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| **Department Owner** | Jason Vowels | | |
| **Document Author** | Derrick Chan | | |
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**Department Policy**

The purpose of this policy is to outline REDiMED’s process in completing the rehabilitation process for clients who are undergoing a mobile rehabilitative exercise program.

This policy applies to staff involved in the process of client rehabilitation from injury

After the initial assessment is completed, a plan for treatment is made, including the amount of supervised exercise sessions with the EP, which gym these sessions will be held, and the length of the gym membership the client will require at the gym local to them.

The above-mentioned report, treatment plan and cost plan for this rehabilitation program (including travel costs) are all then sent to the claims manager for approval to commence. Once again, if after 3 working days the claims manager has not responded, the EP is to follow up the status of their request for the exercise program via phone or email until approval is either granted or rejected.

Once approval for the treatment plan has been granted, the EP will fill out gym membership request form with insurance and client details and send to the gym of choice so that the client can be signed up for a gym membership and the insurance company can be billed.

After the gym membership is arranged, the EP will advise reception to schedule supervised sessions with the client and book them in genie. (NOTE: Reception has to book in sufficient time for travel as well so that it is billed accordingly)

Codes are entered upon completion of the treatment by the EP and checked over by the RC (this includes travel and any consumables: such as theraband, gym memberships, gym equipment etc.)

Once allotted sessions are completed a 30 minute progress assessment is completed at the gym of the client’s choice and a 30 minute final/progress report is written detailing the client’s progression from the initial assessment. This report is then sent to the claims manager and the treatment program is concluded. If the results of the assessment indicate that further supervised sessions would be warranted, a new treatment and cost plan must be made and sent to the claims manager requesting more sessions and the same process regarding approval is followed.

**NON-WORKERS COMPENSATION POLICY:**

The referral procedure for the exercise rehabilitation of a private or company-funded client is virtually the same. The only difference in this treatment option is there is no insurance involvement so no need to seek approval or keep in communication with claims managers. (NOTE: there are usually relevant parties (i.e. Injury managers, employers, external treating doctors etc.) that needs to be kept informed of patient progress.)

**INCIDENT POLICY:**

In the event of an incident occurring during treatment where a client suffers an injury the EP must first report the injury to the treating doctor. The EP must also inform the relevant insurance claims manager and the client’s injury management coordinator about the incident.

If a client shares confidential information with the EP that directly affects their treatment, the EP must report this information to the treating REDiMED doctor, or the client’s own GP.

**TRAVEL COSTS POLICY:**

The EP is to keep a log book of the odometer readings/distance travelled when driving to and from various gyms for treatment and will be reimbursed in accordance with the following:

Cylinder and fuel consumption of the car is provided to accounts department along with a log book of kilometers travelled.

Amount reimbursed is calculated by accounts based on this information

**BILLING POLICY:**

See billing codes table provided in exercise rehabilitation policies

**CANCELLATION POLICY:**

See rehabilitation policies and procedures for cancellation charges. (NOTE: for mobile rehabilitation, travel costs are billed in full for patients who do not show up to their appointments without prior notification.)