

Psychology fee schedule

Effective 1 July 2014

Item no.	Description	Proposed Max fee (ex GST)
PSXXX	Initial consultation History, assessment and treatment in accordance with the <i>Clinical Framework for the Delivery of Health Services</i> .	\$170.20 per hour Max 1.5 hours
PSXXX	Subsequent consultation Re-assessment and treatment in accordance with the <i>Clinical Framework for the Delivery of Health Services</i> .	\$170.20 per hour Max 1.5 hours
PSXXX	Psychological assessment Clinical or psychometric assessment and interpretation of results.	\$170.20 per hour Max 2 hrs
PSXXX	Neuropsychological assessment and report Neuropsychological assessment of a worker and provision of a report by a clinical neuropsychologist. This service must be requested in writing by the case manager or self-insured employer.	\$170.20 per hour Max 7 hrs
PSXXX	Consultation with another person(s) other than a worker Consultation with a person(s) other than a worker (e.g. spouse, employer, supervisor, rehabilitation and return to work coordinator) which forms part of treatment and management of worker's injury.	\$170.20 per hour Max 1.5 hours
PSXXX	Group therapy Treatment in a group context where attendance includes a group of workers or family members under the continuous and direct supervision of a psychologist. 'Group' means attendance by a minimum of 2 persons and maximum of 15 persons.	\$33.60 each participant
PSMP	Psychology management plan Submission of a completed WorkCoverSA psychology management plan to the case manager or self-insured employer by the treating psychologist: <ul style="list-style-type: none"> • prior to the 11th treatment if more than 10 treatments are likely to be required, or • prior to the expiry of an existing psychology management plan if additional treatment is required, or • at the request of the case manager or self-insured employer. 	\$42.60 flat fee
PS780	Independent clinical assessment and report Assessment of a worker and provision of a report by a psychologist other than the treating psychologist. This service must be requested	\$170.20 per hour

	in writing by the case manager, self-insured employer, worker or worker's representative.	
PS552	Telephone calls Telephone calls relating to the management of the worker's claim, made to or received from, the case manager or self-insured employer, worker's employer, WorkCoverSA medical consultant, workplace rehabilitation provider or worker's referring/treating medical practitioner.	\$170.20 per hour Max 0.5 hours
PS820	Treating psychology standard report A written clinical opinion, statement or response to a limited number of questions relating to the medical status and treatment of a worker, requested in writing by the case manager, self-insured employer, worker or worker's representative.	\$170.20 flat fee
PS810	Treating psychology comprehensive report A written clinical opinion, statement or response to questions relating to the medical status and treatment of a worker, and requires additional information above that required by a standard report due to the complexity of the case. Complexity is defined as: <ul style="list-style-type: none"> ○ three or more ongoing compensable injuries arising from the same claim ○ pre-existing conditions that have a significant impact on the compensable injury ○ co-morbidities that have a significant impact on the compensable injury. This report must be requested in writing by the case manager, self-insured employer, worker or worker's representative.	\$170.20 per hour Max 4 hours
PS870	Case conference Attendance at a case conference as requested in writing by the case manager or self-insured employer, worker's employer (including the employer's rehabilitation and return to work coordinator) or workplace rehabilitation provider.	\$170.20 per hour
CURAP	Equipment, therapeutic aids and appliances This includes the hire or purchase of equipment, therapeutic aids and appliances.	Reasonable cost for the item
PS905	Travel time Travel by a psychologist for the purpose of a case conference, home, hospital or worksite visit or independent clinical assessment.	\$166.20 per hour

Psychology service and payment policy

The purpose of psychology services is to provide treatment that assists a worker in their recovery and supports timely, safe and durable remain at and return to work outcomes and/or restoration to the community.

WorkCoverSA will periodically review a worker's entitlement to psychology services to ensure that the treatment and services remain reasonable for the work-related injury and are payable under the *Workers Rehabilitation and Compensation Act, 1986* (the Act).

Services provided outside of this fee schedule and policy will be considered on a case-by-case basis.

Who can provide psychology services to workers

WorkCoverSA will only pay for psychology services by healthcare professionals who are:

- ✓ registered as a psychologist with Australian Health Practitioners Regulation Authority, and
- ✓ registered by WorkCoverSA to provide psychology services. WorkCoverSA will register a psychologist on receipt of their initial invoice.

WorkCoverSA's expectations for the delivery of psychology services to workers

WorkCoverSA expects that all psychologists providing psychology services to workers as part of the South Australian Workers Compensation Scheme, integrate the following principles of the [Clinical Framework for the Delivery of Health Services](#) (add hyperlink) into their service delivery to:

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 WorkCoverSA will pay

WorkCoverSA will pay the reasonable cost of psychology services up to the maximum amount detailed in the WorkCoverSA Psychology fee schedule.

What WorkCoverSA will pay for

WorkCoverSA will pay for psychology services that are:

- ✓ for the treatment of a work-related injury or illness
- ✓ appropriate and necessary
- ✓ in accordance with section 32 of the Act
- ✓ in accordance with the *Clinical Framework for the Delivery of Health Services*.

What WorkCoverSA will not pay for

WorkCoverSA will not pay for:

- × non-attendance or cancellation fees for treatment services
- × services invoiced in advance of the service delivery
- × services focussed on improving a worker's general level of health, fitness and wellbeing
- × telephone or written communication between a worker's treating practitioners
- × more than one consultation, psychological assessment, group or family session on the same day.

Consultations

Initial and subsequent consultations include face to face sessions, sessions conducted over the telephone, emergency telephone contact and video calling.

Neuropsychological assessment and report

A psychologist undertaking a neuropsychological assessment must have a minimum of an endorsement to practice as a clinical neuropsychologist from AHPRA:

Purpose

- ✓ Evaluate the impact of structural or functional neuropathology on sensory, motor, cognitive and affective function.
- ✓ Administer a range of neuropsychological testing methods including scoring.

The assessment will include an interview, history taking and objective neuropsychological testing.

Report

The neuropsychological assessment report should:

- ✓ detail the relevant findings including history and current issues, the tests conducted, observations, assessment results and recommendations for suitable treatment program and review of the worker
- ✓ include responses to questions asked by the requestor
- ✓ be submitted within 10 business days from the date of assessment.

Psychology management plan

Psychologists should complete a [psychology management plan](#): (add hyperlink)

- ✓ prior to the 11th treatment if more than 10 treatments are likely to be required, or
- ✓ prior to the expiry of an existing psychology management plan if additional treatment is required, or
- ✓ at the request from the case manager or self-insured employer.

This plan:

- ✓ should be forwarded to the injured worker's case manager or self-insured employer and copies made available to the treating doctor and worker
- ✓ is to notify the case manager or self-insured employer and treating doctor of the continuation of psychology 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 psychologist undertaking an independent clinical assessment must:

- ✓ be independent of the treating psychologist and any psychology treatment services following the independent clinical assessment
- ✓ have a minimum of:
 - five years of relevant clinical experience related to the injury type
 - two years of experience in the provision of psychological services within the workers compensation environment.
- ✓ conduct the assessment as soon as possible after the receipt of the written referral and/or approval from the case manager or self-insured employer, or as specified by the referrer.

Purpose

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

Report

The independent clinical assessment report should:

- ✓ detail the relevant findings and recommendations
- ✓ 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 psychologist during the case conference unless delegated as the representative by the case manager or self-insured employer.

Travel time

- ✓ There is no charge for travel time from one clinic or rooms to another clinic or rooms.
- ✓ All accounts must include the total time spent travelling, departure and destination locations and the distance travelled.
- ✓ If travel is undertaken for more than one worker, the travel time must be divided accordingly.
- ✓ Travel time will not be paid for psychologists conducting regular sessional visits (e.g. to hospitals, rehabilitation facilities or worksites).

Account and invoicing requirements

All amounts listed in this fee schedule are exclusive of GST. If applicable, WorkCoverSA 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 WorkCoverSA 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 WorkCoverSA 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)
- ✓ brief description of the injury to which the services relate
- ✓ 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. For example, a service that involves an assessment and report should be invoiced as a single transaction once the entire service is completed.

When payments will not be made

Payments will not be made:

- × on invoices that do not contain the above information and 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 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 in exceptional circumstances.

Outstanding payments

Please contact the claims agent, WorkCoverSA's claims unit (for serious injury claims) 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](#). Once completed either email to provmain@workcover.com or fax to WorkCoverSA on (08) 8238 5690. For any queries relating to this form, please contact WorkCoverSA on 13 18 55.

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Useful contacts

WorkCoverSA

For further enquiries relating to fee schedules contact WorkCoverSA.

Phone: 13 18 55
Address: 400 King William Street, Adelaide SA 5000
Postal address: GPO Box 2668, Adelaide SA 5001
Online: www.workcover.com

Claims agents

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

Employers Mutual SA

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

WorkCoverSA Claims Unit

Serious injury claims (*that are not self-insured*) are managed by WorkCoverSA.

Phone: 13 18 55
Fax: (08) 8233 2051
Postal address: GPO Box 2668, Adelaide SA 5001

Self-insured employers

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

Allianz Australia SA CTP

All claims relating to motor vehicle crashes are managed by Allianz Australia SA CTP on behalf of the insurer, the Motor Accident Commission.

Phone: 1300 137 331
Fax: 1300 137 431
Postal address: GPO Box 219, Adelaide SA 5001
Email: SACTPClaims@allianz.com.au

WorkCoverSA

Enquiries: 13 18 55

400 King William Street

Adelaide SA 5000

Fax: (08) 8233 2466

info@workcover.com

www.workcover.com

The following free information support services are available:

If you are deaf or have a hearing or speech impairment you can call WorkCoverSA through the National Relay Service (NRS):

- TTY users can phone 13 36 77 then ask for 13 18 55.
- Speak & Listen (speech-to-speech) users can phone 1300 555 727 then ask for 13 18 55.
- Internet relay users can connect to NRS on www.relayservice.com.au then ask for 13 18 55.

For languages other than English call the Interpreting and Translating Centre (08) 8226 1990 and ask for an interpreter to call WorkCoverSA on 13 18 55. For Braille, audio or e-text call 13 18 55.

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