

What services are patients entitled to?

If you have a patient with an **accepted** WorkCover claim, we will pay for appropriate treatment and services to assist recovery. What is paid for will depend on each individual's needs, but may include:

- medical services
- hospitalisation
- approved rehabilitation
- nursing
- therapeutic appliances
- medicines
- remedial therapy provided by WorkCover accredited providers (see www.workcover.com for the list of accredited providers)
- physical rehabilitation (gym) and hydrotherapy provided by WorkCover accredited individuals and facilities (see www.workcover.com for the list of accredited providers)
- assistance at home.

If a patient travels a long distance for treatment (such as from a country town to Adelaide) we may also pay for accommodation and transport (just check with the patient's case manager first).

What are medical services?

We pay for necessary medical services when they are delivered by 'medical experts'. Medical experts are strictly defined in our legislation as:

- medical practitioners
- dentists
- psychologists
- opticians
- physiotherapists
- chiropractors
- podiatrists
- occupational therapists
- speech pathologists

What services are *not* eligible for payment?

Only medical services delivered by a medical expert as well as the specific products and services listed (left) can be compensated by WorkCover. It's important to be aware of this and refer patients only to services for which they will be compensated. Services by practitioners who are **not** included in the list of 'medical experts' are not eligible for payment by WorkCover. These include:

- hydrotherapy, gyms, personal trainers/ exercise physiologists or remedial therapists unless they are accredited by WorkCover
- hypnotherapy
- psychotherapies/counselling
- acupuncture
- massage therapies
- naturopathy
- yoga
- relaxation training
- stress management
- electrotherapies
- posture re-education
- kinesiology
- flotation
- magnet therapy
- neuroskeletal dynamics
- prolotherapy.

This list is not exhaustive but it gives you a general guide of what is not eligible for payment. If good quality scientific evidence emerges for non-eligible services, WorkCover will reconsider payment. If you have any doubts about whether a particular service is eligible for payment, please contact your patient's case manager for advice prior to service provision.

The following services or products will only be paid for if recommended by an appropriate medical expert, and under specified conditions:

Exercise balls - should only be used under supervision in a safe and controlled environment.

Dieticians - only a tertiary qualified dietitian can provide services, and only on the advice of the patient's treating medical practitioner.

Dietary supplements - should only be provided as part of a weight management program, and must be listed in the most recent edition of MIMS.

How long can patients receive treatment?

Any treatment should be aimed at restoring an injured worker to their pre-injured condition and should be regularly monitored by a medical expert. Where your patient is not progressing, you should review other options for treatment.

Accredited remedial therapy, gym or hydrotherapy programs are to be provided on a short-term basis, with specific goals in mind. Programs should be monitored on a regular basis. If no improvement is indicated, programs should be modified or renewed.

It's important to remember that general health care is your patient's responsibility and is not eligible for payment by WorkCover.

Can you provide me with any referral lists if I need to refer my patient?

We keep lists of the following providers:

- WorkCover accredited remedial therapists
- WorkCover accredited physical rehabilitation (gym) and hydrotherapy providers
- Medical expert acupuncturists

You can access these lists online at www.workcover.com under 'service providers' or contact WorkCover for a copy.

When am I required to write a referral?

You must write a referral if a patient is to receive compensation for services from a remedial therapist, gym or hydrotherapy facility. Please make sure that the facility is accredited by WorkCover AND that you get approval from the patient's case manager prior to the referral.

The referral should include:

- how the treatment is expected to improve your patient's function and capacity to work
- the number of sessions to be provided
- the length of treatment
- dates of treatment review

- specific body area to be treated
- any relevant precautions.

You can call the case manager for approval while the patient is with you, and you may charge for the phone call (refer to our fee schedule). You can also fax the case manager a copy of the referral letter, with a request for approval.

In relation to referrals for services from other medical experts, please follow your usual practice. Active communication and interaction between all health practitioners treating your patient will assist in the delivery of effective treatment.

What sort of home assistance can my patient receive?

We will pay for support services your patients need at home like cooking and cleaning, provided it is appropriate and will aid recovery. Your patient's case manager will work with you to ensure your patient's individual needs are met, taking into account issues such as capacity to perform particular tasks around the home. For this reason you should always discuss home assistance needs with the case manager first.

It's our aim to help your patient become independent in daily life as soon as safely possible. When your patient has recovered sufficiently, home assistance services will cease.

What therapeutic appliances and medicines can my patient receive?

We pay for special equipment such as wheelchairs or shower stools if your patient needs them to aid recovery and assist independence.

Your patient is also entitled to medicines and other materials such as support bandages where these have been purchased on prescription or on recommendation of a medical expert.

As a medical expert, you can purchase necessary therapeutic appliances up to \$200 without contacting the case manager for prior approval.

Who do I contact for information?

If you have any questions about a patient's eligibility for specific services, please contact the patient's case manager.

If you have general questions, you can contact WorkCover on 13 18 55.