*.

Insurer means the employer's workers compensation insurer.

Medical Practitioner means a person registered in the medical profession under the *Health Practitioner Regulation National Law (NSW) No. 86a*, or equivalent in their jurisdiction with the Australian Health Practitioner Regulation Agency. In accordance with section 60(2A)(d) of the Act, the employer will not be liable for the treatment provided if the treatment or service is provided by a Medical Practitioner

who is suspended or disqualified from practice under any relevant law or the Medical Practitioner's registration is limited or subject to any condition imposed as a result of a disciplinary process.

Medical Specialist means a Medical Practitioner recognised as a specialist in accordance with the *Health Insurance Regulations 2018 (Cth)*, Part 2, Division 4, who is remunerated at specialist rates under Medicare. In accordance with section 60(2A)(d) of the Act, the employer will not be liable for the treatment provided if the treatment or service is provided by a Medical Practitioner who is suspended or disqualified from practice under any relevant law or the Medical Practitioner's registration is limited or subject to any condition imposed as a result of a disciplinary process.

Multiple operations or injuries refer to situations that require two or more operations or for the treatment of two or more injuries carried out at the same time. It applies to the AMA items EA015 to MY330 and MZ731 to MZ871, with the exception of items specifically listed as a multiple procedure item in the AMA List, or where Schedules in the Workers Compensation (Orthopaedic Surgeon Fees) Order 2020 or Workers Compensation (Surgeon Fees) Order 2020 prevent combining of items.

Out-of-hours services only apply in an emergency where the clinic is not normally open at that time, and urgent treatment is provided. This fee is not to be utilised in the situation where a consultation is conducted within the advertised hours of a clinic.

Telehealth consultations means delivery of consultations via video or telephone. Consultations would be inclusive of any electronic communication to support the delivery of the treatment service. Practitioners must consider the appropriateness of this mode of service delivery for each worker on a case-by-case basis. Telehealth services require pre-approval by the insurer and must be consented to by all parties (worker, practitioner and insurer). Practitioners are responsible for delivering Telehealth services in accordance with the principles of professional conduct and the relevant professional and practice guidelines to ensure that all care is taken to ensure the safety, appropriateness and effectiveness of the service. Telehealth consultations are to be paid in accordance with this Order (noting those items specifically excluded in Clause 7 of this Order). No additional payment in relation to facility fees can be charged by the practitioner undertaking the consultation.

4. **Application of Order**

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

5. **Maximum fees for Medical Practitioners**

(1) This clause applies to medical and related treatment provided by a Medical Practitioner in respect of which a fee is specified in the AMA List, except:

- Medical services identified in the AMA List by AMA numbers AC500, AC510, AC520, AC530, AC600 and AC610 (Professional Attendances by

a Specialist), if these medical services are provided by a Specialist Surgeon;

- Medical services identified in the AMA List by AMA Numbers EA015 to MZ871 (Surgical Operations) if these medical services are provided by a Specialist Surgeon;
- Medical services identified in the AMA List by AMA Number MZ900 (Assistance at Operation fee);
- Medical services identified in the AMA List by AMA numbers OP200 and OP210 (magnetic resonance imaging – MRI).

(2) The maximum amount payable for magnetic resonance imaging (MRI) is:

- OP200 - \$700 for one region of the body or two contiguous regions of the body
- OP210 - \$1050 for three or more contiguous regions of the body, or two or more entirely **separate** regions of the body (e.g. wrist and ankle).

(3) The maximum amount payable for a certificate of capacity is \$48.40. This fee is payable only once per claim for completion of the initial certificate of capacity and is invoiced under payment classification code **WCO001**.

(4) A General Practitioner, Medical Specialist and Consulting Surgeon may be remunerated for time spent in addition to the usual medical management to assist a worker recover at/return to work. This time may include discussions with employers, Case conferences, visits to work sites, time spent reviewing injury management or recovery at/return to work plans and providing additional reports. (where pre-approved by the insurer).

The time taken for these services must be billed under payment classification code **WCO002** (with the exception of some reports – see explanation below) and reflect the time taken (to the nearest 5 minutes) to deliver the service.

The following maximum hourly rates are payable:

- General Practitioner: \$296.40 or \$24.70 per 5 minutes
- Medical Specialist: \$411.60 or \$34.30 per 5 minutes
- Consulting Surgeon: \$543.60 or \$45.30 per 5 minutes.

Note: No fee is payable for liaising with other health providers involved in the treatment of the worker (e.g. Medical Specialists, allied health practitioners) unless the communication is additional to that required for the management of patients with comparable injuries/conditions that are not work related.

Where a report is requested regarding the management of a worker's injury and is additional to any report routinely provided as part of a specialist consultation (refer to clause 6 'Specialist consultations' below) it should be billed under **WCO002** at the above rates. These reports may answer questions to assist the insurer determine prognosis for recovery and timeframes for returning to work. The hourly rate is to be pro-rated into 5 minute blocks to reflect the time taken to prepare the report. The medical practitioner requires pre-approval from the insurer for provision of these reports.

If the report is requested as part of a current or potential dispute (for example, when there is lack of agreement regarding liability, causation, capacity for work or treatment between key parties) and the treating Medical Practitioner is requested to provide their opinion, the *Workplace Injury Management and Workers Compensation (Medical Examinations and Reports Fees) Order 2020* applies.

- (5) Where medical records are maintained electronically by a medical practitioner/practice a flat fee of \$60 is payable (for provision of all requested medical records held by the medical practice) inclusive of postage and handling. A medical practitioner/practice should not provide or bill for hard copy medical records if they are maintained electronically.

Where medical records are not maintained electronically the maximum fee for providing hard copies of medical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee is inclusive of postage and handling.

Provision of electronic or hard copy medical records is to be billed under State Insurance Regulatory Authority payment classification code **WCO005**.

Where a medical practitioner has been requested to provide medical records and the doctor needs to review the records prior to provision (to redact non work-related injury information), the time taken to review the records is to be billed under **WCO002** at the rate specified above at 5(4). The hourly rate is to be pro-rated into 5 minute blocks to reflect the time taken. This fee can be billed in addition to the fees stated above for provision of medical records by hard copy or electronically.

- (6) Fees for Assistance at Operation are calculated at 20% of the principal Surgeon/Medical Practitioner's fee for surgical procedure/s performed, but only those surgical procedure/s where an assistance fee is allowed for in the MBS, or \$393.20, whichever is the greater. Assistance at operation is only payable once per eligible item number performed by the principal Surgeon irrespective of the number of medical practitioners providing Assistance at operation.

The Medical Practitioner/s providing the Assistance at operation are to invoice for their services separately to the principal Surgeon/Medical Practitioner.

- (7) Subject to subclauses (1), (2), (3), (4), (5), (6), (8), (9) and clause 7 (Nil fee for certain medical services) and clause 9 (Nil payment for cancellation or non-attendance) of this Order, the maximum amount for which an employer is liable under the Act for any claim for medical or related treatment is the fee listed, in respect of the medical or related treatment concerned, in the AMA List.
- (8) Telehealth consultations are permissible when approved in advance by the insurer. Insurers will consider if the telehealth consultation is appropriate and likely to be effective when making a decision whether to approve these services. Telehealth consultation treatment services are to be paid in accordance with this Order (noting those items specifically excluded in

Clause 7 of this Order). No additional payment in relation to facility fees can be charged by the medical practitioner undertaking the consultation.

(9) Fees for multiple operations or injuries are to be paid in accordance with the AMA List '*Multiple Operations Rule*' with the exception of:

- items specifically listed as a multiple procedure item in the AMA List or where Schedules in the *Workers Compensation (Surgeon Fees) Order 2020* or the *Workers Compensation (Orthopaedic Surgeon Fees) Order 2020* prevent combining of items.
- Medical Practitioners who meet the definition of Surgeon or Orthopaedic surgeon as defined in the *Workers Compensation (Surgeons Fees) Order 2020* or *Workers Compensation (Orthopaedic Surgeons Fees) Order 2020* are to be paid in accordance with the provisions specified in the *Workers Compensation (Surgeon Fees) Order 2020* or, if an Orthopaedic Surgeon, the *Workers Compensation (Orthopaedic Surgeon Fees) Order 2020*.

6. Specialist consultations

The initial Medical Specialist/Consulting Surgeon consultation fee includes the first consultation, the report to the referring Medical Practitioner and copy of the report to the insurer.

The report will contain:

- The worker's diagnosis and present condition;
- An outline of the mechanism of injury;
- The worker's capacity for work;
- The need for treatment or additional rehabilitation; and
- Medical co-morbidities that are likely to impact on the management of the worker's condition (subject to relevant privacy considerations).

A subsequent Medical Specialist/Consulting Surgeon consultation fee includes an attendance with a Medical Specialist/Consulting Surgeon subsequent to the first in a single course of treatment, the report from the subsequent consultation to the referring Medical Practitioner and copy of the report to the insurer.

A subsequent consultation fee is not to be billed if conducted on the same day as surgery or in the normal aftercare that applies following surgery. The cost of these consultations is included in the fee for the surgical procedure.

Consultations with Medical Specialists/Consultant Surgeons require prior approval by the insurer, unless exempt from pre-approval by the Act or the Authority's *Workers Compensation Guidelines*.

7. Nil fee for certain medical services

The AMA List includes items that are not relevant to medical services provided to workers. As such, the fee set for the following items is nil:

- General Practitioner - Urgent attendances after hours item (Medical services identified in the AMA List by AMA number AA007)
- All time based General Practitioner fees items (Medical services identified in the AMA List by AMA numbers AA190 – AA320)
- Enhanced primary care items (Medical services identified in the AMA List by AMA numbers AA501 – AA670, AA850)
- All shared health summary items (Medical services identified in the AMA List by AMA numbers AA340 – AA343)
- Telehealth items (Medical services identified in the AMA List by AMA numbers AA170 – AA210, AA584 – AA670, AF070 – AF180, AF260 – AF370, AJ051 – AJ200, AM210 – AM 240, AP040, and AP050 – AP105).
- Imaging/radiology – Professional attendance items billed in conjunction with imaging /radiology services where an additional interventional procedure/s has not been provided by the attending radiologist.

8. Nil payment for cancellation or non-attendance

No fee is payable for cancellation or non-attendance by a worker for treatment services with a Medical Practitioner/Medical Specialist/Consultant Surgeon.

9. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

10. Goods and Services Tax

An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit a Medical Practitioner/Medical Specialist/Consultant Surgeon to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

11. Requirements for invoices

All invoices should be submitted to the insurer within 30 calendar days of the service provided and must comply with the Authority's itemised invoicing requirements for the invoice to be processed. Refer to the [Doctors in workers compensation](https://www.sira.nsw.gov.au/for-service-providers/A-Z-of-service-providers/doctors-and-other-medical-professionals#Doctors_in_Workers_Comp) webpage on the SIRA website - [https://www.sira.nsw.gov.au/for-service-providers/A-Z-of-service-providers/doctors-and-other-medical-professionals#Doctors in Workers Comp](https://www.sira.nsw.gov.au/for-service-providers/A-Z-of-service-providers/doctors-and-other-medical-professionals#Doctors_in_Workers_Comp)

**WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION
(INDEPENDENT CONSULTANTS FEES) ORDER 2020 No.2**

under the

Workplace Injury Management and Workers Compensation Act 1998

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 339 of the *Workplace Injury Management and Workers Compensation Act 1998*.

Dated this 17th day of March 2020

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

1. Name of Order

This Order is the *Workplace Injury Management and Workers Compensation (Independent Consultants Fees) Order 2020 No.2*.

2. Commencement

This Order commences on 20 March 2020.

3. Definitions

In this Order:

the Act means the *Workplace Injury Management and Workers Compensation Act 1998*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)*.

Independent Consultant means a chiropractor, osteopath, physiotherapist or psychologist approved by the Authority to provide an Independent Consultation in the NSW workers compensation system.

Independent Consultation includes a:

- i. review where the treating allied health practitioner requests specialised or expert assistance from an Independent Consultant.
- ii. Stage 1 review of the treatment/management provided by the allied health practitioner for the purpose of determining whether treatment/service provision is reasonably necessary. Consultation with the treating practitioner is not required for a Stage 1 review.
- iii. Stage 2 review of the treatment/management provided by the allied health practitioner for the purpose of determining whether treatment/service provision is reasonably necessary. Consultation with the treating allied health practitioner is required for a Stage 2 review.
- iv. Stage 3 review of the treatment/management provided by the allied health practitioner for the purpose of determining whether treatment/service provision is reasonably necessary. Examination of the worker and consultation with the treating allied health practitioner is required for a Stage 3 review.

Telehealth services means delivery of consultations via video or telephone for Independent Consultant Psychologists. Consultations would be inclusive of any electronic communication to support the delivery of the treatment service. Independent Consultant Psychologists must consider the appropriateness of this mode of service delivery for each worker on a case-by-case basis. Telehealth services must be consented to by all parties – the worker, Independent Consultant Psychologist and insurer. Independent Consultant Psychologists are responsible for delivering Telehealth services in accordance with the principles of professional conduct and the relevant professional and practice guidelines to ensure that all care is taken to ensure the safety, appropriateness and effectiveness of the service.

Unreasonably late attendance means that the worker or interpreter arrives **unreasonably** late, to the degree that a full examination is prevented from being conducted.

Working days means Monday to Friday (excluding public holidays).

4. Application of Order

This Order only applies to independent chiropractic, osteopathy, physiotherapy or psychology consultant services provided on or after 20 March 2020, whether it relates to an injury received before, on or after that date.

5. Maximum Fees for Independent Consultants

- (1) For the purposes of section 339 of the Act, the maximum hourly fee for the provision of services by an Independent Consultant in connection with a claim for compensation or an appearance as a witness in proceedings before the Workers Compensation Commission or a court in connection with a claim for compensation is as set out in Schedule A.
- (2) An Independent Consultant may charge a cancellation fee specified in item IIN112 where a worker provides 2 working days' notice or less of cancellation, fails to attend their scheduled appointment, or the worker (or interpreter) attends **unreasonably** late preventing a full examination being conducted.
- (3) The incorrect use of any item referred to in this Order can result in the Independent Consultant being required to repay monies that the Independent Consultant has incorrectly received.
- (4) Telehealth services are to be billed according to the appropriate items IIN310 and IIN311.

6. Goods and Services Tax (GST)

- (1) Services provided by an Independent Consultant are subject to GST.
- (2) An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit an Independent Consultant to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

7. Requirements for invoices

All invoices should be submitted within 30 calendar days of the service provided and must be itemised in accordance with Schedule A and comply with the Authority's requirements for the invoice to be processed. Refer to the relevant provider page on the SIRA website - <https://www.sira.nsw.gov.au/for-service-providers/A-Z-of-service-providers>

8. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

Schedule A

Rates for Independent Consultants

| Item | Service description | Maximum Amount (\$) (excl GST) |
|-------------|--|--|
| IIN110 | Independent Consultation where referral initiated by a party other than the treating practitioner i.e. insurer, employer, Workplace Rehabilitation Provider, worker. May include file review, discussions, interview, examination and report. | \$231.60 per hour |
| IIN111 | Independent Consultation where referral initiated by the treating practitioner. May include file review, discussions, interview, examination and report | \$231.60 per hour |
| IIN310 | Independent Consultation where referral initiated by a party other than the treating practitioner i.e. insurer, employer, Workplace Rehabilitation Provider, worker. May include file review, discussions, interview, examination and report. Delivered by telehealth. | \$231.60 per hour |
| IIN311 | Independent Consultation where referral initiated by the treating practitioner. May include file review, discussions, interview, examination and report. Delivered by telehealth. | \$231.60 per hour |
| IIN112 | Cancellation with 2 working days or less notice, non-attendance at scheduled appointment or unreasonably late attendance by worker or interpreter that prevents full examination being conducted | \$231.60 |
| IIN113 | Travel for assessment / consultation outside of consulting rooms. | Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 of Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009, at the rate effective 1 July 2019.</i> Use of private motor vehicle: - 68 cents per kilometre |