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# WORKCOVER WA NOTICE

## **OCCUPATIONAL THERAPY – UPPER LIMB SERVICES**

This Notice clarifies the principles and rules applicable to upper limb services provided by Occupational Therapists

### **Principles**

It is a fundamental principle that medical and allied health services are focussed on the direct treatment of injured workers, and that unnecessary or unsolicited costs do not detract from a worker's capped entitlement.

### **Consultations**

- Time-based consultations for Occupational Therapy are for the direct treatment of injured workers and should be delivered in line with the Clinical Framework for the Delivery of Health Services.
- Consultation times should not be extended to incorporate administrative items such as:
  - Room setup -
  - Courtesy communications with third parties such as insurers and GPs \_
  - Reporting, other than the exceptions listed in the following section.

### Reports

- The Occupational Therapy fee schedule does not make express provision for reports. However, where a formal report (written or verbal) relating to a consultation has been sought by a specialist, GP or insurer, it is permissible to incorporate this into a consultation fee provided the time with the injured worker and the time spent on reporting are clearly identified and itemised on the invoice.
- Insurers should not be charged for unsolicited reporting.

### **Treatment management plans**

- A Treatment Management Plan (TMP) may be requested when the therapist is of the view that treatment will be required beyond ten consultations (or four weeks, whichever comes first). The TMP may be initiated by a therapist or requested by an approved insurer or self-insurer.
- The WorkCover WA fee schedule has been amended to incorporate a new code and fee for completing a treatment management plan. The fee is aligned to the rate for the physiotherapy treatment management plan.

### **Consumables**

- It is WorkCover WA's expectation that injured workers are not subjected to excessive charges for consumables (in excess of market rates).
- Reasonable costs may be charged for medical requisites that are provided to injured workers for their exclusive use and are not reused on other patients (e.g. Theraputty, splints etc.).
- However, items or equipment used in the course of in-clinic treatment (e.g. paraffin wax, gels,) should not be charged for.