

Chiropractic fee schedule and policy

Fee schedule

Effective 01 July 2024

Item no.	Service description	Max fee (ex GST)
CH002	Initial consultation of not more than 30 minutes duration Initial consultation of not more than 30 minutes duration. History, assessment, planning, education and treatment in accordance with the Clinical Framework for the Delivery of Health Services.	\$78.10 flat fee
CH003	Initial consultation of more than 30 minutes duration Initial consultation of more than 30 minutes duration. History, assessment, planning, education and treatment in accordance with the Clinical Framework for the Delivery of Health Services.	\$136.10 flat fee
CH042	Subsequent consultation of not more than 30 minutes duration Subsequent consultation of not more than 30 minutes duration. Re-assessment, planning, education and treatment in accordance with the Clinical Framework for the Delivery of Health Services.	\$61.60 flat fee
CH043	Subsequent consultation of more than 30 minutes duration Subsequent consultation of more than 30 minutes duration. Re-assessment planning, education and treatment in accordance with the Clinical Framework for the Delivery of Health Services. Due to the complexity of the injury, extra time is required for history taking, examination, treatment, documenting and liaison. This type of consultation is expected in only a limited number of cases for example, major trauma.	\$126.90 flat fee
CHMP	Chiropractic management plan Chiropractic management plan. A chiropractic management plan completed and submitted by the treating chiropractor. For claims managed by ReturnToWorkSA or their claims agents, the chiropractor is expected to submit a plan: - prior to the 11th treatment if more than 10 treatments are likely to be required, or - prior to the expiry of an existing chiropractic management plan if additional treatment is required, or - at the request of the claims manager. For claims managed by self-insured employers, the plan must be requested by the self-insured employer.	\$54.60 flat fee
CH780	Independent clinical assessment and report Independent clinical assessment and report. An assessment of a worker by a chiropractor, other than the treating chiropractor, and provision of a report for the purpose of providing a clinical opinion on current treatment, comment on the worker's functional ability and make recommendations on future chiropractic management. This service must be requested in writing by the claims manager, self-insured employer, worker or worker's representative. Maximum 4 hours.	\$217.70 per hour Max 4 hours
CH552	Telephone calls Telephone calls relating to the management of the worker's claim, or to progress their recovery and return to work, made to or received from, the claims manager or self-insured employer, worker's employer (including the employer's return to work coordinator), worker's representative, ReturnToWorkSA advisor, approved return to work service provider* or worker's referring/treating medical practitioner. Any time spent on communication directly related to an independent clinical assessment and report is included within the total time invoiced for that service.	\$30.20 flat fee

*An approved return to work service provider means a provider approved by RTWSA to deliver specific recovery/return to work services (e.g. pre-injury employer, fit for work, restoration to the community and return to work assessment) in accordance with conditions set out in the Application for Approval as a South Australian Return to Work Service Provider.

CH820	Treating chiropractor report Treating chiropractor report. A written clinical opinion, statement or response to questions relating to the medical status and treatment of a worker, requested in writing by the claims manager, self-insured employer, worker or worker's representative.	\$217.70 flat fee
CH870	Case conference Case conference. Attendance at a case conference as requested in writing by the claims manager or self-insured employer, worker's employer (including the employer's return to work coordinator) or an approved return to work service provider*. *An approved return to work service provider means a provider approved by RTWSA to deliver specific recovery/return to work services (e.g. pre-injury employer, fit for work, restoration to the community and return to work assessment) in accordance with conditions set out in the Application for Approval as a South Australian Return to Work Service Provider.	\$217.70 per hour
CURAP	Equipment, therapeutic aids and appliances Other THERAPEUTIC Aids/Appliances including supply, delivery or repairs as recommended by Medical Expert. This also includes delivery of equipment (eg, wheelchairs, beds etc), repairs/maintenance to hearing aids, batteries etc.	Reasonable cost
CH905	Travel time Travel time. Travel by a chiropractor for the purpose of a case conference, home or hospital visit or an independent clinical assessment.	\$184.80 per hour
CHT11	Cervical spine 2 views Cervical spine - 2 views	\$169.00 flat fee
CHT13	Thoracic spine 2 views Thoracic spine - 2 views	\$143.60 flat fee
CHT15	Lumbo-sacral spine 3 -6 views Lumbo-sacral spine - 3-6 views	\$198.20 flat fee
CHT16	Sacro-coccygeal area 2 views Sacro-coccygeal area - 2 views	\$119.60 flat fee
CHT27	Hip joint Hip joint	\$129.20 flat fee
CHT28	Pelvic girdle Pelvic girdle	\$163.00 flat fee
CHT30	Radiological services otherwise not listed in this schedule Radiology services not listed in this schedule must be billed at a reasonable cost as specified in section 33(1)(b) of the Return To Work Act 2014 (the Act).	Reasonable cost

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Chiropractic service and payment policy

The purpose of the services identified in this fee schedule and policy is to provide treatment that assists a worker in their recovery and (if applicable) supports them to stay at or return to work as soon as it is safe for them to do so. This fee schedule applies to all work injury claims, whether insured through ReturnToWorkSA or a self-insured employer.

ReturnToWorkSA or the self-insurer will periodically review a worker's treatment and services to ensure they remain reasonable for the work injury and are payable under the *Return to Work Act 2014*.

ReturnToWorkSA expects the provision of services to be consistent with this fee schedule and policy, which has been developed to comprehensively meet the needs of worker's requiring chiropractic treatment. Services provided outside of this fee schedule and policy may only be approved by the claims manager where there is no comparable service within the fee schedule and the service is determined as reasonably required in consequence of the work injury.

Who can provide services to workers?

The Insurer (ReturnToWorkSA or a self-insurer) will only pay for services by healthcare professionals who are:

- ✓ registered by ReturnToWorkSA to provide the services identified in this schedule. ReturnToWorkSA will register a service provider upon receipt of their initial invoice; and
- ✓ registered as a chiropractor with Australian Health Practitioners Regulation Authority.

Returning to work and the role of the health provider

Why return to work is important

The beneficial effect that work can have on a person's health and wellbeing has been well evidenced in the Australian and New Zealand consensus statement on the health benefits of work - Position statement 2011: Realising the Health Benefits of Work.

Source: The Australasian Faculty of Occupational and Environmental Medicine (AFOEM), and The Royal Australasian College of Physicians (RACP).

The health provider's role in the recovery process

Health providers have a vital role to play in helping injured workers stay at or return to work. The health provider is best placed to advise and educate patients that, in most cases, a focus on return to work is in their best interest – for both their future, quality of life and that of their family. Staying at home until completely recovered is often not the best thing for an injured worker. Health providers can help by focusing on what a worker can do rather than what they can't.

To help make a difference, ensure that you:

- ✓ screen for risk early
- ✓ adopt a whole person approach
- ✓ set clear expectations

- ✓ provide clear recommendations on the worker's capacity and what the worker can do
- ✓ make enough time for clinical management
- ✓ contact the workplace where applicable.

For more information, visit the health provider tab at www.rtwsa.com.

ReturnToWorkSA's expectations for the delivery of services to workers

ReturnToWorkSA expects that all providers of services to workers as part of the South Australian Return to Work scheme adhere to their registration requirements including relevant codes and guidelines in the application of their registration standards. ReturnToWorkSA expects all providers to integrate the following principles of the [Clinical Framework for the Delivery of Health Services](#) (the clinical framework) into their service delivery:

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

How much the insurer will pay

This fee schedule is published in the *South Australian Government Gazette*. Gazetted fees are the maximum fees chargeable, excluding GST. Where applicable, GST can be applied over and above the gazetted fee.

ReturnToWorkSA or a self-insurer will pay the reasonable cost of services up to the maximum amount detailed in the ReturnToWorkSA fee schedule.

What ReturnToWorkSA will pay for

ReturnToWorkSA will pay for services that are:

- ✓ for the treatment of a work injury or condition
- ✓ reasonable and necessary
- ✓ in accordance with the clinical framework.

What the insurer will not pay for

ReturnToWorkSA or a self-insurer will not pay for:

- × Non-attendance or cancellation fees for treatment services
- × Services invoiced in advance of the service delivery
- × Written communication between a worker's treating practitioners
- × Services focussed on improving a worker's general level of health, fitness and wellbeing
- × More than one consultation (initial or subsequent) on the same day
- × Needles used for dry needling/acupuncture treatment.

Chiropractic management plan

Treating chiropractors should complete and submit the ReturnToWorkSA chiropractic management plan. This plan is available on our website at www.rtwsa.com.

For claims managed by ReturnToWorkSA or their claims agents, the chiropractor is expected to submit a plan:

- ✓ prior to the 11th treatment if more than 10 treatments are likely to be required, or
- ✓ prior to the expiry of an existing chiropractic management plan if additional treatment is required, or
- ✓ at the request of the claims manager.

For claims managed by self-insured employers, the plan must be requested by the self-insured employer.

This plan:

- ✓ should be forwarded to the worker's claims manager or self-insured employer and copies made available to the treating doctor and worker
- ✓ is to notify the claims manager, self-insured employer and/or treating doctor of the continuation of chiropractic services beyond 10 treatments, the expected recovery and management time frames, goals of treatment, number of treatments required, expected discharge date and any barriers to recovery or return to work outcomes.

Independent clinical assessment and report

A chiropractor undertaking an independent clinical assessment must:

- ✓ be independent of the treating chiropractor and any chiropractic treatment services following the independent clinical assessment
- ✓ have a minimum of:
 - five years of relevant clinical experience related to the injury type
 - two years experience in the provision of chiropractic services within the Return to Work scheme.
- ✓ conduct the assessment as soon as possible after receipt of the written referral and/or approval from the claims manager or self-insured employer, or as specified by the referrer.

Purpose

The purpose of an independent clinical assessment is to provide:

- ✓ an independent opinion on the reasonableness and necessity of the worker's current or proposed chiropractic treatment/management
- ✓ a differential diagnosis using an evidence-based clinical assessment
- ✓ recommendations regarding the worker's future chiropractic management that are aligned to the principles of the clinical framework
- ✓ a prognosis for return to work
- ✓ an opinion and/or recommendations on any other questions asked by the requestor.

Report

The independent clinical assessment report should:

- ✓ detail the relevant findings
- ✓ provide the assessor's independent clinical opinion on the reasonableness and necessity of the worker's current or proposed treatment
- ✓ provide recommendations for future chiropractic management
- ✓ include responses to questions asked by the requestor
- ✓ be submitted within 10 business days from the date of the assessment.

Case conference

- ✓ Case conferences conducted by telephone (teleconferencing) are chargeable under this item.
- × No fee is payable for records made by a chiropractor during the case conference unless delegated as the representative by the claims manager or self-insured employer.

Travel time

- ✓ Travel time will only be paid for the purposes of a case conference, home or hospital visit or an independent clinical assessment.
- ✓ All accounts must include the total time spent travelling, departure and destination locations and the distance travelled.
- ✓ If travel time is undertaken for more than one worker, the travel time must be divided accordingly.
- × There is no charge for travel time from one clinic to another clinic.
- × Travel time will not be paid for chiropractors conducting regular visits (e.g. to hospitals).

Invoicing requirements

All amounts listed in this fee schedule are exclusive of GST. If applicable, the insurer will pay to the provider an amount on account of the provider's GST liability in addition to the GST exclusive fee. Suppliers should provide the insurer with a tax invoice where the amounts are subject to GST.

Information required on an invoice

All invoices are required to contain the following information to enable prompt and efficient payment:

- ✓ provider details
 - Name
 - Medicare provider number (if applicable) and/or ReturnToWorkSA provider number (if known)
 - Practice and address details.
- ✓ invoice number and invoice date
- ✓ Australian Business Number (ABN)
- ✓ worker's surname and given name(s)
- ✓ claim number (if known)
- ✓ employer name (if known)
- ✓ each service itemised separately in accordance with this fee schedule including:
 - date of service and commencement time
 - service item number and service description
 - duration of service in hours/minutes rounded to the nearest 6 minutes for hourly rate services
 - charge for the service
 - total charge for invoiced items plus any GST that may be applicable.
- ✓ Bank account details for electronic funds transfer (EFT).

Invoicing for services which have an hourly rate fee

All services must be charged as a single invoice transaction for the total accumulated time in providing the service.

When payments will not be made

Payments will not be made:

- × On invoices that do not contain the above information, which may be returned to the provider for amendment.
- × On 'account rendered' or statement invoices. Payment will be made, where appropriate, on an original invoice or duplicate/copy of the original.
- × In advance of service provision, including all written reports.
- × Where the worker's claim has not been accepted. In this case the worker is responsible for payment.

When to submit an invoice

Invoices are to be submitted within four weeks of service. Invoices received more than six months after date of service may not be paid unless exceptional circumstances exist.

How to submit an invoice

Invoices sent via email is the preferred option in any of the following formats: word, PDF, and image files. Please email your invoice to the relevant address below.

Gallagher Bassett: invoices@gb.rtwsa.com

EML: accounts@eml.rtwsa.com

EnAble: EnAble@rtwsa.com

What are our payment terms

The Return to Work scheme has 30 day payment terms which is mandated and cannot be amended. Please do not send multiple copies of the original invoice if your payment terms are less than 30 days.

Outstanding payments

Please contact the relevant claims agent, ReturnToWorkSA's EnABLE Unit or self-insured employer if the claim has been accepted and the payment is outstanding.

GST

For all GST-related queries, please contact the Australian Taxation Office or your tax advisor.

Changes to provider details

For changes to provider details, such as ABN, change of address or electronic funds transfer details, please complete the Provider registration form available on our website. Once completed email to prov.main@rtwsa.com.

For any queries relating to this form, please contact ReturnToWorkSA on 13 18 55.

Useful contacts

Claims agents

All work injury claims (*that are not self-insured or a severe traumatic injury*) are managed by Employers Mutual or Gallagher Bassett. To identify which claims agent is managing a worker's claim, refer to the 'Claims agent lookup' function on our website at www.rtwsa.com.

EML

Phone: (08) 8127 1100 or free call 1300 365 105
Fax: (08) 8127 1200
Postal address: GPO Box 2575, Adelaide SA 5001
Online: www.eml.com.au

Gallagher Bassett Services Pty Ltd

Phone: (08) 8177 8450 or free call 1800 664 079
Fax: (08) 8177 8451
Postal address: GPO Box 1772, Adelaide SA 5001
Online: www.gallagherbassett.com.au

ReturnToWorkSA EnABLE Unit

For claims relating to severe traumatic injuries, please contact this unit directly.

Phone: 13 18 55
Postal address: GPO Box 2668, Adelaide SA 5001

Self-insured employers

For matters relating to self-insured claims, please contact the employer directly.

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