

PSYCHOLOGY SERVICES TABLE OF COSTS

1. INTRODUCTION

This document outlines the procedures and conditions and fees payable for the delivery of psychology services by registered psychologists for workers' compensation claimants. The information contained should assist the psychologist, the treating medical practitioner, employer and the insurer by promoting a quality service and the provision of timely and relevant information for case management.

In the majority of cases, the rehabilitation goal is for the worker to return to work. In situations where the injury prevents the worker returning to work, rehabilitation must focus on maximising functional independence.

2. PROCEDURES AND CONDITIONS

2.1 Payment of psychology services

Payment for services outlined in this document are allowed subject to the following procedures and conditions:

- **The worker's compensation claim must be accepted by the insurer for the injury or condition being treated.**
 - (i) If the application for compensation is pending or has been rejected, the responsibility for payment for any services provided during any period remains a matter between the psychologist and the worker or the employer (where services have been requested by the Rehabilitation and Return to Work Coordinator).
 - (ii) The service provider should identify whether the injured worker is employed by a self-insured employer, or an employer insured by WorkCover. All invoices must be forwarded to the relevant insurer for payment.
- **In all matters the worker must be referred by a registered medical practitioner and have a current medical certificate to cover any psychology services provided.**
- **The service provider should identify the appropriate item in the Psychology Services Table of Costs for services or treatment provided. The insurer will only consider payment for services or treatments relating to the compensable injury (not other pre-existing conditions).**
- **Where the claim has been accepted the insurer will pay for the cost of the following services:**
 - (i) **Up to two (2) sessions of critical incident counselling delivered without prior approval;**
 - (ii) **An initial assessment and report where it has been requested by the treating medical practitioner or an accredited workplace/employer.**
- **For services not outlined in this Table of Costs, prior approval must be obtained from the insurer.**

2.2 Referral

- Initial referral **must** be for an assessment of psychological condition. This referral should contain a clear statement of purpose.
- Where treatment is proposed following the initial assessment **the Psychologist must submit a standard report and Provider Management Plan to the insurer.** See Psychology Fee Schedule for details of standard report.

2.3 Treatment

- Where treatment/therapy sessions are required, the Psychologist must complete a Provider Management Plan and submit it as an appendix to the standard report after the initial assessment. In all cases the treatment plan must focus on function.
- If treatment/therapy is required beyond the initial approved sessions, a further Provider Management Plan must be submitted indicating the functional improvements to date which clearly demonstrate the efficacy of the treatment, the number of future treatment sessions and goal of sessions.
- The Psychologist will be advised of the insurer's decision regarding approval and payment of plans as soon as possible.
- The Provider Management Plan may be downloaded from the website www.qcomp.com.au, or obtained by contacting Q-COMP by telephone on 1300 789 881.
- **The insurer will not pay for any treatment which is provided without prior approval.**

3. PROVIDER INVOICE

3.1 Payment for services will be made in accordance with the Psychology Services Table of Costs. For insurer payment, the provider is required to use an invoice indicating the following information:

- (i) The words 'Tax Invoice' stated prominently;
- (ii) The name of the provider and practice details;
- (iii) The date the tax invoice was issued;
- (iv) The provider's Australian Business Number (ABN);
- (v) The injured worker's name, residential address and date of birth;
- (vi) Claim Number (if known);
- (vii) Referring medical practitioner's name;
- (viii) Date of each attendance;
- (ix) Appropriate item number/s from the Table of Costs;
- (x) A brief description of each service item supplied, including areas treated;
- (xi) Cost of treatment; and
- (xii) Name of the service provider's staff member who provided the service.

Fees listed in the Table of Costs are **exclusive** of GST. It is the responsibility of a supplier to incorporate into invoices any applicable GST on taxable supplies. For guidance on the taxability of certain services, providers are advised to refer to a taxation advisor or the Australian Taxation Office.

3.2 Please note that the insurer requires individual tax invoices for services relating to individual workers. The insurer will return an invoice to you where the services relate to more than one injured worker.

4. ENQUIRIES

4.1 Claims Issues

- For billing enquiries or for enquiries relating to claims eg. claim numbers, claim status, rehabilitation status, payment of invoices or approval of Provider Management Plans the psychologist should contact the insurer.

4.2 General

- Any psychologist seeking advice on policy issues relating to the Table of Costs should contact Q-COMP on 1300 789 881.

PSYCHOLOGY FEE SCHEDULE

The following table relates to psychology services provided within the practitioner's rooms, private hospital or at the injured worker's place of residence.

PLEASE REFER TO THE PRECEDING EXPLANATORY NOTES WHICH APPLY TO THE TABLE OF COSTS BELOW

Item No	Service Type	Service Description	Max Fee Excl. GST
400088	Initial Assessment	This would include a clinical interview, test administration and scoring (if recent similar tests are not already held by the insurer), psychological functioning, precipitating factors, clinical diagnosis and prognosis regarding return to work. An initial assessment would be used to evaluate a psychological/psychiatric condition in order to formulate a treatment plan focused on a return to work goal. This is based on a maximum of three (3) hours direct contact and test scoring time.	Hourly Rate \$134.03
400091	Comprehensive Neuro-psychological Assessment	Prior insurer approval is required. This would include a clinical interview, I.Q., memory and other appropriate specific tests, including personality, as relevant. The comprehensive range of assessments identify cognitive and behavioural functioning (post cerebral event) together with the aim of providing a prognosis, future rehabilitation requirements and work direction. This is based on a maximum of five (5) hours direct contact and test scoring time.	Hourly Rate \$134.03
400092	Independent Clinical Psychological Assessment	Independent Clinical Psychological Assessment where the psychologist is requested to supply the insurer with an examination and report. Would be used to assess the psychological condition in order to provide a diagnosis and prognosis regarding return to work. This would include a clinical interview, appropriate quantitative information such as personality and mood tests to identify psychosocial functioning, precipitating factors, clinical diagnosis and prognosis regarding return to work. This is based on a maximum of three (3) hours direct contact and test scoring time.	Hourly Rate \$134.03
400199	Vocational Assessment	Prior insurer approval is required. Includes an interview and testing, where appropriate, to identify previous education, work history and vocational interests. It may also include, where appropriate, aptitudes, academic abilities and personality characteristics. This will provide information regarding future suitable job goals and potential learning ability, taking into account labour market characteristics. The job goal must be achievable in the short term and not require extensive retraining. Based on a maximum three (3) hours direct contact and test scoring time.	Hourly Rate \$134.03
400095	Psychological Counselling/ Therapy	Prior insurer approval is required. This would be short-term intervention with a return to work goal and focussed on compensable components of presenting psychological issues. The intervention would be based on a treatment plan formulated from the initial assessment. The insurer will pay for a maximum of 1-hour session on any day.	Hourly Rate \$134.03

Item No	Service Type	Service Description	Max Fee Excl. GST
400403	Vocational or Career Counselling	Prior insurer approval is required. Involves counselling a worker toward a realistic, achievable job goal in cases where the worker is preparing, but not yet ready, to return to work. Counselling will ensure a return to work focus and includes exploration of realistic job options and short term training, when essential for return to work.	Hourly Rate \$134.03
400097	Group Work	Prior insurer approval is required. The conducting of education and group therapy classes eg. "stress" management or pain management. Includes a maximum of 8 persons in the group. The insurer will only pay for the attendance of workers' compensation claimants.	\$34.10 per person per hour
400184	Critical Incident Psychological Counselling	Critical incident is usually defined as an incident outside the usual range of human experience where the worker is in the immediate vicinity of an incident such as an armed robbery, physical assault, witness of death of co-worker, confrontation by an offender and other traumatic episodes. If a worker does not cease work as a result of a critical incident, the insurer will meet the reasonable costs of 1 or 2 counselling sessions at the request of the employer. Should the worker cease work following a critical incident, the employer may still request counselling sessions, however, the worker must attend a registered medical practitioner and obtain medical certification to claim weekly benefits. Critical incident counselling would not apply to workers who were not in the immediate vicinity or not a witness to an incident. Prior insurer approval is required for any sessions beyond the initial two.	Hourly Rate \$134.03
400408	Workplace Evaluation	For workers with a psychological condition and prior approval of the insurer is required for this item. A systematic process using the workplace to estimate work potential and work behaviour. Activities may include: set up of the workplace evaluation, work practice review, workplace modification, job analysis, job redesign, identification of suitable duties, negotiation with relevant parties of a suitable duties plan and feedback on return to work progress.	Hourly Rate \$134.03
400413	Workplace Evaluation Report	Report should be provided only following a request from the insurer. When a workplace evaluation report is required it may be billed under this item.	Hourly Rate \$134.03
400410	Preparation of a Suitable Duties Plan	Prior insurer approval is required. For the preparation of the document called the Suitable Duties Plan for a worker with a psychological condition which details specific information necessary to achieve a safe and effective return to the workplace and includes the following: <ol style="list-style-type: none">1. specific tasks and duties to be performed2. days and hours to be worked3. key reviewing and reporting requirements during program4. any restrictions or limitations5. recommendations for upgrading of program6. start and completion dates for program. Suitable Duties Plans are usually no more than 2 to 3 weeks duration. (Does not include the time taken negotiating the plan or assessing the workplace. Such time would be included in the Workplace Evaluation item.)	\$39.29

Item No	Service Type	Service Description	Max Fee Excl. GST
400411	Telephone Monitoring of Suitable Duties Program	Prior insurer approval is required. For workers with a psychological condition, monitoring of suitable duties should be performed by the person who documented the Suitable Duties Plan, wherever feasible or another registered person. Telephone liaison with key parties may include employer, worker, treating practitioners and the insurer for the purpose of reviewing the progress of a worker's suitable duties program and related treatment. It would be expected that most phone calls would be of short duration and would only exceed 15 minutes in unusual cases.	Per five minute blocks @ \$11.14
400412	Insurer Initiated Telephone Communication	Insurer initiated telephone discussion relating to treatment or rehabilitation of a specific worker. This does not include initial referral or requests for reports.	Per five minute blocks @ \$11.14
400400	Case Conferencing	Prior insurer approval is required. Face-to-face or telephone communication involving the treatment provider, insurer's case manager and one or more of the following: Treating Practitioner, Specialist, employer or other. The conference is to plan, implement, manage, or review treatment options and/or a rehabilitation plan. The conference would result in agreed actions from the participants. A conference would be for a maximum of 60 minutes.	Hourly Rate \$134.03
400286	Return to Work Facilitation	Prior insurer approval required. Face-to-face facilitation between the worker and key players in the workplace in order to effect a return to work outcome. This item is only to be used in cases where a worker is participating in a rehabilitation program or embarking on a rehabilitation program and there are significant barriers to commencing or progressing on the program. This item <i>does not</i> include general communication relating to suitable duties plans, which has a specific item number (400411).	Hourly Rate \$134.03
400155	Travel	Travelling time will only be paid where the provider is required to leave their rooms to deliver a service to an injured worker at their place of residence, a rehabilitation facility or the workplace. Travelling expenses for periods in excess of 1 hour one way <u>will not be paid</u> unless prior approval is obtained from the insurer.	Hourly Rate \$99.86
400076	Progress Report	Report to be provided only following a request from the insurer. Report should include: summary of interventions, including major findings, treatments delivered and results obtained and future recommendations, if applicable.	\$40.22

Item No	Service Type	Service Description	Max Fee Excl. GST
400077	Standard Report	Report to be provided only following a request from the insurer. Report should contain summarised information of assessment findings, treatments/services delivered, results obtained and include interpretive information with specific recommendations for further rehabilitation management and return to work, if applicable. The report must include all information relevant to the worker's compensable injury. If recommendations include further treatment/services, a Provider Management Plan must also be completed.	\$113.96
400176	Comprehensive Report	Report to be provided only following a request from the insurer. Report contains all the elements of a standard report in addition to information relating to more detailed assessments and interventions performed. This report would only be required in a limited number of cases where the case and the treatment are extremely complex. Fee at hourly rate with number of hours negotiated with insurer.	Hourly Rate \$134.03 Hours to be negotiated with insurer
400226	Independent Case Review	To be provided only following a request from the insurer. Examination and report of an injured worker by an independent case reviewer for the purposes of providing the insurer with an assessment and recommendations for ongoing treatment.	Hourly Rate \$167.48