

## rebates update

In the last month, the APA has received numerous member complaints about health fund [redacted] rejecting HICAPS claims for groups and classes. Specifically, members reported that code 560 Group could not be processed through HICAPS if a physiotherapist invoiced for Pilates or exercise groups. In response, APA Senior Policy Advisor Nada Martinovic and APA Board member Jenny Aiken, APAM, met with [redacted] in Sydney to advocate on behalf of concerned members.

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### Groups and classes

[redacted] has advised that they expect all patients undergoing group or class consultations to be reviewed every 12 months, with an initial or subsequent consultation to review progress against goals and determine whether ongoing treatment is required to manage their condition.

They have also informed the APA that, since 1 April, patients can claim through HICAPS for a class consultation with code 561. Previously, a health management form needed to be completed and the patient was required to claim directly with [redacted]. As a result of the concerns raised by the APA and its members, this form is no longer required for patients claiming 561 through [redacted]'s Health Management Program. Patients can now claim on code 561 through HICAPS, as with any other item code, without submitting any paperwork to [redacted] hence simplifying the process.

[redacted] also advised the APA that for all new [redacted] policies the physiotherapy item code '560 Group Consultation' will be funded under [redacted]'s Health Management Program from a benefits pool of \$150 cover, rather than from the ancillary benefits.

[redacted] has updated their website and advised their health fund members of this recent policy change. Previously, only classes (item code 561) were funded under health management for services such as weight management, childbirth education, stress management, and exercise and gym membership. Existing memberships will, however, still be able to claim group physiotherapy from the ancillary benefits, which typically allows for higher yearly entitlement.



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This recent policy decision by [redacted] will effectively reduce physiotherapy benefits. Now that consumer rebates for new policies on code 560 will also come under [redacted] a wellness cover, [redacted] health fund members may exhaust the \$150 benefit more quickly. The APA voiced our objection to code 560 Group being funded under [redacted] a wellness cover. Following on from this recent meeting with [redacted] APA National President Marcus Dripps will write a letter to [redacted] formally voicing our objection and insisting that consumer rebates for this code should come out of a clinical pool of funds. If funding for item code 560 comes out of [redacted] a wellness cover, access to cost effective physiotherapy treatment for a clinical condition could be reduced. Understandably, [redacted] clients may be upset to learn of these changes and might find that their ancillary benefits do not stretch as far as they expected. [redacted] patients might feel aggrieved, especially since patients privately insured through other health funds, as well as those on existing [redacted] policies, can access benefits on their ancillary cover for both groups and classes.

Though it is questionable for physiotherapists to recommend a specific product over another, they can advise dissatisfied clients to shop around for more suitable health cover, and we would encourage our members to ensure their clients are aware of this. The APA has a private health insurance brochure available for members that provides advice to consumers on choosing private health cover. You can find the brochure on the APA's website, under private practice resources. [redacted] health fund members should contact [redacted] and lodge a complaint if dissatisfied with [redacted] health fund policy or consumer rebates for an item code.

Private Health Insurance  
Wellness Services

### Wellness services

The Private Health Insurance Act 2007 imposes requirements about the conduct of health insurance business and stipulates that private health cover should be claimed where there is a presenting clinical condition. Physiotherapists can provide general exercise classes that are not for a clinical reason; however, their patients cannot receive a rebate and cannot claim the service as a physiotherapy treatment. [redacted] and the APA agree on the principle that classes or treatments that are not underpinned by goal-setting or adequate clinical record keeping should not be claimed as an insurable physiotherapy service. For more information about what a class or group consultation should contain, see the National Physiotherapy Service Descriptors. Physiotherapists should not advertise that patients can claim rebates for exercise prescription for wellness purposes without a presenting clinical condition.

### Maintenance services

[redacted] has clarified that it will pay for reasonable maintenance treatment where there is a clear clinical condition and the ongoing treatment is justified to manage that condition. Clinical records should contain clear evidence of diagnosis, goal-setting and recorded results. If a health fund reviews a provider's clinical records, it is essential that the provider can evidence that the treatment administered was underpinned by clear clinical goal-setting and treatment outcomes.

### Physiotherapy invoices

The APA has recently received member complaints that [redacted] is rejecting code 560 if physiotherapy clinics write on the invoice 'Pilates' or 'group exercise' or similar. [redacted] claims officers do not necessarily correlate a treatment description like 'group Pilates' to mean 'group consultation'. We have voiced our concerns to [redacted] but, in the meantime, the APA would advise members to match descriptors to invoices (eg. write '560 Group Consultation') to ensure that correct processing.