

Psychology fee schedule and guidelines

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Contents

Returning to work and the role of the health provider	4
How to use the Psychology fee schedule and guidelines	4
Psychology fee schedule quick reference guide	5
Fee schedule and guidelines	7
Consultations and assessments	8
Consultations and assessments	9
Psychological assessment	10
Group therapy	11
Family therapy	12
Interview of another person other than a worker	13
Independent clinical assessment and report	14
Vocational assessment and report	18
Telephone calls	20
Consultation for preparing a treating psychology report	21
Treating psychology reports	21
Treating psychology reports	22
Case conference	23
Equipment, therapeutic aids and appliances	24
Travel time	24
Non-scheduled services	25
General information	26
Account and invoicing standards	26
Useful contacts	27

Returning to work and the role of the health provider

Why return to work is important

Getting back to work can be a crucial part of an injured worker's rehabilitation as it can help to reduce the financial and emotional impact on workers and their families. With a positive approach and the right support, injured workers can recover and return to normal life. Helping improve South Australia's return to work rates is everyone's responsibility and we all have a role to play.

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. 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
- make enough time for clinical management
- contact the workplace where applicable.

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

How to use the Psychology fee schedule and guidelines

This document contains information on services and fees that apply to registered psychologists who provide services to South Australian workers compensation claimants.

This publication is based on the schedule published by the Minister for Workers Rehabilitation 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. **All services and fees in this schedule are effective 1 July 2012.**

The document is divided into two sections:

1. Fee schedule and guidelines

This section includes service item numbers and descriptions, maximum fees chargeable, general standards and guidelines relating to the provision of services. Providers are required to deliver services in accordance with the relevant guideline. It should be noted that not all services have a corresponding guideline.

2. General information

This section includes general information relating to account and invoicing standards and useful contacts.

Copies of this document can be downloaded from our website at www.workcover.com>health provider>the workcover system>fee schedules.

The gazetted version can be downloaded from the South Australian Government Gazette website, www.governmentgazette.sa.gov.au.

If you have any questions, please call WorkCover's Service Centre on 13 18 55.

Psychology fee schedule quick reference guide

This reference guide must be read in conjunction with *WorkCoverSA's Psychology Fee Schedule Guidelines*.

Item no.	Description	Max fee (ex GST)	Ref. page
Initial consultations: multiple item numbers cannot be used.			
PS101	Initial consultation of not more than 15 mins.	\$41.00	8
PS102	Initial consultation 15 – 30 mins.	\$61.50	8
PS103	Initial consultation 30 – 45 mins.	\$102.70	8
PS104	Initial consultation 45 – 75 mins.	\$164.20	8
PS105	Initial consultation 75 – 90 mins	\$225.70	8
PS106	Initial consultation >90 mins (max. time chargeable).	\$246.30	8
Subsequent consultations: multiple item numbers cannot be used.			
PS121	Subsequent consultation of not more than 15 mins.	\$41.00	9
PS122	Subsequent consultation 15 – 30 mins.	\$61.50	9
PS123	Subsequent consultation 30 – 45 mins.	\$102.70	9
PS124	Subsequent consultation 45 – 75 mins.	\$164.20	9
PS125	Subsequent consultation 75 – 90 mins.	\$225.70	9
PS126	Subsequent consultation >90 mins (max. time chargeable).	\$246.30	9
Psychological assessments: multiple item numbers cannot be used.			
PS111	Psychological assessment of not more than 15 mins.	\$41.00	10
PS112	Psychological assessment 15 – 30 mins.	\$61.50	10
PS113	Psychological assessment 30 – 45 mins.	\$102.70	10
PS114	Psychological assessment 45 – 75 mins.	\$164.20	10
PS115	Psychological assessment 75 – 105 mins.	\$246.30	10
PS116	Psychological assessment 105 – 135 mins.	\$328.40	10
PS117	Psychological assessment >135 mins (max. time chargeable).	\$372.20	10
Group/Family therapy: multiple item numbers cannot be used.			
PS704	Group therapy 45 – 75 mins.	\$32.40 / client	11
PS705	Group therapy 75 – 105 mins.	\$49.80 / client	11
PS706	Group therapy 105 – 135 mins.	\$66.00 / client	11
PS707	Group therapy >135 mins.	\$73.50 / client	11

Item no.	Description	Max fee (ex GST)	Ref. page
PS724	Family group therapy (2 clients) 45 – 75 mins.	\$82.10 / client	12
PS725	Family group therapy (2 clients) 75 - 105 mins.	\$123.20 / client	12
PS726	Family group therapy (2 clients) 105 - 135 mins.	\$164.20 / client	12
PS727	Family group therapy (2 clients) >135 mins.	\$185.30 / client	12
PS714	Family group therapy (>3 clients) 45 – 75 mins.	\$54.70 / client	12
PS715	Family group therapy (>3 clients) 75 - 105 mins.	\$82.10 / client	12
PS716	Family group therapy (>3 clients) 105 - 135 mins.	\$109.50 / client	12
PS717	Family group therapy (>3 clients) >135 mins.	\$123.20 / client	12
Interview of another person other than a worker: multiple item numbers cannot be used.			
PS131	Interview of another person, not more than 15 mins.	\$41.00	13
PS132	Interview of another person, 15 - 30 mins.	\$61.50	13
PS133	Interview of another person, 30 - 45 mins.	\$102.70	13
PS134	Interview of another person, 45 - 75 mins.	\$164.20	13
PS135	Interview of another person >75 mins (max. time chargeable).	\$205.20	13
Other services			
PS780	Independent clinical assessment and report.	\$164.20 / hour	14
PS315	Vocational assessment and report (max. 7 hours).	\$164.20 / hour	18
PS552	Telephone calls.	\$164.20 / hour	20
PS815	Consultation to prepare a treating psychology report.	\$164.20 flat fee	21
PS820	Standard treating psychology report (max. 1 hour).	\$164.20 flat fee	21
PS810	Comprehensive treating psychology report (max. 4 hours).	\$164.20 / hour	22
PS870	Case conference.	\$164.20 / hour	23
CURAP	Equipment, therapeutic aids and appliances.	Reasonable cost for the item	24
PS905	Travel time.	\$164.20 / hour	24
PS999	Non-scheduled services.	\$164.20 / hour	25

Fee schedule and guidelines

General standards

Payment for services contained in this schedule will not be made in advance. All costs incurred by an injured worker under this fee schedule are subject to approval for payment. To ensure payment, it is recommended to seek claims agent authorisation prior to the provision of the service.

- When managing a worker with a compensable injury, the psychologist should:
 - liaise with relevant parties involved in the management of the claim to ensure coordination of medical treatment/management of the worker to promote an early and safe return to activity at home and work
 - deliver services that are effective and focused on achieving maximum function and safely returning the worker to work at the lowest possible cost to the community
 - give consideration to the extent of the physical, psychological, cognitive injury(s) prognosis and the temporary or permanent loss of physical, psychological, cognitive functioning resulting from the work-related injury
 - identify any barriers to recovery and return to pre-injury activity and participate in and implement strategies to overcome these barriers
 - identify any non work-related injuries/conditions that may be impacting on the worker's ability to return to work or in the restoration of their functional abilities
 - be accountable for the services provided, ensuring that such services are reasonably incurred by the worker in the circumstances of the case
 - maintain their currency of skills and knowledge in relation to psychology interventions.
- Invoices for services must be itemised to show which service or combination of services have been delivered by the treating psychologist.
- It is the responsibility of the treating psychologist to advise and liaise with the relevant treating medical practitioner, claims agent or self-insured employer on the commencement of an ongoing psychological treatment/management program for each new claim.
- The psychologist should keep detailed and contemporaneous records of the assessment, treatment, management and relevant information obtained in the delivery of services.
- An '*Authority to exchange information*' form must be signed by the worker prior to the exchange of information with third parties, other than the referrer.
- Capacity to work must be reviewed on a regular basis and recommendations regarding return to work to suitable duties are disseminated to relevant parties in a timely manner.

Registration

Psychologist means a person registered as a psychologist under Australian law.

Services in this schedule are not to be delivered by student psychologists.

Consultations and assessments

Initial consultations

Treatment and intervention by a psychologist involving the psychologist's attendance with the worker. This includes face to face sessions, sessions conducted over the telephone, emergency telephone contact and video calling.

Item no.	Description	Max fee (ex GST)
PS101	An attendance of not more than 15 minutes duration.	\$41.00
PS102	An attendance of more than 15 minutes duration but not more than 30 minutes duration.	\$61.50
PS103	An attendance of more than 30 minutes duration but not more than 45 minutes duration.	\$102.70
PS104	An attendance of more than 45 minutes duration but not more than 75 minutes duration.	\$164.20
PS105	An attendance of more than 75 minutes duration but not more than 90 minutes duration.	\$225.70
PS106	An attendance of greater than 90 minutes duration.	\$246.30

Note 1: The maximum time chargeable for this item is 90 minutes i.e. \$246.30.
Multiple item numbers cannot be charged.

Note 2: If treatment or intervention is provided at a location other than the psychologists professional rooms (for example the workplace), travel should be charged separately using the travel item number.

Consultations and assessments

Subsequent consultation

Treatment and intervention by a psychologist involving the psychologist's attendance with the worker. This includes face to face sessions, sessions conducted over the telephone, emergency telephone contact and video calling.

Item no.	Description	Max fee (ex GST)
PS121	An attendance of not more than 15 minutes duration.	\$41.00
PS122	An attendance of more than 15 minutes duration but not more than 30 minutes duration.	\$61.50
PS123	An attendance of more than 30 minutes duration but not more than 45 minutes duration.	\$102.70
PS124	An attendance of more than 45 minutes duration but not more than 75 minutes duration.	\$164.20
PS125	An attendance of more than 75 minutes duration but not more than 90 minutes duration.	\$225.70
PS126	An attendance of more than 90 minutes duration.	\$246.30

Note 1: Subsequent consultations should be face to face with the worker. However, where subsequent consultations are undertaken over the phone or via video calling, the psychologist should ensure that a face to face session is booked at regular intervals.

Note 2: The maximum time chargeable for this item is 90 minutes i.e. \$246.30. Multiple item numbers cannot be charged.

Note 3: If treatment or intervention is provided at a location other than the psychologists professional rooms (for example the workplace), travel should be charged separately using the travel item number.

Guidelines

This includes any treatment or intervention service by a psychologist to assist the worker to manage the injury or consequences of the injury.

Treatment should utilise accepted best practice guidelines, evidence based treatment and clinical experience relevant to the area treated and the psychologist's area of competence.

Treatment and intervention should include taking and keeping of appropriate clinical notes, regular reviews of progress and outcome assessment.

This also includes review of medical reports relevant to the purpose of the treatment.

The time taken to review such reports is chargeable as part of this item.

Psychological assessment

A psychological assessment includes any clinical or psychometric assessment by a psychologist to assist the worker to manage the injury or consequences of the injury (this item includes assessment and interpretation of results).

Item no.	Description	Max fee (ex GST)
PS111	An attendance of not more than 15 minutes duration.	\$41.00
PS112	An attendance of more than 15 minutes duration but not more than 30 minutes duration.	\$61.50
PS113	An attendance of more than 30 minutes duration but not more than 45 minutes duration.	\$102.70
PS114	An attendance of more than 45 minutes duration but not more than 75 minutes duration.	\$164.20
PS115	An attendance of more than 75 minutes duration but not more than 105 minutes duration.	\$246.30
PS116	An attendance of more than 105 minutes duration but not more than 135 minutes duration.	\$328.40
PS117	An attendance of more than 135 minutes duration.	\$372.20

Note 1: A psychological assessment may be used in addition to an initial or subsequent consultation and should be itemised separately. The purpose of an initial psychological assessment is to:

- clarify the diagnosis
- assist in treatment planning
- identify any issues relevant to treatment and intervention, and
- establish a baseline measure.

The purpose of a subsequent psychological assessment is to:

- assess treatment progress, and
- identify any issues relevant to current and/or future treatment and intervention.

Note 2: The maximum time chargeable for this item is 135 minutes i.e. \$372.20. Multiple item numbers cannot be charged.

Guidelines

Assessment should utilise accepted best practice guidelines, evidence based treatment and clinical experience relevant to the area treated and the psychologist's area of competence.

Assessment also includes review of medical reports relevant to the purpose of the assessment.

The time taken to review such reports is chargeable as part of this item.

Group therapy

Attendance includes a group of workers or family members under the continuous direct supervision of a psychologist.

Item no.	Description	Max fee (ex GST)
PS704	An attendance of more than 45 minutes duration but not more than 75 minutes duration.	\$32.40 each client
PS705	An attendance of more than 75 minutes duration but not more than 105 minutes duration.	\$49.80 each client
PS706	An attendance of more than 105 minutes duration but not more than 135 minutes duration.	\$66.00 each client
PS707	An attendance of more than 135 minutes duration.	\$73.50 each client

Note 1: 'Group' means attendance by a minimum of 2 persons and maximum of 9 persons.

Note 2: Multiple item numbers cannot be charged.

Guidelines

This is treatment in a group context. Treatment should utilise accepted best practice guidelines, evidence based treatment and clinical experience relevant to the area treated and the psychologist's area of competence.

Group intervention may include treatment, pain management and skills training and should be designed to improve coping and self management skills relevant to return to work or functioning.

Family therapy

Family group therapy (two clients)

Item no.	Description	Max fee (ex GST)
PS724	An attendance of more than 45 minutes duration but not more than 75 minutes duration.	\$82.10 each client
PS725	An attendance of more than 75 minutes duration but not more than 105 minutes duration.	\$123.20 each client
PS726	An attendance of more than 105 minutes duration but not more than 135 minutes duration.	\$164.20 each client
PS727	An attendance of more than 135 minutes duration.	\$185.30 each client

Note 1: Multiple item numbers cannot be charged.

Family group therapy (three or more clients)

Item no.	Description	Max fee (ex GST)
PS714	An attendance of more than 45 minutes duration but not more than 75 minutes duration.	\$54.70 each client
PS715	An attendance of more than 75 minutes duration but not more than 105 minutes duration.	\$82.10 each client
PS716	An attendance of more than 105 minutes duration but not more than 135 minutes duration.	\$109.50 each client
PS717	An attendance of more than 135 minutes duration.	\$123.20 each client

Note 1: Multiple item numbers cannot be charged.

Interview of another person other than a worker

Interview by a psychologist of a person other than a worker (eg, spouse, employer, supervisor, rehabilitation and return to work coordinator) for the purposes of obtaining information crucial to the treatment and management of the injury. The psychologist must be able to provide clear justification for this service, if requested.

Item no.	Description	Max fee (ex GST)
PS131	Interview of a person other than a worker, not more than 15 minutes duration.	\$41.00
PS132	Interview of a person other than a worker, more than 15 minutes duration but not more than 30 minutes duration.	\$61.50
PS133	Interview of a person other than a worker, more than 30 minutes duration but not more than 45 minutes duration.	\$102.70
PS134	Interview of a person other than a worker, more than 45 minutes duration but not more than 75 minutes duration.	\$164.20
PS135	Interview of a person other than a worker, more than 75 minutes duration.	\$205.20
	Note 1: The maximum time chargeable for this item is 75 minutes i.e. \$205.20. Multiple item numbers cannot be charged.	
	Note 2: If the psychologist travels for the purpose of interviewing a person other than a worker, travel must be charged separately using the travel item number.	

Independent clinical assessment and report

Item no.	Description	Max fee (ex GST)
PS780	<p>Independent clinical assessment and report.</p> <p>Services provided by a psychologist other than the treating psychologist comprising:</p> <ul style="list-style-type: none"> • a review of the worker's psychological/medical history including psychosocial treatment and functional status • a clinical assessment • a review of the worker's activity and functional capacity • preparation of a report, <p>for the purpose of providing a differential diagnosis and/or making recommendations in relation to ongoing treatment/management services, functional goals, the worker's capacity to return to work and any other relevant matters.</p>	\$164.20 per hour
Note 1:	<p>An independent clinical assessment may be requested in writing by a:</p> <ul style="list-style-type: none"> - claims agent or self-insured employer - worker or worker's representative - treating psychologist. 	
Note 2:	<p>This service is NOT to be performed by the treating psychologist.</p>	
Note 3:	<p>An independent clinical assessment report must:</p> <ol style="list-style-type: none"> (i) provide recommendations for further treatment/management (including referrals to other agencies) and the expected benefit to the worker (ii) address all questions asked by the referrer and where any question cannot be answered, provide an explanation (iii) be limited to the relevant circumstances of the worker's injury/condition (iv) be based on appropriate clinical examination, assessment and review of reports (v) be consistent with accepted clinical practice and based on objective clinical findings (vi) be accurate, unbiased, precise and consistent (vii) document any inability to obtain the worker's consent to any aspect of the assessment. 	
Note 4:	<p>Payment will only be made following submission of the report.</p>	
Note 5:	<p>Any part of an hour should be billed proportionately and rounded to the nearest 6 minutes.</p> <p>For example:</p> <p><i>Total minutes ÷ 60 (round to 1 decimal point) x hourly rate.</i></p>	

Guidelines

Purpose of an independent clinical assessment

An independent clinical assessment may be requested in order to:

- assess and make recommendations regarding the appropriateness and necessity of current or proposed psychology treatment/management
- propose a recommended course for future psychological management
- make recommendations for strategic planning to progress the case, relating to functional goals and the required steps to attain these goals, which will assist in the achievement of a safe and durable return to work and/or restoration to the community
- provide a differential diagnosis where this is unclear from the current psychology program or, where required, determine prognosis for return to work (in relation to the injury)
- provide an opinion and/or recommendation on other criteria as determined by the requestor.

Appointment timeframes

Independent clinical assessment appointments should be made as soon as possible after the receipt of the written request for the service. As a guide, no more than 10 business days wait is preferable.

Service components

The independent clinical assessment must involve all of the following elements, the components of which are at the discretion of the independent psychologist.

(i) History

The relevant reports and information should be provided by the referrer to the psychologist on referral for this service. Where relevant reports and information are not provided, the psychologist may request copies of such reports and information prior to providing the service. The independent psychologist should review all relevant information provided relating to the injury, including review of all available and relevant reports and test results performed by the treating psychologist. The time taken to review such reports is chargeable as part of this item. An interview will include a detailed history, identifying factors relevant to the management of the injury.

(ii) Examination and assessment

Where appropriate, perform an assessment using tools and techniques relevant to the nature of the injury.

The independent psychologist should ensure that the worker understands the procedures involved in the assessment and that the role of the independent psychologist in this assessment does not include treating the worker's injury/clinical condition. The independent psychologist must raise, discuss and document these issues at the beginning of the consultation and explain that they are conducting the assessment at the request of the claims agent, self-insured employer or treating psychologist.

The independent psychologist must not provide treatment services to the worker in relation to this service, but should restrict their involvement to assessment or examination services only. Following provision of the independent clinical assessment, it would be considered inappropriate for the independent psychologist to initiate a course of treatment.

Any further tests required that are outside the scope of assessment and examination services must be authorised by the claims agent or self-insured employer prior to the provision of the service.

The independent psychologist should be aware of the rights of the worker to refuse to participate in an independent clinical assessment. Should the worker fail to participate, the independent psychologist must advise the claims agent or self-insured employer of the worker's decision.

(iii) Report

Following the provision of an independent clinical assessment, a report must be prepared detailing all relevant findings and recommendations.

An independent clinical assessment report must:

- make comment regarding the appropriateness and necessity of current or proposed psychology treatment/management (this criteria is not necessarily applicable to Motor Accident Commission claims)
- where requested provide a substantive diagnosis (or indicate if there is insufficient clinical information to make a diagnosis) and assess whether current psychology treatment/management is appropriate given this diagnosis (this criteria is not necessarily applicable to Motor Accident Commission claims)
- be provided within 10 business days of the assessment (this criteria is not necessarily applicable to Motor Accident Commission claims).

Where possible, reports should contain simple terms and explain any technical terms.

For WorkCover claims, the following applies:

- According to section 109 of the *Workers Rehabilitation and Compensation Act 1986* (the Act), the independent clinical assessment report should be forwarded to the claims agent or self-insured employer who is obliged to provide a copy to the worker.
- The independent psychologist must be aware of section 107A(1) of the Act, which enables employers to receive copies of reports in WorkCover's possession prepared by medical experts and relevant to the worker's medical condition, the worker's progress in rehabilitation, or the extent of the worker's incapacity for work.
- The claims agent or self-insured employer should provide a copy of the independent clinical assessment report to the treating general practitioner and treating psychologist. In some cases, it may be appropriate for the claims agent or self-insured employer to provide a copy of the report to the worker's workplace rehabilitation provider. The claims agent or self-insured employer must ensure that the appropriate authority to release information is in place for this purpose.

Indicators for cessation

In general, an independent clinical assessment is a once-off service.

Telephone calls

If telephone discussion is required with the treating medical expert, treating general practitioner or claims agent, to explain the recommendations in the independent clinical assessment report, the time spent on the telephone may be billed using PS780. The call duration and details of the other party to whom the call was made or received from must be included on the account.

Critical skills and competencies

The assessment and report should be provided by a suitably qualified psychologist. The independent psychologist must have a minimum of:

- five years of relevant clinical experience related to the injury type
- two years experience in the management of workers compensation claims.

Conflict of interest

The independent psychologist shall make a full disclosure to the claims agent or self-insured employer regarding any conflicts of interest arising from any direct or indirect relationship with the worker, employer, treating psychologist or other medical expert involved in the management of the claim. Disclosure is required when conflicting interests may lead to the provision of the independent clinical assessment being considered inappropriate, biased or unethical. This information must be disclosed prior to the provision of the service.

Confidentiality

The independent psychologist must not disclose any information acquired through the provision of the independent clinical assessment unless it is to the requestor, or otherwise requested by law (e.g. where the release of information is permitted pursuant to section 112 of the Act).

Accounts

The gazetted hourly rate for PS780 applies to both the assessment and report. Standard and comprehensive report items PS820 and PS810 should not be used for the preparation of an independent clinical assessment report.

The account must specify the time taken for each component of the service (e.g. examination, report preparation), however the item number PS780 must appear only once on the invoice for the service (unless the service components have occurred on different days).

Refer to account and invoicing standards for further information.

Vocational assessment and report

Item no.	Description	Max fee (ex GST)
PS315	<p>Vocational assessment and report.</p> <p>A vocational assessment of a worker by a psychologist to identify potential and alternative career employment options carried out by means of integrated clinical and standardised assessment procedures and instruments. A vocational report by a psychologist providing advice on factors affecting occupational options following a vocational assessment. These factors may include:</p> <ul style="list-style-type: none">(a) psychosocial factors such as beliefs, motivation, attitude and personality(b) skills and abilities(c) cultural, religious or ethnic factors(d) socio-economic context(e) medical status(f) education(g) advice on strategies to assist in the return to work process.	\$164.20 per hour
	<p>Note 1: A vocational assessment may be requested in writing by a:</p> <ul style="list-style-type: none">- claims agent or self-insured employer- worker or worker's representative	
	<p>Note 2: The maximum time chargeable for this item is 7 hours i.e. \$1,149.40.</p>	
	<p>Note 3: Payment will only be made following submission of the report.</p>	
	<p>Note 4: Any part of an hour should be billed proportionately and rounded to the nearest 6 minutes.</p> <p>For example:</p> <p><i>Total minutes ÷ 60 (round to 1 decimal point) x hourly rate.</i></p>	

Guidelines

Vocational assessment

This service is designed to evaluate a worker's vocational potential by means of integrated clinical and standardised assessment procedures and instruments. As this generally involves the use of psychological assessment tests, this service is provided by a registered psychologist.

Aim

To evaluate the worker's actual and potential ability, cognitive skills, aptitudes and competencies and relate these to available and realistic job options, recognising all relevant background information. This process includes a feedback session where the provider explains the implications of the assessment to the worker.

Indicators for use

This service may include a review of a vocational assessment previously given to a worker in order to clarify viable job search options eg, changes to the labour market, person job-fit is not optimal, where a worker cannot return to pre-injury duties and the employer is willing to provide alternative work, but is unsure about the most suitable job, no suitable duties within the worker's skill base are available with the pre-injury employer.

Information required prior to use

- Medical report/s and psychological report/s and any other assessment of capacity and restrictions
- Any other relevant information
- History of the injury and other relevant factors
- Work history
- Training/employment options being considered
- If an interpreter is required
- Resume, if available
- Any information or reports relevant to literacy levels or physical and cognitive disability (if known).

Major components

Assessment using appropriate psychological instruments and techniques and should cover:

- clinical evaluation of relevant documents and history provided by the worker and referring party
- educational background
- previous work experience
- cognitive ability/intelligence
- aptitude, including reasoning skills and ability to process auditory and visual material
- competencies
- occupational interests or preferences
- personal attributes that may impact on the employment process
- clinical issues that may impact on the employment process
- work values, motivation
- training/re-training options
- feedback and interpretation of the results to the referring party
- feedback session for the worker where the results are interpreted and implications of the assessment are explained. This is often the critical element of the process.

Vocational report

- Summary of the purpose of the assessment
- List of assessment instruments used and a brief description of each
- List of labour market research references used to inform and support recommendations made
- Summary of key results and their implications
- Advice on factors affecting occupational options
- Psychosocial factors and medical status (including social/economic issues)
- Relevant aptitudes and competencies
- Skills and abilities
- Influence of cultural or other factors
- Recommendations on most suitable occupational options assessed as within the worker's capacity, strategies to assist in further development of the worker's employability including training options, where appropriate.

The report should also include Australian and New Zealand Standard Classification of Occupation (ANZSCO) codes where available.

Service standards

Psychologists must exercise professional judgement in selecting the most appropriate instruments and assessment methods, taking into account validity and cost efficiency.

Vocational assessment must be tailored to the specific needs of the worker and referring party. The written report should be provided within one month of assessment.

This service should be provided by psychologists with experience in administering intellectual, personality, aptitude, interest and other vocational tests. The psychologist should have experience in vocational assessment in the rehabilitation field.

Telephone calls

Item no.	Description	Max fee (ex GST)
PS552	Telephone call.	\$164.20 per hour
Note 1:	Telephone calls are chargeable if they are of a case specific nature, made to or received from the: <ul style="list-style-type: none">- claims agent or self-insured employer- worker's employer (including the employer's rehabilitation and return to work co-ordinator)- worker's representative- WorkCover medical consultant- workplace rehabilitation provider- worker's referring/treating medical practitioner.	
Note 2:	Telephone calls are NOT chargeable if: <ul style="list-style-type: none">- made during a consultation- made to or from a worker.	
Note 3:	This communication should not replace expected communication methods and reports between treating or referring practitioners.	
Note 4:	Invoices for telephone calls in accordance with this item must record the name of the other party.	
Note 5:	Any part of an hour should be billed proportionately and rounded to the nearest 6 minutes. For example: <i>Total minutes ÷ 60 (round to 1 decimal point) x hourly rate.</i>	

Consultation for preparing a treating psychology report

Item no.	Description	Max fee (ex GST)
PS815	Consultation for the purposes of preparing a treating psychology report.	\$164.20 flat fee

Treating psychology reports

Item no.	Description	Max fee (ex GST)
PS820	<p>Standard report.</p> <p>Request for a progress report, where history and other details are already held on file covering a small number of specific questions. Questions may cover areas such as:</p> <ul style="list-style-type: none">• the current psychological status of the worker.• a summary of the current treatment/treatment approach.• anticipated future treatment required, or• similar specific questions relevant to managing the case.	\$164.20 flat fee

Note 1: A standard report may be requested by a:

- claims agent or self-insured employer
- worker or worker's representative.

Note 2: The maximum time chargeable for this item is 1 hour i.e. \$164.20.

Note 3: A standard report should be based on the psychologist's notes and would not usually require a consultation with the patient. However, where a consultation is appropriate (for example if the psychologist has not seen the patient for some time) a consultation fee may be charged using item number PS815.

Note 4: Payment will only be made following submission of the report.

Treating psychology reports

Item no.	Description	Max fee (ex GST)
PS810	<p>Comprehensive report.</p> <p>A comprehensive report is a clinical opinion, statement or response to questions relating to the status of the claim and requires additional information above that required by a standard report due to the complexity of the case. Complexity is defined as:</p> <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. 	\$164.20 per hour
	<p>Note 1: A comprehensive report may be requested by a:</p> <ul style="list-style-type: none"> - claims agent or self-insured employer - worker or worker's representative. 	
	<p>Note 2: The maximum time chargeable for this item is 4 hours i.e. \$656.80.</p>	
	<p>Note 3: A comprehensive report should be based on the psychologist's notes and would not usually require a consultation with the patient. However, where a consultation is appropriate (for example if the psychologist has not seen the patient for some time) a consultation fee may be charged using item number PS815.</p>	
	<p>Note 4: Payment will only be made following submission of the report.</p>	
	<p>Note 5: Any part of an hour should be billed proportionately and rounded to the nearest 6 minutes.</p> <p>For example:</p> <p><i>Total minutes ÷ 60 (round to 1 decimal point) x hourly rate.</i></p>	

Case conference

Item no.	Description	Max fee (ex GST)
PS870	<p>Case conference.</p> <p>Case conference attended by an psychologist for the purpose of discussing:</p> <ul style="list-style-type: none"> • details of limitations/recommendations relating to a sustainable return to work • options for the management of a worker's recovery and functional restoration • information relating to suitable duties at the workplace • barriers to return to work • other related information. 	\$164.20 per hour
	<p>Note 1: A case conference may be requested by a:</p> <ul style="list-style-type: none"> - claims agent or self-insured employer - worker's employer (including the employer's rehabilitation and return to work coordinator) - worker or worker's representative - workplace rehabilitation provider - treating medical expert. <p>Note 2: The claims agent or self-insured employer should attend the case conference if at all possible. If the claims agent or self-insured employer is unable to attend, they should delegate a representative.</p> <p>No fee is payable for records made by a psychologist during the case conference unless delegated as the representative by the claims agent or self-insured employer.</p> <p>It is the responsibility of the claims agent, self-insured employer or delegated representative to make a written and signed record of the case conference that is to be distributed to all attendees. Differences of opinion should be noted in the record.</p> <p>The worker or worker's representative must always be invited to attend the case conference.</p> <p>Note 3: Case conferences conducted by telephone (teleconferencing) are chargeable under this item.</p> <p>Note 4: Travel may be charged separately in accordance with item number PS905.</p> <p>Note 5: Any part of an hour should be billed proportionately and rounded to the nearest 6 minutes.</p> <p>For example: <i>Total minutes ÷ 60 (round to 1 decimal point) x hourly rate.</i></p>	

Equipment, therapeutic aids and appliances

Item no.	Description	Max fee (ex GST)
CURAP	<p>Equipment, therapeutic aids and appliances.</p> <p>This includes the hire or purchase of equipment, therapeutic aids or appliances that assist the worker's recovery, promotes their independence and/or compensates for impairment.</p>	Reasonable cost for the item
	Note 1: When billing for these items, accounts should specifically detail the type of equipment, therapeutic aid or appliance.	

Guidelines

The psychologist should consider the duration the worker will require the equipment, therapeutic aid or appliance and take that into consideration when selecting the most cost effective option between hire and purchase.

Costs incurred for any equipment, therapeutic aid or appliance to assist in reducing the extent of a compensable injury must be reasonable, as specified in section 32(1)(b) of the Act, which states "*if the relevant service is not covered by a scale under this section – to the extent of a reasonable amount for the provision of the service*".

As this item is not gazetted in the psychology fee schedule, the above section applies.

Travel time

Item no.	Description	Max fee (ex GST)
PS905	<p>Travel by a treating psychologist for the purpose of a:</p> <p>a) case conference b) home, hospital or worksite visit c) consultation where the worker is otherwise unable to attend the psychologist's clinic or rooms.</p>	\$164.20 per hour
	Note 1: There is no charge for travel from one clinic or rooms to another clinic or rooms.	
	Note 2: Psychologists who conduct regular sessional visits with particular hospitals, specialist practitioners or rehabilitation facilities may not charge for travel in these instances.	
	Note 3: Travel time is not included in any of the charges in the schedule and should be itemised separately on accounts for associated services.	
	Note 4: All accounts must include the total time spent travelling plus the distance travelled.	
	Note 5: Where a psychologist provides services to multiple workers in a hospital or workplace, it is expected the travel charge will be divided accordingly.	
	Note 6: Any part of an hour should be billed proportionately and rounded to the nearest 6 minutes. For example: <i>Total minutes ÷ 60 (round to 1 decimal point) x hourly rate.</i>	

Non-scheduled services

Item no.	Description	Max fee (ex GST)
PS999	Non-scheduled services. A service of a kind not listed above, provided by a psychologist and authorised by a claims agent or self-insured employer prior to the delivery of the service as being necessary, appropriate and reasonably required.	\$164.20 per hour
	Note 1: Any part of an hour should be billed proportionately and rounded to the nearest 6 minutes. For example: <i>Total minutes ÷ 60 (round to 1 decimal point) x hourly rate.</i>	

Guidelines

This item number is used when the provision of services not listed elsewhere in the fee schedule is necessary, appropriate and reasonably required. For example, treating practitioner reports requested for Motor Accident Commission claims do not fit within the scope of standard and comprehensive reports as listed in this fee schedule. These reports should be billed using the non-scheduled service item using the specified hourly rate.

Approval

It is recommended the psychologist contacts the claims agent or self-insured employer prior to using this item number. Accounts for services which are considered inappropriate or unnecessary by the claims agent or self-insured employer will be challenged and may be rejected.

Charge

Charges for non-scheduled services must be reasonable and are charged at the hourly rate.

Invoicing for non-scheduled services

Non-scheduled services must be invoiced using the item number PS999, and include a detailed service description and the time taken (in minutes) for the service.

Accounts that do not meet these standards will be returned to the psychologist for amendment.

General information

Account and invoicing standards

All amounts listed in this booklet are exclusive of GST. If applicable, WorkCover 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 WorkCover with a tax invoice where the amounts are subject to GST.

For all invoices, whether a tax invoice or not, the following information should be provided:

- provider details – name, provider number, clinic details
- invoice number
- Australian Business Number (ABN)
- worker's surname and given name/s
- claim number, if known
- employer name, if known
- brief description of the injury to which the services relate
- each service for which payment is sought itemised separately with:
 - date of consultation/attendance/service and commencement time
 - service item number in accordance with this fee schedule
 - meaningful service description in accordance with this fee schedule
 - duration of service in hours/minutes rounded to the nearest 6 minutes where specified in this fee schedule (eg, *total minutes ÷ 60 (round to 1 decimal point) x hourly rate*).
 - charge for the service in accordance with this fee schedule
 - total charge for invoiced items plus any GST that may be applicable.

Invoices are to be submitted within six weeks of service. Invoices for services displaying the information set out above will allow for prompt and efficient processing. Invoices that do not meet these standards may be returned to the provider for amendment.

The claims agent is unable to pay on 'account rendered' or statement invoices. Payment will be made, where appropriate, on an original invoice or duplicate/copy of the original. Payment for services, including reports, will not be made in advance.

Please note: WorkCover pays via electronic funds transfer (EFT) and therefore, bank account details are also required.

GST

For all GST-related queries, please contact the Australian Tax Office on 13 24 78, or your tax advisor.

Changes to provider details or adding new providers

For changes to provider details, such as Australian Business Numbers, change of address or payee and electronic funds transfer details, complete the *EFT application form* available from www.workcover.com>health providers>the WorkCover system>lodging payment information or phone 13 18 55. The *EFT application form* must then be faxed to WorkCover on (08) 8233 2479.

Where payment is outstanding

Please contact Employers Mutual or the self-insured employer if the claim has been accepted and the payment is outstanding. If the claim has not been accepted, responsibility for payment of accounts rests with the worker.

Useful contacts

WorkCoverSA

For further enquiries relating to fee schedules contact WorkCoverSA.

GPO Box 2668, Adelaide SA 5001

Phone: 13 18 55

Visit: www.workcover.com>health provider>the workcover system>fee schedules.

Employers Mutual

All WorkCover claims (that are not self-insured) are managed by Employers Mutual.

26 Flinders Street, Adelaide SA 5000

GPO Box 2575, Adelaide SA 5001

DX270 Adelaide

Phone: (08) 8127 1100

Fax: (08) 8127 1200

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.

89 Pirie Street, Adelaide SA 5000

GPO Box 219, Adelaide SA 5001

Phone: 1300 137 331

Fax: 1300 137 431

Email: SACTPClaims@allianz.com.au

Enquiries: phone 13 18 55

Fax: (08) 8233 2990

info@workcover.com

www.workcover.com

The following free information support services are available:

TTY (deaf or have hearing/speech impairments) call (08) 8233 2574. 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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