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**THE MODEL EXPLAINED**

**1. What are the main features of the new model?**

Key features include higher fees for standard and extended consultations, stepping down after seven and nine months of treatment respectively. A new fee for metropolitan and regional travel replaces the multiple out-of-rooms items. You will undertake training and join a network of physiotherapists who treat in line with the Clinical Framework.

**2. Where can I access the fee schedule?**

You can also access a copy on the TAC and VWA websites under 'Fee Schedules'.

**3. Do the higher rates start from date of injury or date of first service?**

For initial and standard consultations, the higher rate starts from **date of injury** and can be applied for seven months. This is designed to encourage early intervention as soon as possible after an injury. Increased focus on treatment in the early stages will improve return to work and health outcomes for the patient.

For extended consultations, the higher rate starts from **date of first service in a community based private practice**, and can be applied for nine months. This is designed to ensure physiotherapists treating complex or severely injured patients who spend lengthy periods in hospital following an injury, are able to access the higher fee for initial treatment that is often more intensive.

**4. How does a patient qualify for extended consultations?**

Extended consultations are designed for severely injured or complex patients and must be pre-approved. A severe injury is defined in the *Transport Accident Act 1986* and *Workplace Injury Rehabilitation and Compensation Act 2013.* Refer to the following for more information:

* Early Intervention Physiotherapy Framework policy
* [TAC definition of severe injury](http://www.tac.vic.gov.au/claims/what-the-tac-pays-for/policy/supporting/definition-of-severe-injury)
* [TAC criteria for complex and multi-site orthopaedic injuries](http://www.tac.vic.gov.au/claims/what-the-tac-pays-for/policy/physiotherapy/cmso-complex-and-multi-site-orthopaedic-injuries)
* [VWA criteria for restricted/extended consultations](http://www.worksafe.vic.gov.au/health-professionals/treating-injured-workers/restricted-consultation)

**5. What pre-approvals are required and how do I apply for pre-approval?**

Pre-approval is required for extended consultations and travel.

For TAC clients, pre-approval is linked to the client's Independence Plan, or by exception where required. Contact the claims officer for direction.

For injured workers, extended consultations will be treated exactly the same as restricted consultations, only referred to by this new name. You can request, complete and return a pre-approval form from the VWA Agent. This will be reviewed by the Clinical Panel to ensure the request is clinically justified.

**6. Will current prior-approvals still stand?**

Yes, they will still apply under the new framework.

**7. How do I find out a TAC client or injured worker's date of injury and first service?**

A TAC client or injured worker's date of injury will be recorded when their claim is lodged. If the TAC client or injured worker is unsure of the date of first private service, the TAC or VWA can provide this information.

**8. Why has the VWA rate for initial consultations been reduced?**

In order to introduce higher standard and extended consultation fees, the fee for initial consultations was impacted. The fees are now consistent across the TAC and VWA and in line with market rates. The decrease also addresses a reduction in red tape for physiotherapists.

**9. What red tape has been reduced?**

 The following applies to all physiotherapists, not just those enrolled in the EIPF.

* All physiotherapists can now refer a patient directly to a gym/swim program without a GP referral. (*Refer to the Gym and Swimming Policy for more information.)*
* Physiotherapists can now directly provide small stock items under $200 such as splints, braces, taping and bandages without prior-approval from the TAC or VWA Agent. (*Refer to the Equipment Policy and Equipment List for more information.*)
* Physiotherapists can refer directly to Network Pain Management Programs. *(Refer to the Pain Management and Network Pain Management policy for more information.)*
* Three different medical certificates have been streamlined into one Certificate of Capacity that applies to all TAC clients and injured workers (from 1 July 2014).

**10. What reporting is required?**

For TAC clients, a Treatment Notification Plan (TNP) is required within the first five visits.

For injured workers, a Physiotherapy Management Plan (PMP) is required within the first five visits.

**11. Does the medical or employer excess apply under the new model?**

Yes. The medical or employer excess applies as per the standard physiotherapy services.

Visit the TAC and VWA websites for more information on the [medical excess](http://www.tac.vic.gov.au/providers/fees-and-policies/policy/medical-excess) and [employer excess.](http://www.worksafe.vic.gov.au/laws-and-regulations/employer-rights-and-responsibilities)

**12. How will a TAC client or injured worker know that I’m part of the Early Intervention**

**Physiotherapy Framework?**

TAC clients can search for a physiotherapist via the ‘[Locate a health or service](http://www.tac.vic.gov.au/providers/locate) provider’ option on the TAC website from August.

Injured workers can use the ‘Injury Support Provider Search’ on the VWA website from August.

**13. I've been seeing a patient for longer than seven months and there doesn't seem to be much improvement. What should I do?**

The TAC and VWA Clinical Panel can provide you with clinical advice and support. Contact the TAC client's claims officer or VWA Agent in the first instance.