A workers compensation guide for allied health practitioners.
Allied health practitioners in the NSW workers compensation system

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Allied health practitioners in the NSW workers compensation system

Physiotherapists provide treatment for people with physical problems caused by injury, illness and disease. They use treatments including mobilisation and manipulation of joints, massage, therapeutic exercise, electrotherapy and hydrotherapy to reduce pain and restore function.

Chiropractors focus on the relationship between structure (primarily the spine, and pelvis) and function (as coordinated by the nervous system) and how that relationship affects the preservation and restoration of health.

Osteopaths focus on conditions affecting the neuromusculoskeletal system and the management of pain. When working in the NSW workers compensation system, they help the worker recover from injury and illness, regain lost physical capacity, and safely return to work.

Psychologists operate within a biopsychosocial framework to address psychological issues and pain. They provide comprehensive assessments, case formulation and evidence-based treatments for a range of conditions including post-traumatic stress disorder, depression, anxiety and pain management. They help workers manage their injury and return to work.

Counsellors are trained to assess and respond holistically to the needs of clients in their family, social, cultural and workplace contexts. In the workers compensation system, counsellors assist workers by helping them clarify issues, explore options, develop strategies, and increase self-awareness.

Accredited exercise physiologists specialise in clinical exercise interventions for patients with chronic and complex medical conditions or injuries, or those at high-risk of developing these. Interventions are individualised and may include health and physical activity education, advice and support, and lifestyle modification. Accredited exercise physiologists help workers achieve behaviour change with the aim of optimising physical function, health and wellness.

Accredited mental health social workers assess and treat people who have mental health concerns. They help workers to resolve their presenting psychological problems, any associated social and environmental problems, and help improve their overall quality of life.
Allied health practitioners have an important role in the NSW workers compensation system. You are engaged to provide specialised expertise to identify a worker’s strengths and barriers to work, and to develop evidence based strategies to treat their injury and maximise their recovery.

This guide will help you understand what to do and what to expect when delivering services for a worker’s compensation claim. It outlines your obligations under workers compensation legislation, and provides practical advice to help get the best possible outcome for the worker.

The guide also explains the roles of the other people in the worker’s support team, including the employer, doctor, insurer, approved workplace rehabilitation providers, and any other allied health practitioners involved.

Most injured workers take little or no time off work. For those that do, the vast majority (more than 80 per cent) return to and recover at work within the first 13 weeks.

Advice and direction in this guide is based on a strong body of research and evidence about the health benefits of work. It explains how returning to and where possible, recovering at work after an injury, can promote healing and facilitate recovery.

Workers compensation in NSW

The NSW workers compensation system operates under the Workers Compensation Act 1987 (1987 Act) and the Workplace Injury Management and Workers Compensation Act 1998 (1998 Act), and associated Regulations. The system provides no-fault protection to workers and their employers following a work related injury or illness.

The State Insurance Regulatory Authority (SIRA) is the government organisation responsible for regulating the NSW workers compensation system.

There are three types of insurers in the NSW workers compensation system:

1. icare (Insurance and Care NSW) is a government organisation that delivers insurance and care services to people with work related injuries under the NSW workers compensation scheme (known as the Nominal Insurer) and the NSW Self Insurance Corporation (known as SiCorp).

The Nominal Insurer contracts insurance agents to manage policies and claims on its behalf. The five approved agents are:

- Allianz Australia Worker’s Compensation (NSW) Limited
- CGU Workers Compensation (NSW) Limited
- Employers Mutual NSW Limited
- GIO General Limited
- QBE Workers Compensation (NSW) Limited.
2. Self-insurers are employers approved by SIRA to manage their own workers compensation claims.

3. Specialised insurers hold a restricted licence to provide workers compensation insurance for a specific industry or class of business or employers.

Regardless of which type of insurer is involved, they all have an obligation to support workers and employers during the recovery process and manage the claim to ensure entitlements are received.

Workplace injury management

The Workplace Injury Management and Workers Compensation Act 1998 identifies specific responsibilities for insurers, employers, medical and treatment practitioners to encourage a safe, timely and sustainable recovery at/return to work.

Injury management is an integrated process involving four components within a biopsychosocial framework:

1. **Claims management** is performed by the insurer. This includes determining liability for the claim, information exchange and planning with other members of the support team. It also means coordinating service provision and payment for services, and helping the employer meet their obligation to provide suitable work options.

2. **Treatment management** is provided by medical and allied health practitioners. Treatment facilitates recovery and upgrades in the worker’s capacity for work, helping them return to pre-injury work.

3. **Return to work management** is a team effort. It involves coordinated planning and support by everyone in the team to enable the worker to recover at/return to work.

4. **Employer management practices** are developed by the employer to prevent and manage workplace injuries.

The evidence for recovering at work

Research shows that:

- for most people with a work related injury, time off work is not medically necessary
- an unnecessary delay in returning to work is often associated with delayed recovery - the longer a worker is away from work, the less chance they have of ever returning
- staying active after injury reduces pain symptoms and helps workers return to their usual activities at home and at work sooner
- working helps workers stay active which is an important part of their treatment.
The worker’s support team

In the workers compensation system, returning to and recovering at work is a managed process involving a multidisciplinary team.

Success depends on the integration of sound clinical, workplace and insurance claims management and agreement about the worker’s goals and progress. So it’s important you understand the role of others in the worker’s support team.

The team includes the employer, insurer case manager, doctor, a workplace rehabilitation provider (if required) and you. Each member has an important role to play in the worker’s recovery and these are outlined below.

**The worker**

The worker’s role is to focus on their recovery and aim to stay at work in some capacity, or return to work as soon as possible. They must notify their employer of their injury or illness as soon as possible after it has occurred. They are also required to maintain a current SIRA workers compensation certificate of capacity and provide a copy to their employer and/or insurer.

The worker has the right to choose their treating allied health practitioner. The chosen practitioner must meet the requirements and conditions outlined in this guide in order to deliver any treatment services to the worker.

Workers must actively participate in their recovery at work planning, attend appointments arranged by the insurer case manager, and make reasonable efforts to participate in recovery and return to work strategies as soon as they have capacity to do so.

**The employer**

The employer is required by law to provide suitable work (where possible) that matches the worker’s capacity and supports their recovery. This work should be as close to the worker’s normal duties as possible in order to maximise their recovery and minimise disruption to their usual routine at work and at home.

The greater the employer’s ability to accommodate their worker while they recover, the less likely it is that they will need time away from the workplace as a result of their injury.

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Evidence suggests that shared goals, communication and cooperation among the support team is critical in improving clinical and occupational outcomes for the worker\(^1\).

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\(^1\) Foreman P, Murphy G and Swerissen H. Barriers and facilitators to return to work: A Literature Review. Australian Institute for Primary Care, La Trobe University: Melbourne 2006.
You may find it helpful to contact the employer to discuss the worker’s needs.

The employer can assist by:

- providing information about the workplace, the worker’s usual job and available short term suitable work options
- discussing any risks or barriers that may have an impact on the worker’s recovery
- developing a recover at work plan to ensure the worker’s recovery progresses as expected and that they receive adequate support in the workplace.

An employer cannot terminate a worker’s employment because of a work related injury within six months of the worker first becoming incapacitated for work.

The insurer case manager

The employer’s insurer appoints a case manager who coordinates all aspects of the worker’s compensation claim. They are the primary contact for the worker and support team. It is their responsibility to establish positive working relationships with all key parties.

After receiving notification of a work related injury, the case manager makes early contact with the worker, employer and support team in order to determine the assistance required.

The case manager helps the employer meet their legal obligations. They also arrange assessments or services for the worker, authorise payment for ‘reasonably necessary’ medical expenses, and determine the worker’s entitlement to weekly compensation payments.

You are encouraged to discuss the worker’s capacity with both the doctor and the case manager. To facilitate case management you should respond to telephone calls from the case manager within five working days.

The doctor

The nominated treating doctor will assess, diagnose, and treat the worker like any other patient. They will also assess their capacity for work and support their recovery. Selected by the worker, the doctor is usually their general practitioner.

The doctor has a key role in the worker’s recovery and rehabilitation. They:

- provide the worker with a completed certificate of capacity
- act as the primary communicator for treatment and the injury management plan
- are authorised by the worker to provide relevant information to the employer, insurer and other parties involved in the management of the injury.

Workplace rehabilitation provider

Workplace rehabilitation providers deliver specialised services to help workers recover at/return to work.

Workplace rehabilitation services are usually delivered at the workplace and may involve:

- assessing a worker’s capacity to perform duties safely
- promoting early recovery at/return to work
- coordinating rehabilitation strategies to support improvements in the worker’s capacity
- identifying options to help reduce work demands (including providing advice on equipment, job or workplace modifications)
- identifying and addressing risks that may impact the worker’s recovery at/return to work outcome
- implementing and monitoring a plan to achieve an agreed recovery at work goal
- arranging appropriate training and placement in alternative employment if the worker is unable to return to pre-injury employment.
While it is usually the employer or insurer who makes the decision on which workplace rehabilitation provider will be used in each situation, the worker should be consulted on the decision and given the opportunity to refuse or request a change in provider.

The insurer is responsible for engaging the provider and paying for their services. These costs are recorded as a claims cost.

Your role as the allied health practitioner

As the allied health practitioner, your primary objective is to support the worker and help optimise their recovery at/return to work. This is generally achieved through evidence-based clinical intervention and management.

The worker will look to you for information about their condition and recovery. Your role may involve:

- setting expectations from the first consultation regarding their recovery at/return to work, active participation in recovery, planning and treatment
- conducting a detailed worker assessment and (where applicable) providing information to inform and/or confirm diagnosis and treatment strategies
- obtaining information from the insurer and/or employer to assist with goal setting and tailoring of treatment interventions
- providing information to the support team regarding the worker’s progress and capacity for work
- educating all parties about the health benefits of work.

Your role does not include advocating for the worker in relation to the management of their claim, litigation or other compensation processes.

Others that may be involved

Other health practitioners may be involved in the management of the worker’s injury/condition and may assist you to facilitate the worker’s recovery by:

- conducting a detailed assessment of the worker and providing information to inform and/or confirm diagnosis and the treatment strategy
- providing treatment to improve the worker’s capacity for work
- providing recommendations about the worker’s progress and their capacity for work.

Independent consultant

Independent consultants are experienced in the assessment and treatment of workplace injuries. They provide an independent peer review of allied health treatment in the workers compensation system.

Only SIRA-approved independent consultants are allowed to undertake these reviews. Refer to www.sira.nsw.gov.au for more information and a list of approved independent consultants.
Injury management consultant

An injury management consultant is a registered medical practitioner approved by SIRA and experienced in occupational injury and workplace based rehabilitation.

They work with the doctor and other members of the support team to negotiate a way forward in cases where there are barriers that are delaying, or have the potential to delay, a worker's recovery at/return to work. The injury management consultant may liaise with you as part of this process. For more information and a list of approved injury management consultants, refer to www.sira.nsw.gov.au.

Independent medical examiner

Independent medical examiners are registered medical practitioners with qualifications relevant to the worker's injury.

The worker, their legal representative, or the insurer can request an independent medical examiner to review medical information and/or examine the worker, when information from the doctor is unavailable, inadequate, or inconsistent, or when the insurer has been unable to resolve issues after discussion with the doctor, and/or after the involvement of an injury management consultant.

SafeWork NSW inspector

SafeWork NSW inspectors help employers and employees understand their rights and obligations under work health and safety, workers compensation and injury management legislation.

Inspectors also have the power to issue an Improvement Notice should they believe an employer has contravened the requirement to provide suitable employment following a workers compensation claim. For more information, refer to www.safework.nsw.gov.au.
Communicating with the support team

Each member of the support team has an important role to play in the worker’s recovery. Clear communication and collaboration with others in the support team is essential to:

- understand the worker’s capacity, needs and strengths
- identify any barriers or risks to recovery and effective strategies to address these issues
- develop shared goals and recovery expectations
- ensure the worker receives consistent messages from team members
- ensure the right services are provided at the right time.

Issues may arise during the life of the claim that you might wish to discuss with members of the support team. Some examples include, but are not limited to:

- if the worker is repeatedly late or does not attend their appointment
- if you want to discuss a referral of the worker to a specialist, workplace rehabilitation provider or independent consultant
- if the doctor wants you to continue treatment and you don’t consider further treatment appropriate
- if the doctor is a barrier to upgrading the worker or is delaying the process
- if your assessment of work capacity differs from what the doctor has certified
- if the worker needs to be directed to an alternate allied health practitioner
- if the worker has been certified for pre-injury duties but you believe they will require ongoing treatment for a brief period to remain at work.
Practising in the NSW workers compensation system

In the NSW workers compensation system, allied health practitioners are classified under two tiers. These tiers are based on the practitioner’s discipline of practice and registration (or membership) as a health practitioner.

To build capability in the workers compensation system there is an online allied health practitioner training program. This program is completed at the practitioner’s own cost.

Any allied health practitioner whose registration is limited or subject to any conditions as a result of a disciplinary process, is precluded from delivering any services to NSW workers.

Any other conditions/limitations on an allied health practitioner’s registration unrelated to a disciplinary process will be considered on a case-by-case basis.

Some differences exist between Tier 1 and Tier 2 allied health practitioners based on their:
• processes for approval of services, and
• fees to bill the insurer.

These are detailed throughout the guide.

Tier 1 allied health practitioners

All Tier 1 allied health practitioners providing services in the NSW workers compensation system must be approved by SIRA. They must complete the online training program and meet and adhere to the requirements set out in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners.

Tier 1 allied health practitioners include:

• chiropractors, osteopaths, physiotherapists, and psychologists who have general registration with the Australian Health Practitioner Regulation Agency (AHPRA)

• exercise physiologists who are accredited with Exercise & Sports Science Australia (ESSA)

• counsellors who are:
  – full clinical members of the Psychotherapy and Counselling Federation of Australia (PACFA), or
  – mental health social workers accredited with the Australian Association of Social Workers (AASW), or
  – level 3 or 4 members of the Australian Counsellors Association (ACA).
**Becoming an approved allied health practitioner**

SIRA maintains a list of approved practitioners at www.sira.nsw.gov.au. If approved, allied health practitioners have their name and contact details added to this list. It is the responsibility of the practitioner to notify SIRA (in writing) if any of their listed details change.

Upon approval, practitioners are provided with a SIRA workers compensation approval number. This number is specific to the individual and cannot be used by any other person. Each practitioner only requires one approval number per discipline practiced and this can be used at each location they work.

**Decision to decline, suspend or revoke approval**

Where an allied health practitioner does not meet or adhere to the requirements outlined in the *Guideline for approval of treating allied health practitioners*, SIRA may decline, suspend or revoke their approval.

**Exemptions from the prior approval of treatment services**

In some instances, Tier 1 allied health practitioners are not required to obtain prior insurer approval for service provision. These exemptions are designed to assist and encourage timely and appropriate treatment, reduce delays and support the worker’s recovery at/return to work following an injury.

For a full list of exemptions from prior approval refer to the *Guidelines for claiming workers compensation* at www.sira.nsw.gov.au.

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**Tier 2 allied health practitioners**

Tier 2 allied health practitioners include all other allied health disciplines not listed as Tier 1 practitioners.

Tier 2 allied health practitioners should adhere to the principles and procedures set out in this guide, except where the guide specifies the procedure only applies to Tier 1 allied health practitioners.

Tier 2 allied health practitioners are encouraged to complete the allied health practitioner online training program.

**Exemptions from the prior approval of treatment services**

The exemptions from prior approval do not apply to Tier 2 allied health practitioners.

Tier 2 allied health practitioners are not approved by SIRA workers compensation and therefore must obtain insurer approval prior to undertaking any service provision with a worker, except for treatment services provided within 48 hours of the injury.
Interstate allied health practitioners

Interstate allied health practitioners providing treatment services to a NSW worker outside of NSW do not need to be approved by SIRA. They are not required to undertake the NSW allied health practitioner online training either.

Every service provider must adhere to the NSW workers compensation system requirements. This means:

- meeting the requirements for approval outlined in the Guideline for approval of treating allied health practitioners (with the exception of completing the online training)
- submitting allied health recovery requests for the prior approval of treatment services, and
- adhering to all policies and procedures set out in this guide.

Exemptions from the prior approval of treatment services

Interstate practitioners without SIRA approval cannot access exemptions from prior approval (except for treatment services provided within 48 hours of the injury). They must obtain insurer approval prior to undertaking service provision.

Performance and compliance

SIRA uses customer feedback, research evidence and transactional data to improve outcomes and better meet worker and employer needs.

SIRA may review practitioner performance by analysing data, billing practices and service provision at any time. This information helps us identify trends across the system and monitor individual practitioners performing outside industry averages.

We may initiate a review of an individual practitioner or practice. In this instance, the practitioner will be given at least two weeks’ notice to prepare for the review. The review may involve one or more cases.

SIRA will notify the allied health practitioner when a review has been finalised.

Note: For ease of reference, information specifically relating to Tier 1 allied health practitioners has been highlighted in blue, Tier 2 allied health practitioners is highlighted in red, and interstate allied health practitioners is highlighted in teal throughout the document.
Providing services to workers

Allied health practitioners make a significant contribution to improving health and achieving positive recovery at/return to work outcomes for workers, particularly in the critical early stages after injury.

All allied health practitioners in the NSW workers compensation system are expected to adopt the principles of the *Clinical Framework for the Delivery of Health Services*. The five principles are:

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

**About the Clinical Framework for the Delivery of Health Services**

The *Clinical Framework for the Delivery of Health Services* was developed by the Transport Accident Commission and WorkSafe Victoria. It reflects the most contemporary approach in the delivery of treatment, and outlines expectations when treating an individual with a compensable injury.

The framework is supported by the Australian Physiotherapy Association, the Australian Psychological Society, the Chiropractors Association of Australia, the Australian Osteopathic Association, the Chiropractic and Osteopathic College of Australasia and Occupational Therapy Australia.

**Conflict of interest**

Allied health practitioners need to consider conflict of interest when providing services in the NSW workers compensation system.

A conflict of interest is a situation where an allied health practitioner could be influenced (or seen to be influenced) by a personal interest in carrying out their allied health practitioner duties.

This could occur if the allied health practitioner has competing professional and personal interests that make it difficult for them to fulfil their duties impartially, or improperly influence the performance of their professional duties.

In assessing the presence of a real, perceived or potential conflict of interest, consideration should be given to:

- personal, professional or business-to-business financial gain or benefit
- existing provider, client or familial relationship
- businesses in which the allied health practitioner, friends or family have an interest
- a worker’s location (such as availability of services in rural and remote areas)
- disclosing sensitive or confidential information gained through employment to another organisation
- any financial or other personal interest that could directly or indirectly influence or compromise the allied health practitioner in performing services.
Any allied health practitioner who has a real, perceived or potential conflict of interest in undertaking their duties within the NSW workers compensation system must declare this conflict to the insurer prior to the delivery of any service. These declarations will be assessed by the insurer on a case-by-case basis.

If the insurer decides the allied health practitioner can deliver services to the worker, it is the allied health practitioner’s responsibility to inform the worker of the real, perceived or potential conflict of interest and to document it in the worker’s notes.

If the allied health practitioner is dissatisfied with the insurer’s decision they should follow the complaints process outlined in the ‘Looking for assistance or more information?’ section of this guide.

### When you receive a referral

As an allied health practitioner, there are certain requirements you must meet when communicating with and submitting documentation to other members of the worker’s support team.

**Note:** While physiotherapists, chiropractors, osteopaths and psychologists do not require a referral to commence treatment, all other allied health practitioners do.

#### When you receive a referral for allied health services, contact the insurer before your first appointment with the worker to confirm:

- their claim has been accepted
- they are eligible for payment of medical and related expenses
- the insurer agrees treatment is reasonably necessary.
Eligibility

Insurer approval for allied health treatment may have a time limit. That’s why it’s important you confirm the worker’s eligibility for paid medical (and related) expenses with the insurer before your initial consultation. You may not be paid if you fail to do so. Contact the insurer via phone or email as a first step.

If the insurer does not agree to fund treatment at the time of referral, or if the worker’s eligibility for medical and related expenses ends, the costs of any treatment provided thereafter will be the responsibility of the worker.

It should also be noted that in the event the claim is later accepted, the insurer may be responsible for payment of services already paid for by the worker. In this situation, if the fee charged to the worker exceeded the maximum gazetted rates, the insurer will seek to recover amounts paid above the maximum gazetted fees from you.

You should have a clear arrangement in place with the worker to ensure they notify you of any changes to their eligibility for medical and related expenses. If there is a change in the worker’s eligibility, the insurer must inform them directly. It is recommended that the insurer also informs any treating allied health practitioner of the change at the same time.

Medicare and workers compensation claims

Where a worker is eligible for medical and related treatment expenses for a workers compensation claim, you are unable to bill under the Medicare Benefits Schedule. You must bill the relevant insurer. The Medicare Benefits Schedule states:

‘Medicare benefits are not payable where the medical expenses for the service are for compensable injury or illness for which the patient’s insurer or compensation agency has accepted liability.’

Setting expectations at the first assessment

You and the worker should discuss and formulate an expectation of recovery as soon as possible after injury.

Discuss self-management and reassure the worker that most people recover quickly after an injury.

Explore the worker’s expectations of recovery and work. This will help identify whether the worker’s recovery may be delayed by psychosocial risk factors.

It is expected you communicate with the relevant parties as part of the initial assessment process. You should discuss the worker’s management and formulate common treatment goals. This includes:

• communicating with the nominated treating doctor to discuss diagnosis, current and proposed treatment and how the treatment will aid recovery and build capacity for work
• communicating with the referrer (if not the doctor)
• having meaningful dialogue with the worker’s employer or return to work coordinator and workplace rehabilitation provider (if involved) to ensure you form a clear appreciation of the worker’s pre-injury duties and availability of suitable employment
• discussing your expectations of the worker’s capacity.
Pre-existing or co-existing non-compensable health conditions

The worker’s recovery at/return to work may be compromised when other health conditions are present. Treatments for a compensable condition may be hindered, delayed or medically inappropriate due to pre-existing or co-existing non-compensable health conditions.

It is important the compensable condition be clearly stipulated by the insurer, not only for the worker and employer, but also for treatment practitioners who may otherwise unknowingly provide services unrelated to the compensable injury.

If you identify barriers to recovery due to a health condition that is not directly related or attributable to the compensable injury or illness, make sure the doctor and worker are aware of the issues. The doctor can then follow up regarding appropriate management which may include accessing services via Medicare, a private health fund, and so on.

If you feel it is appropriate to talk to the insurer about any non-compensable issue impacting the recovery of the compensable injury, you should seek consent from the worker to do so.

It may not be necessary to disclose all details, but rather flag the existence of a barrier and advise that management will occur concurrently with the compensable injury or illness.

Reasonably necessary treatment services

Before approving or paying for a medical, hospital or rehabilitation treatment or service, an insurer must determine, based on the facts of each case, that the treatment or service:

- is reasonably necessary, and
- is required as a result of the work related injury/illness.

When considering the facts of the case, the insurer should understand that:

- what is determined as reasonably necessary for one worker may not be reasonably necessary for another worker with a similar injury
- reasonably necessary does not mean absolutely necessary
- although evidence may show that a similar outcome could be achieved by an alternative treatment, it does not mean that the treatment recommended is not reasonably necessary.

In most cases the above points should be sufficient for an insurer to determine what is reasonably necessary. Where the insurer remains unclear on whether a treatment is reasonably necessary, then the following factors may be considered:

- the appropriateness of the particular treatment
- the availability of alternative treatment
- the cost of the treatment
- the actual or potential effectiveness of the treatment
- the acceptance of the treatment by medical experts.

Allied health practitioners should be able to provide justification that their treatment is reasonably necessary. A medical referral alone is not sufficient to meet the ‘reasonably necessary’ benchmark.
Setting SMART goals

One of the principles of the Clinical Framework for the Delivery of Health Services is empowering the worker to manage their injury. This might include setting goals, planning steps and reviewing progress.

As an allied health practitioner working in the workers compensation system, you must identify SMART goals that have been developed in collaboration with and agreed to by the worker.

Goals created with the worker reflect their priorities and clearly outline their anticipated level of change. They are more meaningful to the worker and this increases their participation while encouraging behavioural change.

Worker recovery goals should be Specific, Measurable, Achievable, Relevant and Timed (SMART):

| S | SPECIFIC | Names the particular variable of interest. For example, distance able to walk, hours at work in suitable employment, social outings with friends. |
| M | MEASURABLE | Has a measurement unit (metres, hours, 0–10 scale). |
| A | ACHIEVABLE | Likely to be achieved given the diagnosis and prognosis for the person’s injury and any environmental constraints. |
| R | RELEVANT | Information must be relevant or important to the injured person and other stakeholders. |
| T | TIMED | Timeframe within which the goal is expected to be achieved. |

Participation level goals

Participation level goals are considered best practice in rehabilitation. These goals often describe a worker’s return to or progress towards an important life role. Participation level goals are more likely to motivate the worker, as they show how rehabilitation can help achieve outcomes relevant to them.

Impairment level goals

Impairment level goals are your goals related to the injury. They are objective and clinical, but not meaningful to the worker. For example, your impairment level goal might focus on an increase in range of motion. It is expected that in the majority of cases, the goal(s) will remain the same throughout rehabilitation.

If you or the worker are having trouble moving beyond impairment level goals, you should ask the worker what they want this treatment to achieve.

Note: The insurer does not approve goals. Instead, they use these goals and other information to decide whether the services you propose are ‘reasonably necessary’. 
The allied health recovery request

The allied health recovery request (AHRR) is the primary communication tool regarding the worker’s recovery and the provision of services. It facilitates effective communication between all members of the support team to ensure the worker receives appropriate, cost effective treatment with the best possible outcomes.

All allied health practitioners requesting approval to deliver treatment services must complete and submit an AHRR to the insurer managing the claim.

The AHRR allows you to:

- describe the impact of the injury on the worker in terms of reported and observed signs and symptoms, as well as their capacity to engage in their roles at work, home and the community
- set SMART goals and empower the worker to be actively involved in their recovery
- outline an action plan, listing actions the worker and you are individually responsible for
- demonstrate the effectiveness of treatment using measurable outcomes
- request approval of treatment services, including equipment needs and case conferencing, using a rationale to support the services requested
- indicate the anticipated timeframe the recovery will take
- receive an insurer decision to your request.

You can request approval for up to eight treatment services on a single AHRR form. However you should only request the number of sessions you believe the worker will require, and that you as the treatment provider can justify.

All sections of the AHRR should be completed to avoid any delays in processing and the provision of treatment.

When to submit an allied health recovery request

FOR TIER 1 ALLIED HEALTH PRACTITIONERS

Some services conducted by Tier 1 allied health practitioners are exempt from prior approval and do not require an allied health recovery request. The type and number of services that may be provided depends on a number of factors, including how long it has been since the worker’s injury and whether they have received previous treatment for their injury.

Some exemptions from prior approval include:

- specific allied health treatment services
- case conferencing services that comply with the definition in the applicable Fees Order up to a maximum of two hours (refer to Glossary section of this guide for further information on case conferencing)
- reasonable incidental expenses (see page 25).

You are required to submit an AHRR for any services requiring prior approval.

It is recommended you formulate the AHRR and submit it to the insurer prior to the completion of any current treatment sessions. This will assist with continuity of treatment.


FOR TIER 2 ALLIED HEALTH PRACTITIONERS

Tier 2 allied health practitioners should formulate and submit the AHRR after their first consultation with the worker.
Completing the allied health recovery request

Actively involving the worker in their treatment is an important part of effective rehabilitation. You should ensure the worker understands that they should be actively involved in their recovery – from setting goals and planning steps, to reviewing the progress of their recovery.

Complete the AHRR during a treatment session, or over consecutive treatment sessions, in consultation with the worker.

SIRA approved practitioners must provide their approval number on the AHRR. Once complete, you can send the request to the insurer. Make sure you keep a record of when you sent the request to the insurer (e.g., email read receipts, fax transmission logs or a postal receipt).

Remember, after you complete and sign the AHRR you are responsible for its content. It is inappropriate to complete the AHRR and to insert the name and provider number of the practice principal or another allied health practitioner.

For Tier 1 Allied Health Practitioners

You are able to bill the insurer $25.00 (+GST) once per claim for the initial allied health recovery request.

Available at www.sira.nsw.gov.au, Completing the allied health recovery request will help you complete the AHRR correctly.

Insurer decision following submission of an allied health recovery request

When an AHRR is submitted to the insurer, they must determine liability within 21 calendar days.

Concurrent treatment sessions

SIRA only allows workers compensation insurers to fund one type of physical treatment (e.g., physiotherapy, osteopathy, chiropractic or exercise physiology) and/or one type of psychological treatment (e.g., counselling or psychology) at a time for the same injury area of the compensable injury.

SIRA will not allow funding for any duplication of treatment for the same work-related injury from separate practitioners. This is because it is difficult to effectively measure the benefits and outcomes of each treatment when similar treatments are delivered concurrently.

When a worker is referred from one allied health practitioner to another for management of the same injury area, SIRA allows insurers to fund up to two concurrent sessions for the referring practitioner to facilitate the transition of management (if required). Allied health practitioners are expected to collaborate in these instances to ensure the effective continuation of the worker’s rehabilitation.

It is recommended that the allied health practitioner receiving the referral inform the nominated treating doctor of the change (if the referral was not received from the doctor), as they are responsible for coordinating the worker’s rehabilitation and clinical management.
Work is treatment

As we outlined in the Introduction, research shows that recovering at work after a work related injury or illness can be beneficial to a worker’s recovery. Evidence shows:

• work is therapeutic and promotes recovery
  
• safe work is good for you physically, socially and financially

• time off work is often not medically necessary and can delay recovery

• the longer a worker is off work the less likely they are to ever return.

While returning to work may not always be easy, supporting a worker to stay at work in some capacity provides the best chance of a positive outcome following their injury. It's also better for the workplace.

As an allied health practitioner, you should be prepared to discuss recovery at/return to work options with the worker and support team.

Treatment using work related activity

Work duties as part of a recover at/return to work plan should be used to build a worker’s capacity where appropriate. When this is not possible, physical treatment practitioners may undertake treatment using work related activity to gradually increase a worker’s capacity for work.

Treatment using work related activity is an individual, structured and functional approach. It simulates the worker’s specific work activities as closely as possible, using cognitive behavioural and educative strategies to increase capacity for work.

Treatment using work related activity may be appropriate:

- where there is insufficient suitable activity in the workplace to meet the worker’s needs to upgrade their capacity, or
- when a worker is progressing from passive to active treatment and has had no capacity for work for a significant period and their usual duties involve substantial physical activity.

This type of treatment requires the allied health practitioner to liaise with other members of the support team in order to understand the worker’s role and match the prescribed work related activity to the critical job demands. This liaison may include a review of the workplace assessment (where available), discussions with the workplace rehabilitation provider, employer and/or return to work coordinator.

Where a recover at work goal has not been identified for a worker, treatment using work related activity will not be appropriate until the treatment can have context. For example, where a worker has been terminated from their employment, a vocational assessment may be required to determine their career direction prior to consideration of treatment using work related activity.

If you are requesting approval for multiple sessions of treatment using work related activity, you need to provide clear justification as to why that level of service is required and how treatment will progress the worker to independent self-management.

It’s important to note, that not all sessions within a request for approval need to be for work related activity sessions. It is likely some sessions will consist of routine review, prescription and upgrade of exercise and can be invoiced accordingly.

Note: Aquatic therapy/hydrotherapy is not considered work related activity.

Allied health practitioners and the workplace

Under the NSW workers compensation system, allied health practitioners do not have approval to enter a workplace to provide treatment services for a worker. This does not apply to on-site treatment facilities funded by an employer as part of their general health, safety and wellness staff initiatives.

In the exceptional circumstance where proposed treatment can only be provided in the workplace, allied health practitioners are required to seek pre-approval from the insurer and the employer to deliver the service in the work environment.

The allied health practitioner should only request this where it is essential the treatment be provided in the work environment, based on the needs of the worker and the type of treatment proposed, for example psychological treatment using systematic desensitisation. Treatment inside the workplace can only proceed where all parties have consented to the arrangement.

Mediation is not a treatment service and therefore cannot be provided by a treating allied health practitioner in the NSW workers compensation system.
Equipment provision

**Incidental expenses**

Reasonable incidental expenses for items the worker takes with them for independent use (eg strapping tape, theraband, disposable electrodes, exercise putty, walking sticks, relaxation CDs and self-help books) are payable in addition to the consultation fee.

This does not apply to consumables used during a consultation (eg anti-inflammatory creams, ultrasound gel, acupuncture needles, tissues and so on) or exercise handouts. These items are considered a business expense.

Where an allied health practitioner recommends equipment for the worker, approval from the insurer must be obtained prior to purchasing or hiring the equipment. Without prior approval, the insurer is not liable for the cost of the equipment.

**FOR TIER 1 ALLIED HEALTH PRACTITIONERS**

Tier 1 allied health practitioners may bill up to $100 per claim for incidental expenses and equipment provision, without obtaining prior approval from the insurer. A description of the item must appear on the invoice forwarded to the insurer. Any practitioner request for equipment with a total cost above $100 will require prior approval from the insurer.

**FOR TIER 2 ALLIED HEALTH PRACTITIONERS**

Tier 2 allied health practitioners require prior approval for all incidental expenses and equipment provision.

**Other equipment**

If through discussions with the worker, you identify that equipment at the workplace may assist their recovery at/return to work, please advise the insurer. This equipment may be arranged by the insurer with the assistance of other members of the support team at the workplace.

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Gym/pool based programs

SIRA does not generally support the use of pool or gym programs for work related injuries.

In many cases, activity can be prescribed so that it can be performed in the worker’s usual settings without the need to introduce an alternate setting such as the gymnasium or pool. This supports the worker’s progression towards self-management, rather than developing reliance on equipment that is not available at work or home, and/or on the attending allied health practitioner.

In exceptional circumstances, insurers may consider funding treatment at a gymnasium or pool. Gym/pool based programs should be tailored to the worker’s compensable injury and specific rehabilitation needs.

Generally, pool based treatment is used to aid transition between non weight-bearing and land-based treatments and therefore is not considered an ongoing treatment alternative. It is expected that gym/pool programs will not be a standard duration (for example one month), but rather will be requested as a defined number of sessions on the AHRR, based on the intended outcome of the program.

Where a gym/pool based program is developed, it should be formulated so the worker can complete it independently. The program should form part of an independent self-managed rehabilitation plan and facilitate recovery at/return to work. It is expected that allied health practitioner input will be limited to the set-up of the gym/pool program, periodic review and evaluation.

**Note:** Water based programs will not be approved where the worker has already returned to work or achieved capacity to work.
Parts of this guide may not apply to allied health practitioners delivering specialised services to workers who have been severely injured at work.

Severe injuries may include:

- spinal cord injury
- moderate to severe traumatic brain injury
- extensive amputations (for example multiple limb amputations)
- full thickness burns
- permanent loss of sight.

It is expected that only a very small number of practitioners will be providing specialised services to workers who meet the definition of severe injury.

**Definition of severe injury**

The NSW workers compensation system uses the following specific criteria to define severe injury. Severe injury means one or more of the following diagnoses (and associated criteria) are met:

- 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 work related 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 per cent 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.

SIRA recognises specialised treatment needs may differ significantly for a worker with a severe injury. Whilst return to work is still a focus, it may not be possible for all workers with a severe injury. In this case the support team will focus on other meaningful activities to improve the worker’s independence and participation in their home and community. Services may be coordinated by a case manager external to the insurer.

The insurer must provide prior approval for all treatment services. It is recommended that you contact the insurer to:

• confirm you are treating a worker with a recognised severe injury
• discuss the appropriate way of requesting services.

Use of the AHRR is optional for the request of services for workers with severe injury.

FOR TIER 1 ALLIED HEALTH PRACTITIONERS

Tier 1 allied health practitioners delivering specialised services to workers with severe injury are allowed greater flexibility when tailoring treatment. This may include the following:

• services provided are exempt from the NSW Workers Compensation Fees Orders
• practitioners may bill for their time to undertake comprehensive assessment and/or treatment services, where required
• practitioners are able to provide multiple services on the same day where required, for example treatment of the worker and education of family/carers
• physical treatment practitioners may deliver treatment concurrently with other physical treatment practitioners, where appropriate.

This flexibility aims to meet the unique needs of a worker with a severe injury and to remunerate the practitioner appropriately for their services.

FOR TIER 2 ALLIED HEALTH PRACTITIONERS

Tier 2 allied health practitioners delivering specialised services to workers with severe injury are to discuss their fees with the insurer and agree upon an appropriate charge at the time of requesting approval to deliver services (except for massage therapists who have their own Fees Order).
Allied health practitioner fees

FOR TIER 1 ALLIED HEALTH PRACTITIONERS

Treatment delivered by Tier 1 allied health practitioners is defined and governed by the relevant Workers Compensation Fees Orders. *The Workers Compensation Act 1987* enables SIRA to set the maximum fees for each service via the gazetted Workers Compensation Fees Orders.

Tier 1 allied health practitioners cannot levy and insurers cannot pay in excess of the maximum fee set out in the relevant Fees Order. To do so is in breach of the legislation.

If you attempt to charge either the insurer or worker in excess of the gazetted fee, you risk SIRA revoking your approval. Current Workers Compensation Fees Orders are available at www.sira.nsw.gov.au.

FOR TIER 2 ALLIED HEALTH PRACTITIONERS

With the exception of massage therapy, treatment delivered by Tier 2 allied health practitioners is not governed by Workers Compensation Fees Orders.

For services delivered by a Tier 2 allied health practitioner that are similar in nature to that of a Tier 1 practitioner (e.g., hand therapy by an occupational therapist), it is recommended the relevant gazetted Fees Order be used as a guide for the cost of services.

Tier 2 allied health practitioners are to discuss their fees with the insurer and agree upon an appropriate charge at the time of requesting approval to deliver services. The fee should be similar to the amount customarily paid within the community for that type of treatment or service (except for massage therapists who have their own Fees Order).

When the insurer notifies the treatment provider of the approval for treatment or services, the insurer should specify the costs approved.

FOR INTERSTATE ALLIED HEALTH PRACTITIONERS

You must seek insurer approval prior to undertaking any service provision beyond that provided within 48 hours of the injury.

When invoicing, the service provider number for interstate allied health practitioners is INTO0000. The payment classification code is the one relevant to the practitioner’s professional discipline.

Any accredited exercise physiologist, chiropractic, counselling, osteopathy, massage therapy, physiotherapy or psychological treatment services provided to a NSW worker in a state or territory other than NSW, must be paid in accordance with the fee that would apply to the workers compensation jurisdiction of the state/territory of service, up to the maximum fee specified in the schedule of the relevant NSW Fees Order.
Invoicing for treatment

All invoices must be itemised and include the following information:

- the words ‘Tax Invoice’ stated prominently
- the name of the individual practitioner who provided the service
- location details of where the treatment was delivered
- the date the tax invoice was issued
- the allied health practitioner’s Australian Business Number (ABN)
- the worker’s name and claim number
- date of each service
- appropriate SIRA workers compensation payment classification code and the cost for each service
- payee details.

No pre-payment for planned services

SIRA cannot authorise insurers to pay allied health practitioners in advance of services being provided, even where approval has been given to provide those services. This includes report writing.

When worker circumstances change

Circumstances concerning worker eligibility for medical and related expenses may change for a number of reasons.

Treatment may have been approved but then, due to circumstances changing with the claim status, treatment funding is no longer available. This may occur because:

- the worker’s claim has been declined, commuted or settled
- information is obtained by the insurer and they have determined treatment is no longer reasonably necessary
- time limit thresholds have been met.

Allied health practitioners should clarify eligibility prior to their initial consultation with the worker, resumption of treatment, or where they believe other circumstances have changed which may impact the worker’s eligibility to medical and related expenses.

Cancellation or failure to attend

No fees are payable for worker cancellation or failure to attend scheduled sessions.

Allied health practitioners are encouraged to schedule treatment sessions outside the worker’s work commitments in order to maximise attendance rates.

FOR TIER 1 ALLIED HEALTH PRACTITIONERS

Tier 1 allied health practitioners must provide their SIRA workers compensation approval number on all tax invoices, regardless of location.
Independent consultants

The role of the independent consultant

Independent consultants are approved by SIRA to provide an independent peer review of allied health treatment and the management of individual cases.

Independent consultants may:

• determine whether further treatment is reasonably necessary
• work with the treating practitioner to decide future treatment content and duration that will achieve the best outcomes for the worker and increase in the worker’s capacity for employment
• advise the treating practitioner, insurer and worker on the ongoing need for further treatment
• educate allied health practitioners about the NSW workers compensation system
• complete a biopsychosocial assessment of the worker with consideration given to their diagnosis and prognosis.

The independent consultant does not:

• determine causation or liability
• undertake a functional capacity evaluation or any formal assessment of work capacity for the insurer for the purposes of assessing work capacity.

Who can be an independent consultant?

An independent consultant:

• is an allied health practitioner registered with the Australian Health Practitioner Regulation Agency (AHPRA). They could be either:
  – a physiotherapist, chiropractor or osteopath for the review of physical treatment, or
  – a psychologist for the review of psychological treatment
• is experienced in delivering health services within the NSW workers compensation system
• has satisfied the SIRA selection criteria and agreed to the conditions of approval
• is approved by SIRA for a three-year term (with an option for SIRA to extend this to a maximum of five years) as an independent consultant, and
• is listed as an approved independent consultant at www.sira.nsw.gov.au.
Referral to an independent consultant

A referral for an independent consultant review should occur early in the recovery process in order to achieve the best outcome for the worker.

Any member of the support team may recommend a referral to an independent consultant. The insurer will approve the referral and complete the referral form with the information provided from any third party. A standard referral template should be used and is available at www.sira.nsw.gov.au.

The independent consultant should be (where possible) of the same discipline as the allied health practitioner managing the worker.

A referral may be initiated in the following ways:

At the request of the insurer

The insurer should consider a referral to an independent consultant where an allied health practitioner requests treatment continues beyond 16 sessions, or if, after discussion with the treating allied health practitioner, there is concern about:

- the treatment duration, frequency and/or whether treatment is reasonably necessary
- treatment that has continued for an extended period without any improvement in functional outcomes, particularly in relation to a worker's capacity
- the treatment approach most likely to achieve positive work outcomes for the worker
- barriers to recovery at work and/or psychosocial risk factors for delayed recovery and work loss.

At the request of the allied health practitioner

As an allied health practitioner, you are encouraged to request involvement of an independent consultant where barriers to recovery, progress, return to work or active participation are evident, and you consider that an independent opinion and/or expert advice is likely to be beneficial in the management of the worker’s injury.

SIRA supports the proactive involvement of an independent consultant in these cases in order to achieve the best outcome for the worker.

Contact the insurer by telephone or note your request and rationale in the space provided on the AHRR.

At the request of another member of the support team

Other members of the support team, such as the employer, doctor, workplace rehabilitation provider or worker, can request an independent consultant review if recovery progress has been delayed, or if guidance regarding treatment management options is required.

Approving and arranging an independent consultant referral

Before they approve a referral to an independent consultant, the insurer will make direct contact with the allied health practitioner in order to discuss worker treatment, its progress and the referral.
Any referral to an independent consultant is to be arranged by the insurer not a third party such as a medico-legal company.

Once the referral is approved the insurer is required to:

- select a SIRA approved independent consultant from those listed on the website (from the same discipline as the treating allied health practitioner if possible)
- complete the referral form, attach all relevant information and email it to the independent consultant
- approve the stage of review (one, two or three) after discussion with the independent consultant
- inform the treating allied health practitioner, worker and nominated treating doctor of the referral and its purpose.

It is recommended the insurer consider approval for a limited number of treatment sessions while the referral and review are being undertaken as halting treatment may lead to additional barriers to progress.

**Independent consultant reviews**

An independent consultant review can take three different forms:

**Stage 1 – file review**

This involves a review of the AHRR(s) and/or other relevant documentation, to help the insurer determine reasonably necessary treatment services or equipment prescription.

This is only to occur where the specialised skills of an independent consultant are required. The independent consultant is not to replace the role of the insurer’s injury management advisor.

**Stage 2 – file review and discussion with treating allied health practitioner**

This involves the consideration of all AHRR(s) and other relevant documentation, as well as a discussion with the treating allied health practitioner.

The discussion with the treating practitioner is likely to include current treatment outcomes, proposed treatment and intervention to build the worker’s capacity for employment.

**Stage 3 – assessment of worker and discussion with treating allied health practitioner**

If after the review of the referral information, the independent consultant determines an assessment of the worker is required for an effective review, they will ask the insurer to advise the worker of what is involved and arrange an appointment.

Discussion with the treating practitioner is likely to include current treatment outcomes, proposed future treatment, and intervention to build the worker’s capacity for employment.
Participation of allied health practitioners

In stage two and three reviews, discussion with the treating allied health practitioner is an important part of the independent consultant review process.

Treating practitioners must participate in discussions with the independent consultant, unless extenuating circumstances prevent them from doing so (for example hearing impairment). In this situation, alternative communication means are to be used.

Discussions should be arranged within business hours unless another time is mutually agreed. Responses to contact made by the independent consultant should be provided by the allied health practitioner within three working days, unless reasonable circumstances prevent contact within this timeframe.

FOR TIER 1 ALLIED HEALTH PRACTITIONERS

Tier 1 allied health practitioners must participate in a review when they are contacted by an independent consultant. SIRA may suspend or revoke its approval of an allied health practitioner if the practitioner fails to cooperate with the independent consultant. Refer to the Guideline for approval of treating allied health practitioners on our website for more information.

FOR TIER 2 ALLIED HEALTH PRACTITIONERS

Tier 2 allied health practitioners are asked to participate fully in independent consultant reviews when contacted.

Report of an independent consultant review

Once the review is complete, the independent consultant will provide a report with recommendations to the treating allied health practitioner, insurer and nominated treating doctor.

The independent consultant should provide their report within 10 working days of their review, unless prior arrangements have been made with the insurer.

The insurer’s decision about funding of future treatment will take into account the recommendations of the independent consultant, as well as other information available at the time. Independent consultant recommendations are not binding but influential in guiding decisions about future treatment.

The insurer is responsible for implementing and monitoring the independent consultant’s recommendations in a timely manner.

Payment for independent consultant reviews

Services provided by an independent consultant are paid for by the insurer and are charged as a cost to the claim. The Workplace Injury Management and Workers Compensation (Independent Consultant) Fees Order applies. For more information, go to www.sira.nsw.gov.au.

Please note, no fee is payable to the treating allied health practitioner for the time spent liaising with the independent consultant.
Insurer, treating allied health practitioner, worker or member of support team identifies a need for a peer review or independent opinion.

Insurer contacts treating allied health practitioner to discuss the treatment, progress and proposed management. If an independent consultant review is considered necessary, insurer advises allied health practitioner of the review.

Insurer selects a SIRA approved independent consultant (of the same discipline as the treating allied health practitioner if possible). Insurer completes the referral form, attaches relevant documentation and sends via email to the independent consultant. Independent consultant reviews referral ensuring there is no conflict of interest. Independent consultant contacts the insurer to confirm appropriate stage of review.

Insurer informs treating allied health practitioner, worker and doctor of the referral, procedure, purpose and level of review to be completed and appointment details (if relevant).

**STAGE 1 REVIEW**

Independent consultant contacts insurer recommending a stage 3 review.

Independent consultant contacts the treating allied health practitioner to discuss treatment, the outcomes achieved and plan for future management.

Independent consultant provides a written report to the treating allied health practitioner, doctor and insurer. Insurer distributes report to worker (where appropriate) and other relevant parties.

Insurer considers the recommendation/s.

- Intervention continues.
- Intervention is phased out.
- Intervention ceases.
- Alternative intervention.

Worker accepts decision.

Worker disagrees with decision.

Worker follows process for resolving disputes.
# Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
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<tr>
<td>Allied health recovery request (AHRR)</td>
<td>The AHRR is the primary communication tool between allied health practitioners and the insurer when discussing the worker’s recovery and the provision of services. It facilitates effective communication between all members of the support team and ensures the worker receives appropriate, cost effective treatment with the best possible outcomes. See page 21 for more information.</td>
</tr>
<tr>
<td>Case conference</td>
<td>A face-to-face meeting, video conference or teleconference with any or all of the following parties - workplace rehabilitation provider, employer, insurer or other treatment provider/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 /return to 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 allied health practitioner’s records indicating the person(s) spoken to, details of discussions, duration of the discussion and outcomes.</td>
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**TIER 1 ALLIED HEALTH PRACTITIONERS:**

Prior approval is not required for up to two hours of case conferencing per claim. It is to be billed according to the relevant Fees Order.

**TIER 2 ALLIED HEALTH PRACTITIONERS:**

Prior approval is required for case conferencing. It should be billed using the relevant NSW workers compensation Fees Order as a guide to the appropriate fee.
<table>
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<th>Term</th>
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<tr>
<td>Disputed claim</td>
<td>A dispute happens when the insurer decides, based on available evidence, that a person does not meet the legal requirements to be entitled to workers compensation benefits. An insurer may dispute a claim for many reasons, including, but not limited to: liability of the claim (insurer disputes all or part liability for a claim), injury management (suitable employment or medical treatment), permanent impairment (level of permanent impairment).</td>
</tr>
<tr>
<td>Episode of care</td>
<td>When treatment resumes for the same injury more than three months after the last session of treatment it is considered to be a new episode of care.</td>
</tr>
<tr>
<td>Exempt workers</td>
<td><em>The Workers Compensation Legislation Amendment Act 2012</em> changed the workers compensation laws. The 2012 amendments do not apply to police officers, paramedics or fire fighters – these are exempt workers. For further information please review the <em>Guidelines for claiming workers compensation</em>.</td>
</tr>
<tr>
<td>Injury management</td>
<td>Injury management is the process that comprises activities and procedures that are undertaken or established for the purpose of achieving a timely, safe and durable recovery at/return to work for workers following a work related injury or illness.</td>
</tr>
<tr>
<td>Injury management plan</td>
<td>An injury management plan must be developed by the insurer in consultation with the employer (except when the insurer is a self-insurer), nominated treating doctor and the worker. It is used to coordinate and manage the treatment, rehabilitation and training (where appropriate) of the worker. A plan must be established for a work related injury if the worker is unable to work for a continuous period of more than seven days.</td>
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<tr>
<td>Term</td>
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| Provisional payments             | Allows the insurer to commence weekly payments (for a maximum period of 12 weeks) and reasonably necessary medical and treatment related services (up to $7,500) immediately while claim liability is determined.  
Provisional payments do not apply in some situations, for example, for rural fire fighters, emergency service and rescue association volunteers. |
| Reasonable excuse                | The insurer may have ‘reasonable excuse’ not to start provisional payments, for example:  
• there is insufficient medical information  
• the injured person is unlikely to be a worker  
• the insurer is unable to contact the worker  
• the worker refuses access to information  
• the injury is not work related  
• there is no requirement for weekly payments  
• the injury is not notified within two months. |
| Return to work                   | A timely, safe and durable return to paid employment for which the person is suited, having particular regard to their capacity, pre-injury employment, age, education, skills and work experience. |
| Recover at work plan             | A statement of goals and objectives (and services required to achieve them) for a worker undergoing recovery at work. It should clearly outline the worker’s capacity for work including hours, supervision requirements, treatment times and review dates.  
The plan must be developed with the worker, employer or return to work coordinator, and workplace rehabilitation provider. It should be regularly monitored against the worker’s progress. |
| Tier 1 allied health practitioner| Tier 1 allied health practitioners include:  
• physiotherapists, chiropractors and osteopaths  
• psychologists, counsellors  
• accredited exercise physiologists.  
For more information regarding Tier 1 allied health practitioners, see page 13 or www.sira.nsw.gov.au. |
| Tier 2 allied health practitioner| Tier 2 allied health practitioners include all other allied health practitioners not listed as Tier 1 practitioners.  
See page 14 or www.sira.nsw.gov.au for more information. |
<table>
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<tbody>
<tr>
<td>Eligibility time limits for medical and related expenses</td>
<td>As stated in s59A of the <em>Workers Compensation Act 1987</em>, workers may have an eligibility time limit for insurer payment of medical and related expenses. Exempt workers and existing claims have different medical and related expense time limits. Upon referral, contact the insurer to confirm the: • status of the worker’s claim • worker is eligible for payment of medical and related expenses • insurer agrees treatment is reasonably necessary.</td>
</tr>
<tr>
<td>Worker</td>
<td>A worker who has sustained a work related injury or illness and is entitled to compensation under NSW workers compensation legislation. In this document ‘worker’ also includes exempt workers, volunteers and emergency rescue workers under the <em>Bush Fire and Emergency Rescue Services Act 1987</em> unless otherwise stated.</td>
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</tbody>
</table>
Looking for assistance or more information?


SIRA has a hotline for all enquiries about workers compensation claims, insurance and work health matters. You can phone us on 13 10 50.

Frequently asked questions

Can I charge the insurer for any incidental items the worker takes away from the consultation?

**FOR TIER 1 ALLIED HEALTH PRACTITIONERS**

Tier 1 allied health practitioners can bill up to $100 per claim for incidental expenses without the insurer’s prior approval.

**FOR TIER 2 ALLIED HEALTH PRACTITIONERS**

Tier 2 allied health practitioners are required to seek prior approval for all incidental expenses.

Any items used during the course of the treatment session such as needles, strapping tape, oils, creams/gels, exercise handouts and so on, are considered a business expense and the cost is included in the consultation fee. No additional fee is payable for these items.

Does my fee as a Tier 1 physical treatment practitioner vary depending on the type of treatment I am providing?

If the treatment is delivered on an individual basis, the standard consultation rate listed in the relevant Fees Order should be used, regardless of the type of treatment delivered during the consultation.

The following exceptions apply:

- your treatment uses work related activity (see ‘Treatment using work related activity’ on page 24)
- the treatment is for two distinct areas
- the treatment is complex, or
- you are treating a worker with a severe injury (as per the definition in the Fees Orders).

Can I bill for one and half sessions as the worker’s session went over time?

Fees for allied health services are not time based, but are included as part of the standard consultation and treatment fee structure as stated in column 2 of the relevant NSW Fees Order.

However, if you are providing treatment to a worker with a severe injury (as per the definition in the Fees Orders) this rule does not apply.
Can I bill for completing a report requested by the insurer?

Insurers expect the allied health practitioner to communicate via the AHRR.

If you receive a request from the insurer for a report, you will receive pre-approval to bill for a maximum of one hour.

If you do not think you can answer the questions posed by the insurer adequately in this time, you should contact the referrer and inform them you will be unable to address all issues/questions raised. Ask them to reconsider the questions they have asked you, to enable you to complete the report within the maximum one hour time period.

The insurer will not pay for a report that has not been requested.

Can I bill the insurer for non-attendance?

There is no fee payable for non-attendance. Allied health practitioners should implement scheduling systems which maximise worker attendance rates. This may mean scheduling an appointment outside their work hours.

Can I bill the worker for non-attendance or a gap fee?

No. You cannot bill the worker for non-attendance or a gap fee. You should discuss the issue of non-attendance with the worker and explain the impact on their likely progression and recovery.

You may need to remind the worker that continued non-attendance will be discussed with the insurer and their employer.

Under what circumstances can I bill for travel?

Travel costs require pre-approval from the insurer.

Travel costs may be approved where the most appropriate clinical management of the worker requires the allied health practitioner to travel away from their normal practice. This usually only applies to workers with a severe injury (as per the definition outlined in the Fees Orders).

Travel costs do not apply where the allied health practitioner provides contracted services to facilities such as a private hospital, gymnasium or hydrotherapy pool.

Where multiple clients are being treated in the same visit, the travel charge must be divided accordingly.

I have been told by an insurer that I can only be paid by Electronic Funds Transfer (EFT) and that I cannot be paid by cheque. Is this correct?

This is correct. EFT is now the only payment method from insurers to third party service providers.

Can I deliver more than one session per day?

Payment will not be made for the delivery of more than one consultation with the worker each day. However, if you are providing treatment to a worker with a severe injury (as per the definition in the Fees Orders) this rule does not apply.
Can a physical treatment provider bill for entry fees to a pool or gymnasium facility?

SIRA does not generally support the use of pool or gym programs for work related injuries. In many cases activity can be prescribed so that it can be performed in the worker’s usual settings, without the need to introduce an alternate setting such as a gymnasium. This also supports early progression towards self-management, rather than developing reliance on equipment that is not available at work or home, and/or on the attending allied health practitioner.

Water-based programs will not be approved where the worker has already returned to work.

In exceptional circumstances when approval is given for treatment to be provided at an external facility such as a gymnasium or pool, the facility (and not the allied health practitioner) is to invoice the insurer directly under code OTT007. Where this is not possible, the allied health practitioner must clearly state the name, location and charge cost price of the facility on their invoice and attach a copy of the facility’s invoice to their account.

External facility fees only apply to the cost of the worker’s entry. An entry fee will not be paid where the facility is owned or operated by the allied health practitioner or the allied health practitioner contracts their services to the facility. Fees payable for the entry of the allied health practitioner are a business cost and cannot be charged to the insurer.

Can I bill for a telephone consultation with a worker?

No. Telephone consultations are not payable in the NSW workers compensation system.

Can I bill for video consultations?

Yes. Allied health practitioners are able to bill for video consultations. These are referred to as Telehealth services.

You must consider the appropriateness of this mode of service delivery on a case-by-case basis. Telehealth services require pre-approval from the insurer and must be consented to in advance by all parties involved – the worker, the allied health practitioner and the insurer.

Telehealth services are to be delivered 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, confidentiality, appropriateness and effectiveness of the service.
Resolving disputes about treatment

For complaints and disputes regarding the AHRR, treatment recommendations or independent consultants, the following process should be followed:

<table>
<thead>
<tr>
<th>Worker</th>
<th>Insurer</th>
<th>SIRA Customer Service Centre 13 10 50</th>
<th>WCC 1300 368 040</th>
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<tbody>
<tr>
<td></td>
<td><strong>Complaint regarding the approval of treatment</strong></td>
<td>You should encourage the worker to contact their insurer if they have concerns regarding their treatment.</td>
<td>If the worker is dissatisfied with the insurer’s response, they can seek advice from the SIRA Customer Service Centre on 13 10 50. The Customer Service Centre provides assistance to workers and employers with workers compensation enquiries.</td>
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<td>All insurers must have a process in place to conduct a review at the worker’s request. This review is to be conducted by someone other than the person who made the original decision and who has the requisite expertise.</td>
<td>If the issue is still unresolved, the worker can apply to the Workers Compensation Commission (WCC) for dispute resolution. They can call WCC on 1300 368 040 or go to <a href="http://www.wcc.nsw.gov.au">www.wcc.nsw.gov.au</a>.</td>
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<th>WIRO 13 94 76</th>
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<td><strong>Complaint regarding the injury management process</strong></td>
<td>If a worker is dissatisfied with the management of their injury, or has a complaint about an insurer’s decision at any stage, they should contact the insurer first to escalate the complaint.</td>
<td>The Independent Legal Assistance and Review Service (ILARS) can help pay costs incurred by workers when disputing decisions made by the insurer. Call ILARS on 13 94 76 or email <a href="mailto:ilars@wiro.nsw.gov.au">ilars@wiro.nsw.gov.au</a> for more information.</td>
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<tr>
<td>If the worker is dissatisfied with the insurer’s response they can seek advice from the Customer Service Centre on 13 10 50.</td>
<td>If the issue is still unresolved, the worker may contact the Workers Compensation Independent Review Office (WIRO). WIRO will review the case, contact the insurer on the worker’s behalf, attempt to resolve the complaint, make a recommendation and follow up on it. They can call WIRO on 13 94 76 or go to <a href="http://www.wiro.nsw.gov.au">www.wiro.nsw.gov.au</a>.</td>
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<th>HCC 1800 043 159</th>
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<tr>
<td><strong>Complaint regarding an allied health practitioner’s conduct</strong></td>
<td>In the first instance the worker should contact the insurer.</td>
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<td>If the worker is unsatisfied with the insurer’s response they can seek advice from the SIRA Customer Service Centre.</td>
<td>If the issue is unable to be resolved with the assistance of the Customer Service Centre, the worker may apply to the Health Care Complaints Commission (HCCC) on 1800 043 159 or go to <a href="http://www.hccc.nsw.gov.au">www.hccc.nsw.gov.au</a>.</td>
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Allied health practitioner

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Complaint regarding an insurer’s decision

If you as the treatment practitioner are dissatisfied with an insurer’s decision, you should attempt to address this directly with the insurer in the first instance.

If discussion with the insurer case manager does not result in a satisfactory outcome, you may request the matter is escalated and reviewed within the insurer.

If these issues cannot be resolved by open communication between the parties, it may be referred to the SIRA Customer Service Centre on 13 10 50.

This same process should be adopted in regard to unpaid invoices.

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Complaint regarding an independent consultant

Complaints about independent consultants should be referred to the insurer in the first instance.

If you are not satisfied with the outcome, contact the SIRA Customer Service Centre on 13 10 50.

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Acknowledgements

This guide was developed by SIRA to facilitate communication between allied health practitioners, insurers and other members of the worker’s support team.

It was developed in conjunction with the Allied Health Practitioner Management Framework Review working party. The working party was made up of representatives from each workers compensation insurer, Lifetime Care, Motor Accidents Insurance Regulation, Dust Diseases Care, the Australian Physiotherapy Association, the Australian Psychological Society, Exercise & Sports Science Australia, independent consultants and Workers Compensation Regulation.
Disclaimer
This publication may contain information that relates to the regulation of workers compensation insurance, motor accident third party (CTP) insurance and home building compensation in NSW. It may include details of some of your obligations under the various schemes that the State Insurance Regulatory Authority (SIRA) administers. However to ensure you comply with your legal obligations you must refer to the appropriate legislation as currently in force. Up to date legislation can be found at the NSW Legislation website www.legislation.nsw.gov.au.

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