

Early Intervention Physiotherapy Framework Q&A for physiotherapists – Fees & Billing

Updated July 2015

FEES

1. What are the rates for the Early Intervention Physiotherapy Framework?
2. Where can I access the fee schedule with item codes?
3. Do the new rates apply to existing TAC clients and injured workers that I'm treating, or just new ones?

INITIAL CONSULTATIONS

4. What are the expectations attached to the initial consultation fee?

POST-OPERATIVE PHYSIOTHERAPY – NEW FOR JULY 2015

5. Why is some post-operative physiotherapy now being treated differently?
6. What surgical procedures are eligible for this new higher fee?
7. How long can I bill the new post-operative physiotherapy item number for?
8. Do I need prior approval to bill the post-operative item number?
9. The post-operative rate is equivalent to the 'within seven months of injury' standard consultation rate. What should I bill if both criteria are present?
10. How do I find out a TAC client or injured worker's date of injury or first service?

WORKPLACE ASSESSMENT

11. What are the expectations attached to a Workplace Assessment?
12. Do I need prior approval to conduct a Workplace Assessment?
13. How do I bill for a Workplace Assessment?

BILLING

14. When can I start billing after completing the training?
15. What codes do I use to invoice the TAC or WorkSafe?
16. Once enrolled, can I bill for some items under the EIPF fee schedule and others from the standard physiotherapy fee schedule?
17. What if I forget to apply the lower rate after seven months, and incorrectly bill for the higher EIPF rate?
18. Is there any change to rates for hydrotherapy or group therapy?
19. Why can't I bill for travel for hydrotherapy, worksite assessments or TAC team meetings but I can bill for a consultation that occurs out of rooms?
20. Can I use HICAPS to bill the TAC or WorkSafe?
21. Can I still bill via EDI if I am servicing under the Early Intervention Physiotherapy Framework?
22. Once I am enrolled into the framework, can I bill for any backdated services?
23. Can a TAC client or injured worker be asked to pay up front and seek reimbursement from the TAC, WorkSafe or employer?

24. Do I have to change any of my own systems?

25. Besides updating my payment system, is there anything else I need to do?

TRAVEL

26. How is metropolitan and regional travel defined?

27. If I'm travelling from a metropolitan area to a regional area (or the reverse), which rate should I bill for?

28. How do I get pre-approval to bill for travel and extended consultations?

FEES

1. What are the rates for the Early Intervention Physiotherapy Framework?

	First seven months post injury	Post seven months from date of injury
Initial consultation	EPA100 \$98.17	EPB100 TAC - \$67.73 WORKSAFE - \$98.17
Standard consultation	EPA102 \$64.81	EPB102 TAC - \$51.60 WORKSAFE - \$51.55
	First three months of treatment (from date of 1st post-op treatment)	
Post-operative Physio standard consultation (surgery / procedure occurs within 2 ½ yrs of date of injury / accident)	EIP001 \$64.81	Applicable standard consultation fee and code
Workplace Assessment & Report	WorkSafe = PY128 TAC = WPA101 \$149.97 per hour, to a maximum of \$494.91 Includes travel and report	
	First nine months from date of first physiotherapy service*	Post nine months from date of first physiotherapy service
Extended consultation	EPA107	EPB107

31-40 minutes	\$86.41	WorkSafe = \$64.22 TAC = \$64.56
Extended consultation 40+ minutes	EPA108 \$108.02	EPB108 \$103.11
Metropolitan travel		
	\$2.72 km	
Regional travel		
	\$1.84 km	

*First community-based physiotherapy service (excludes outpatient rehabilitation)

2. Where can I access the fee schedule with item codes?

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

3. Do the new rates apply to existing TAC clients and injured workers that I'm treating, or just new ones?

Once enrolled into the framework, you may apply the higher rates to your existing patients, as long as they fit within the relevant seven or nine month time treatment period.

INITIAL CONSULTATIONS

4. What are the expectations attached to the initial consultation fee?

Along with the existing requirement of the Physiotherapy Management Plan (WorkSafe) or Treatment Notification Plan (TAC), we encourage EIPF Providers to use this early opportunity to drive return to work. This might be through a conversation with the Employer about available suitable duties, a discussion with the GP regarding certification of capacity, taking on the role of certifier, or setting early expectations with the client about the importance of return to work.

POST-OPERATIVE PHYSIOTHERAPY

5. Why is some post-operative physiotherapy now being treated differently?

We recognize that, following many common surgical interventions, there is a period of renewed intensity of physiotherapy treatment that is similar to the early treatment of an acute injury. As such, we are introducing a **new item number** which can be billed for treatment in the 'acute recovery' phase following certain surgeries and procedures. The fee for this service is the same as the 'early intervention' standard consultation fee (for when treatment occurs within the first seven months). This new item can be billed for a maximum of three months of treatment, **provided the surgery occurs within the first 2 ½ years of the claim** (measured from the date of injury). This service should be billed in place of the standard consultation previously billed in these situations.

6. What surgical procedures are eligible for this new item number and fee?

A list of 'eligible' procedures has been developed in consultation with the APA and other

stakeholders, and is available through the link below. This list has been developed to help EIPF providers determine when the post-operative item EIPPO1 can be billed. It is not designed to be exhaustive, but to cover the likely compensable procedures for WorkSafe injured workers and TAC clients. **If a procedure does not appear on the list, it should be considered ineligible.** Regular reviews will be conducted to ensure EIPF providers are billing in line with this list and the relevant timeframes. Billing of EIPPO1 following ineligible procedures will be subject to recovery.

7. How long can I bill the new post-operative physiotherapy for?

This new item number can be billed for a maximum of **three months of treatment** that follows one of the eligible procedures, **provided the surgery occurs within the first 2 ½ years of the claim** (measured from the date of injury). This three month period commences from the date of the first post-operative physiotherapy service.

8. Do I need prior approval to bill the post-operative item number?

No.

9. The post-operative rate is equivalent to the 'within seven months of injury' standard consultation rate. What should I bill if both criteria are present (post-op physio is within seven months of the DOI)?

If the treatment meets the requirements for both the higher standard consultation rate and the new post-operative consultation, it is up to the treating physio to decide what to bill. However, we would encourage use of the post-operative item when the treatment meets the criteria for this item, as it will assist WorkSafe and the TAC in better understanding treatment following surgery.

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

A TAC client or WorkSafe 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 Claims Manager or WorkSafe Agent can provide this information.

WORKPLACE ASSESSMENTS

11. What are the expectations attached to a Workplace Assessment?

A Workplace Assessment can be a useful tool to initiate or progress a safe and sustainable return to work, and generally involves the physiotherapist assessing the client's pre-injury or modified duties within the work environment, and making recommendations as to work capacity, which are required in the form of a brief report. These recommendations should be reflected in the certificate of capacity, either through the physiotherapist taking on the role of certifier, or through the physiotherapist liaising with the certifier. The report from the physiotherapist is not expected to take the place of an occupational rehabilitation worksite assessment, and will vary depending on the workplace and client, but should generally cover:

- Worker/Client details (name, claim number, Employer, DOB, date of injury, nature of injury / diagnosis)
- Workplace Assessment details (date of visit, location, attendees)
- Pre-injury duties and hours (brief description)
- Current status of Worker/Client (including certified capacity, work status, and RTW goals)
- Identified barriers and proposed solutions / alternatives

- Suitable duties identified
- Conclusions (duties and positions identified, current capacity and how this relates to identified duties, recommendations for future RTW supports)
- Other (follow-up discussions with GP, Worker/Client, Employer, other stakeholders)

12. Do I need prior approval to conduct a Workplace Assessment?

Prior approval from the WorkSafe Agent / TAC Claims Manager is not required. However, as the assessment involves visiting the workplace, approval from the Employer is required. The Employer should be encouraged to be a part of the assessment when appropriate.

13. How do I bill for a Workplace Assessment?

Billing for a Workplace Assessment is time-based, and is limited to 3.5 hours total per assessment. It should include time spent arranging the assessment, travel time to and from the worksite, report writing and submission, and any required follow-up, such as a conversation with the GP to discuss findings and certification.

BILLING

14. When can I start billing after completing the training?

Once you have completed the training and returned the signed declaration, the TAC and WorkSafe will aim to complete all applications for enrolment within 10 business days. You will then be confirmation that you may start billing the EIPF rates.

15. What codes do I use to invoice the TAC or WORKSAFE?

Codes are listed on the Early Intervention Physiotherapy Framework fee schedule, which can be found on the TAC and WorkSafe websites.

16. Once enrolled, can I bill for some items under the EIPF fee schedule and others from the standard physiotherapy fee schedule?

No. Once enrolled, you must bill in line with the Early Intervention Physiotherapy Framework fee schedule and service standards. If you choose not to join the Early Intervention Physiotherapy Framework, you should bill in line with the standard physiotherapy fee schedule.

17. What if I forget to apply the lower rate after seven months, and incorrectly bill for the higher EIPF rate?

The TAC and WorkSafe payment systems will pick up incorrect billing and automatically reduce the payment to the lower rate. You will be notified via remittance if this occurs.

18. Is there any change to rates for hydrotherapy, group therapy or worksite assessments?

These rates remain unchanged and are the same as standard physiotherapy. They will be listed on the Early Intervention Physiotherapy Framework fee schedule so you only need to refer to one fee schedule.

19. Why can't I bill for travel for hydrotherapy, worksite assessments or TAC team meetings but I can bill for a consultation that occurs out of rooms?

The hydrotherapy, worksite assessment and TAC team meetings already have travel included in the existing fee. For example, it's inherent that travel is required for hydrotherapy services. Where travel is a certainty, billing has been made simpler by including it in the rate.

20. Can I use HICAPS to bill TAC or WorkSafe?

The new EIPF item codes cannot currently be submitted using HICAPS, but is being considered for the future.

21. Can I still bill via EDI if I am servicing under the Early Intervention Physiotherapy Framework?

Yes. You will need to ensure your EDI file is updated to send the correct item codes, outlined in the EIPF fee schedule.

22. Once I am enrolled into the framework, can I bill for any backdated services?

You will receive confirmation once you are enrolled and provided with a copy of the fee schedule. You may bill for any services delivered **from** this date of confirmation, but not before.

23. Can a TAC client or injured worker be asked to pay up front and seek reimbursement from the TAC, WorkSafe or employer?

Yes, however the patient should be informed of this prior to the service taking place, and advised of the amount that the TAC or WorkSafe will reimburse them.

24. Do I have to change any of my own systems?

Yes. You will need to update your invoicing system with the new Early Intervention Physiotherapy Framework item codes. Item codes are outlined on the fee schedule which will be provided on completion of training. It is recommended that you remove any item codes that are not on the EIPF fee schedule to prevent billing incorrectly and delaying payment.

25. Besides updating my payment system, is there anything else I need to do?

To ensure timely payment, please ensure your banking details listed with the TAC and WorkSafe are up to date.

At the TAC please email info@tac.vic.gov.au or call 1300 654 329.

At WorkSafe please email service_provider_registration@WorkSafe.vic.gov.au or call 1800 136 089.

TRAVEL

26. How is metropolitan and regional travel defined?

The border between metropolitan and regional areas is defined by the [Victorian Department of Health map](#). Per kilometre rates are based on average travel speed for metropolitan and regional areas as defined by VicRoads.

27. If I'm travelling from a metropolitan area to a regional area (or the reverse), which rate should I bill for?

Pre-approval for travel is required, as outlined in the EIPF policy.

Travel is based on distance, not time. You should bill the rate that you spend the most number of kilometres travelling in. For example, 10km in a regional area and 20km in a metropolitan area would result in payment for 30km of travel at the metropolitan rate.

You must bill only for the kilometres travelled to and from the TAC client or injured worker's location, and bill pro-rata for travel between clients. You should record the distance from one appointment to the next when clients are treated consecutively, not from each appointment to the practice.

28. How do I get pre-approval to bill for travel and extended consultations?

You may only bill for travel or extended consultations if pre-approval has been granted. 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, but referred to by this new name. You can access the restricted consultation request form on the WorkSafe website:

<http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/restricted-consultation>

The completed form should be sent to the WorkSafe Agent, who will review and forward for Clinical Panel review and discussion with you if required.