

SIRA

Psychology and Counselling Fees and Practice Requirements

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1. Psychology services and maximum fees

The information in this table sets out legally binding requirements extracted from the *Workers Compensation (Psychology and Counselling Fees) Order 2023* (Fees Order) (in relation to columns 1, 2, 3, and 5) and the *Workers Compensation Guidelines* (Guidelines) (in relation to column 4). These requirements are reproduced here for your convenience. The Fees Order¹ and Guidelines² are the ultimate source of your legal obligations. The full text of the Fees Order and the Guidelines can be accessed using the links and references provided at the bottom of this page. See part 3 for more information on using this table.

The maximum fees in this table apply to services provided on or after 1 February 2023. The related injury may have been received before, on or after this date.

Psychologist item code ¹	Service ²	Service description ³	Requires insurer pre-approval ⁴	Maximum fee (\$) (excl. GST) ⁵
PSY001 (face to face)	Initial consultation and treatment	The first session provided by the psychologist in respect of an injury, or the first consultation in a new episode of care for the same injury. Session may include:	Yes, insurer pre-approval is required for these services, except in the following circumstances:	\$123.30 /30 minutes - pro-rata rates in units of 30 minutes apply - maximum of 60 minutes
PSY301 (telehealth)				

^{1,2,3,5} *Workers Compensation (Psychology and Counselling Fees) Order 2023*, Government Gazette of the State of New South Wales, Number 4 – Health and Education of Friday 13 January 2023, p. 27 - 35; https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette_2023_2023-4.pdf

⁴ *Part 4: Compensation for medical, hospital, and rehabilitation expenses*, Workers Compensation Guidelines, SIRA, March 2021: <https://www.sira.nsw.gov.au/workers-compensation-claims-guide/legislation-and-regulatory-instruments/guidelines/workers-compensation-guidelines#part-4>

Psychologist item code ¹	Service ²	Service description ³	Requires insurer pre-approval ⁴	Maximum fee (\$) (excl. GST) ⁵
		<p>The entire session must be one-to-one with the worker.</p> <p>Note: Telehealth means delivery of consultations via video or telephone and can only be provided if the worker has consulted with the practitioner in the 12 months prior. The fee for a telehealth consultation includes any emails or other electronic communication to support the delivery of the treatment. No additional fee can be charged for a telehealth consultation (such as for use of a facility).</p>	<p>not respond within five working days of receiving the AHRR, up to eight consultations (per the AHRR) can be provided without insurer pre-approval;</p> <p>or</p> <ul style="list-style-type: none"> if the injury was not previously treated by a psychologist or counsellor and the treatment begins more than three months after the injury, up to three consultations can be provided without insurer pre-approval; 	
<p>PSY002 (face to face)</p> <p>PSY302 (telehealth)</p>	Subsequent consultation and treatment	<p>Treatment sessions provided after the initial consultation and treatment. Session may include:</p> <ul style="list-style-type: none"> re-assessment intervention/treatment setting expectations of recovery and return to work clinical recording, and preparation of an Allied Health Recovery Request when indicated. <p>The entire session must be one-to-one with the worker.</p> <p>Note: Telehealth means delivery of consultations via video or telephone and can only be provided if the worker has consulted with the practitioner in the 12 months prior. The fee for a telehealth consultation includes any emails or other electronic communication to support the delivery of the treatment. No additional fee can be charged for a telehealth consultation (such as for use of a facility).</p>	<p>or</p> <ul style="list-style-type: none"> if the practitioner previously treated the injury more than three months ago, one consultation with the same practitioner can be provided without pre-approval by the insurer. This is considered a new episode of care; <p>or</p> <p>if the injury was previously treated by a psychologist or counsellor, one consultation with a different practitioner from this group can be provided without pre-approval from the insurer.</p>	<p>\$102.95/30 minutes</p> <ul style="list-style-type: none"> pro-rata rates in units of 30 minutes apply maximum of 60 minutes

Psychologist item code ¹	Service ²	Service description ³	Requires insurer pre-approval ⁴	Maximum fee (\$) (excl. GST) ⁵
PSY006	Group/class intervention	Where the psychologist delivers a common service to more than one (1) person at the same time (e.g. group therapy). Note: Maximum class size is six (6) participants.		\$61.60/participant
PSY007	Trauma focused psychological treatment	Cognitive behavioural therapy or eye movement desensitisation reprocessing provided by a psychologist in accordance with the Expert guidelines . For a worker who has been diagnosed with a work-related post-traumatic stress disorder. Only to be used where treatment is provided to an emergency service worker employed by a Treasury Managed Fund member agency.	Yes	Rates to be negotiated between the psychologist and insurer.
Other				
PSY003	Report writing	Occurs only when the insurer requests the psychologist compile a written report providing details of the worker's treatment, progress and work capacity (other than an Allied Health Recovery Request). (requires pre-approval and must be requested by the insurer)	Yes, provided at request of insurer	\$17.20 (+GST)/5 minutes (maximum of 60 minutes)
PSY004	Case conference	“Case conference” means a face-to-face meeting, video conference or teleconference and must: <ul style="list-style-type: none">• seek to clarify the worker's capacity/fitness for work, barriers to return to work, and strategies to overcome these barriers	Insurer pre-approval is not required for a maximum of two hours per psychologist.	\$17.20 (+GST)/5 minutes

Psychologist item code ¹	Service ²	Service description ³	Requires insurer pre-approval ⁴	Maximum fee (\$) (excl. GST) ⁵
		<ul style="list-style-type: none"> be an open forum to ensure parties share the same expectations about the worker's recovery at work or return to suitable employment. <p>A case conference can be between a practitioner and any or all of the following:</p> <ul style="list-style-type: none"> the employer the workplace rehabilitation provider an injury management consultant the insurer; and/or other treatment practitioner/s delivering services to the worker (including the nominated treating doctor). <p>A case conference can be between the worker (including a support person, if requested by the worker) and the practitioner, but must also include a person from the list above.</p> <p>The following are not considered a case conference and are not to be charged as such:</p> <ul style="list-style-type: none"> discussions between a practitioner and the worker (and their support person, if requested by the worker) which are not attended by a person from the list above discussions between treating doctors and a practitioner relating to treatment. These are considered a normal interaction between the referring doctor and practitioner. 	Over two hours per psychologist of case conferencing requires insurer pre-approval.	

Psychologist item code ¹	Service ²	Service description ³	Requires insurer pre-approval ⁴	Maximum fee (\$) (excl. GST) ⁵
		The practitioner is to retain file notes of the case conference, including date, duration, participants, topics and outcomes. This information may be required for invoicing or auditing purposes.		
PSY005	Travel costs	<p>Travel costs can be claimed when the most appropriate clinical management of the worker requires the psychologist to travel away from their normal practice. The rate per kilometre applies only to the number of kilometres of travel reasonably involved and directly related to the treatment.</p> <p>Travel costs cannot be claimed where:</p> <ul style="list-style-type: none"> the psychologist provides services on a regular or contracted basis to facilities such as a private hospital the psychologist does not have (or is employed by a business that does not have) a normal practice for the delivery of psychological or counselling treatment services (e.g. mobile practice). <p>Where multiple workers are being treated in the same visit to a facility or in the same geographical area on the same day, the reasonable travel charge must be divided evenly between those claims.</p>	Yes	<p><u>Use of private motor vehicle:</u></p> <p>72 cents per kilometre (+GST)</p>

Psychologist item code ¹	Service ²	Service description ³	Requires insurer pre-approval ⁴	Maximum fee (\$) (excl. GST) ⁵
PSY020	Incidental expenses	Items the worker takes with them for independent use at home e.g. relaxation CDs, books etc. This does not apply to consumables used during a consultation or exercise handouts. Note: This code does not apply to external facility fees.	Insurer pre-approval is not required for up to \$110 per claim for reasonable incidental expenses. Above \$110 requires insurer pre-approval.	Cost price including postage/freight
WCO005	Providing copies of clinical notes and records where clinical records are maintained electronically	Note: The practitioner/practice should not provide or bill for hard copy clinical records if they are maintained electronically.	Yes, provided at request of insurer	Flat fee of \$62.00 (+GST) (inclusive of postage and handling).
	Providing copies of clinical notes and records where clinical records are kept in hard copy			\$39.30 (+GST) for 33 pages or less. An additional \$1.40 (+GST) per page if more than 33 pages. These fees include postage and handling.
OAS003	Submission of an initial Allied Health Recovery Request (AHRR) only	This fee applies to the first <i>Allied Health Recovery Request</i> completed and submitted to the insurer for the claim. Subsequent AHRR submissions cannot be billed.	No	\$40.00 (+GST)

Psychologist item code ¹	Service ²	Service description ³	Requires insurer pre-approval ⁴	Maximum fee (\$) (excl. GST) ⁵
OAS004	Submission of a first subsequent Certificate of Capacity only	This fee applies to the first subsequent Certificate of Capacity issued and submitted to the insurer. Further subsequent Certificate of Capacity submissions cannot be billed. Note: Only a SIRA-approved psychologist can issue a subsequent Certificate of Capacity	No	\$40.00 (+GST)

2. Counselling services and maximum fees

The information in this table sets out legally binding requirements extracted from the *Workers Compensation (Psychology and Counselling Fees) Order 2023* (Fees Order) (in relation to columns 1, 2, 3, and 5) and the *Workers Compensation Guidelines* (Guidelines) (in relation to column 4). These requirements are reproduced here for your convenience. The Fees Order¹ and Guidelines² are the ultimate source of your legal obligations. The full text of the Fees Order and the Guidelines can be accessed using the links and references provided at the bottom of this page. See part 3 for more information on using this table.

The maximum fees in this table apply to services provided on or after 1 February 2023. The related injury may have been received before, on or after this date.

Counsellor item code ¹	Service ²	Service description ³	Requires insurer pre-approval ⁴	Maximum fee (\$) (excl. GST) ⁵
COU002 (face to face)	Initial consultation and treatment	The first session provided by the counsellor in respect of an injury, or the first consultation in a	Yes, insurer pre-approval is required for these services, except in the following circumstances:	\$91.80/30 minutes

^{1,2,3,5} *Workers Compensation (Psychology and Counselling Fees) Order 2023*, Government Gazette of the State of New South Wales, Number 4 – Health and Education of Friday 13 January 2023, p. 27 - 35; https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette_2023_2023-4.pdf

⁴ *Part 4: Compensation for medical, hospital, and rehabilitation expenses*, Workers Compensation Guidelines, SIRA, March 2021: <https://www.sira.nsw.gov.au/workers-compensation-claims-guide/legislation-and-regulatory-instruments/guidelines/workers-compensation-guidelines#part-4>

Counsellor item code ¹	Service ²	Service description ³	Requires insurer pre-approval ⁴	Maximum fee (\$) (excl. GST) ⁵
COU302 (telehealth)		<p>new episode of care for the same injury. Session may include:</p> <ul style="list-style-type: none"> • history taking • assessment • tailored goal setting and treatment planning • setting expectations of recovery and return to work • treatment/service • clinical recording • communication with referrer, insurer and other relevant parties, and • preparation of an Allied Health Recovery Request when indicated. <p>The entire session must be one-to-one with the worker.</p> <p>Note:</p> <p>Telehealth means delivery of consultations via video or telephone and can only be provided if the worker has consulted with the practitioner in the 12 months prior. The fee for a telehealth consultation includes any emails or other electronic communication to support the delivery of the treatment. No additional fee can be charged for a telehealth consultation (such as for use of a facility).</p>	<ul style="list-style-type: none"> • if the injury was not previously treated by a psychologist or counsellor, and the treatment begins within three months of the injury, up to eight consultations may be provided without insurer pre-approval; <p>or</p> <ul style="list-style-type: none"> • if the same practitioner is continuing treatment within three months of the injury, and sought pre-approval by sending an AHRR to the insurer, and the insurer did not respond within five working days of receiving the AHRR, up to eight consultations (per the AHRR) can be provided without insurer pre-approval; <p>or</p> <ul style="list-style-type: none"> • if the injury was not previously treated by a psychologist or counsellor and the treatment begins more than three months after the injury, up to three consultations can be provided without insurer pre-approval; 	<ul style="list-style-type: none"> - pro-rata rates in units of 30 minutes apply - maximum of 60 minutes
COU003 (face to face)	Subsequent consultation and treatment	<p>Treatment sessions provided after the initial consultation and treatment. Session may include:</p> <ul style="list-style-type: none"> • re-assessment • intervention/treatment • setting expectations of recovery and return to work 	<p>or</p> <ul style="list-style-type: none"> • if the practitioner previously treated the injury more than three months ago, one consultation with the same practitioner can be provided without pre-approval by 	<p>\$82.10 / 30 minutes</p> <ul style="list-style-type: none"> - pro-rata rates in units of 30 minutes apply - maximum of 60 minutes
COU303 (telehealth)				

Counsellor item code ¹	Service ²	Service description ³	Requires insurer pre-approval ⁴	Maximum fee (\$) (excl. GST) ⁵
		<ul style="list-style-type: none"> clinical recording, and preparation of an Allied Health Recovery Request when indicated. <p>The entire session must be one-to-one with the worker.</p> <p>Note: Telehealth means delivery of consultations via video or telephone and can only be provided if the worker has consulted with the practitioner in the 12 months prior. The fee for a telehealth consultation includes any emails or other electronic communication to support the delivery of the treatment. No additional fee can be charged for a telehealth consultation (such as for use of a facility).</p>	<p>the insurer. This is considered a new episode of care;</p> <p>or</p> <ul style="list-style-type: none"> if the injury was previously treated by a psychologist or counsellor, one consultation with a different practitioner from this group can be provided without pre-approval from the insurer. 	
COU007	Group/class intervention	<p>Where the counsellor delivers a common service to more than one (1) person at the same time (e.g. group therapy).</p> <p>Note: Maximum class size is six (6) participants.</p>		\$52.10 (+GST) /participant
Other				
COU004	Report writing	<p>Occurs only when the insurer requests the counsellor compile a written report providing details of the worker's treatment, progress and work capacity (other than an Allied Health Recovery Request).</p> <p>(requires pre-approval and must be requested by the insurer)</p>	Yes, provided at request of insurer	\$13.60 (+GST)/5 minutes (maximum of 60 minutes)

Counsellor item code ¹	Service ²	Service description ³	Requires insurer pre-approval ⁴	Maximum fee (\$) (excl. GST) ⁵
COU005	Case conference	<p>“Case conference” means a face-to-face meeting, video conference or teleconference and must:</p> <ul style="list-style-type: none"> • seek to clarify the worker’s capacity/fitness for work, barriers to return to work, and strategies to overcome these barriers • be an open forum to ensure parties share the same expectations about the worker’s recovery at work or return to suitable employment. <p>A case conference can be between a practitioner and any or all of the following:</p> <ul style="list-style-type: none"> • the employer • the workplace rehabilitation provider • an injury management consultant • the insurer; and/or • other treatment practitioner/s delivering services to the worker (including the nominated treating doctor) <p>A case conference can be between the worker (including a support person, if requested by the worker) and the practitioner, but must also include a person from the list above.</p> <p>The following are not considered a case conference and are not to be charged as such:</p> <ul style="list-style-type: none"> • discussions between a practitioner and the worker (and their support person, if requested by the worker) which are not attended by a person from the list above • discussions between treating doctors and an accredited exercise physiologist relating to 	<p>Insurer pre-approval is not required for a maximum of two hours per counsellor.</p> <p>Over two hours per counsellor of case conferencing requires insurer pre-approval.</p>	\$13.60 (+GST) /5 minutes

Counsellor item code ¹	Service ²	Service description ³	Requires insurer pre-approval ⁴	Maximum fee (\$) (excl. GST) ⁵
		<p>treatment. These are considered a normal interaction between the referring doctor and practitioner.</p> <p>The practitioner is to retain file notes of the case conference, including date, duration, participants, topics and outcomes. This information may be required for invoicing or auditing purposes.</p>		
COU006	Travel costs	<p>Travel costs can be claimed when the most appropriate clinical management of the worker requires the counsellor to travel away from their normal practice. The rate per kilometre applies only to the number of kilometres of travel reasonably involved and directly related to the treatment.</p> <p>Travel costs cannot be claimed where:</p> <ul style="list-style-type: none"> the counsellor provides services to facilities on a regular or contracted basis such as private hospitals the counsellor does not have (or is employed by a business that does not have) a normal practice for the delivery of psychological and/or counselling treatment services (e.g. mobile practice). <p>Where multiple workers are being treated in the same visit to a facility or in the same geographical area on the same day, the reasonable travel charge must be divided evenly between those claims.</p>	Yes	<p><u>Use of private motor vehicle:</u></p> <p>72 cents per kilometre (+GST)</p>
COU020	Incidental expenses	Items the worker takes with them for independent use at home e.g. relaxation CDs,	Insurer pre-approval is not required for up to \$110 per claim for reasonable incidental expenses.	Cost price including postage/freight

Counsellor item code ¹	Service ²	Service description ³	Requires insurer pre-approval ⁴	Maximum fee (\$) (excl. GST) ⁵
		books etc. This does not apply to consumables used during a consultation or exercise handouts. Note: This code does not apply to external facility fees.	Above \$110 requires insurer pre-approval.	
WCO005	Providing copies of clinical notes and records where clinical records are maintained electronically	Note: The practitioner/practice should not provide or bill for hard copy clinical records if they are maintained electronically.	Yes, provided at request of insurer]	Flat fee of \$62.00 (+GST) (inclusive of postage and handling).
	Providing copies of clinical notes and records where clinical records are kept in hard copy			\$39.30 (+GST) for 33 pages or less. An additional \$1.40 (+GST) per page if more than 33 pages. These fees include postage and handling
OAS003	Submission of an initial Allied Health Recovery Request (AHRR) only	This fee applies to the first <i>Allied Health Recovery Request</i> completed and submitted to the insurer for the claim. Subsequent AHRR submissions cannot be billed.	No	\$40.00 (+GST)

3. Understanding this document

This document is intended to provide easily accessible information on fees, billing and approval processes in the NSW workers compensation system, drawn together from multiple sources into a single document. It is anticipated this will make administration of billing and approval processes easier for insurers and providers and reduce the potential for billing and coding errors.

This document refers to legally binding requirements imposed by the:

- *Workers Compensation Act 1987* (1987 Act)
- *Workplace Injury Management and Workers Compensation Act 1998* (1998 Act)
- *Workers Compensation Regulation 2016* (the Regulation)
- *Workers Compensation Guidelines* (the Guidelines)
- *SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners 2021* (Allied Health Guideline)
- *Workers Compensation (Psychology and Counselling Fees) Order 2023* (Fees Order) (see link to fees order in footnote on page 3).

These are reproduced here for your convenience. The legislation, Fees Order and guidelines set out above are the ultimate source of your legal obligations.

The tables in parts 1 and 2 set out legally binding requirements:

- the requirements set out in columns 1, 2, 3 and 5 are extracted from the Fees Order, which is made under s 61(2) of the 1987 Act. The Fees Order sets the maximum fees for which an employer is liable under the 1987 Act for any Psychology or Counselling treatment related services provided to a NSW worker. Costs must not exceed the maximum fee for the treatment or services specified in the Fees Order.
- the requirements set out in column 4 are derived from clause 4 of the Guidelines, which are made under section 376(1)(c) of the 1998 Act, and under s 60(2A)(a) of the 1987 Act. Clause 4 of the Guidelines specifies the types or classes of treatment or services that are exempt from the requirement for prior insurer approval set out in s 60(2A)(a).

This document also includes best practice guidance from SIRA.

The words 'must', 'required' (and variations of that word) or 'mandatory' indicate a legal requirement that must be complied with. The words 'should' or 'is expected' indicate recommended best practice.

4. Practice requirements for psychologists and counsellors

To be appropriately qualified for the purposes of section 60 of the 1987 Act to give or provide a treatment or service to a worker in NSW, an eligible allied health practitioner must:

- be a psychologist with general registration under the *Health Practitioner Regulation National Law (NSW) No 86a* or equivalent Health Practitioner Regulation National Law in their jurisdiction with the Australian Health Practitioner Regulation Agency (AHPRA); or
- be a counsellor who is a:
 - full clinical member of the Psychotherapy and Counselling Federation of Australia; or
 - mental health social worker accredited with the Australian Association of Social Workers;
 - or
 - Level 3 or 4 member of the Australian Counsellors Association.

In addition, the *Allied Health Guideline* requires psychologists and counsellors to be approved by SIRA to provide services in the NSW workers compensation system.

All allied health practitioners in the NSW workers compensation system should adopt the principles of the *Clinical Framework for the Delivery of Health Services*. The five principles are:

1. Measure and demonstrate the effectiveness of treatment
2. Adopt a biopsychosocial approach
3. Empower the injured person to manage their injury
4. Implement goals focused on optimising function, participation and return to work
5. Base treatment on the best available research.

4.1. Allied Health Recovery Request

When requesting approval of treatment services, including equipment needs and case conferencing, practitioners should provide clinical justification to support the services requested.

The Allied Health Recovery Request allows you to:

- describe the impact of the injury on the worker in terms of reported and observed signs and symptoms, as well as their capacity to engage in their roles at work, home and in the community
- set SMART goals and empower the worker to be actively involved in their recovery
- outline an action plan, listing actions the worker and you are individually responsible for
- demonstrate the effectiveness of treatment using standardised outcome measures.
- indicate the anticipated timeframe the recovery will take.

4.2. Treating exempt workers

Exempt workers (defined below) are not required to use SIRA-approved psychologists and counsellors.

There is no requirement for exempt workers to seek pre-approval from their employer's insurer for treatment (as set out in column 4 of parts 1 and 2).

However, exempt workers are to be made aware that payment of treatment and services for exempt workers will be assessed by insurers based on whether the treatment or service is required as a result of the injury and is considered reasonably necessary and on the provision of properly verified costs. The maximum fees set out in parts 1 and 2 apply to exempt workers.

4.3. Best practice service provision via telehealth

Telehealth means the delivery of a consultation via video or telephone by a practitioner. It is an extension of existing face-to-face services and can only be provided if the worker has consulted face-to-face with the practitioner in the 12 months prior. The practitioner must determine if telehealth is suitable on a case-by-case basis, taking into account clinical and person related factors and be satisfied that it will not compromise worker outcomes. The following factors should be considered:

- whether a physical assessment is required
- availability of support at the worker's location
- availability and access to a suitable device e.g. videoconferencing units/systems or a personal device capable of videoconferencing
- ability of the worker to participate, considering any physical, mental, social and cognitive barriers
- the worker's desire and consent to participate in a telehealth consultation
- ability to schedule telehealth session within the timeframes for a service
- the worker's access to fast internet connection and internet or mobile data quota/allowance
- the worker's capability/capacity to access care this way.

The worker retains the right to receive reasonably necessary medical and related treatment in the method of delivery that is most appropriate to them. This means the worker can nominate the best method of delivery of care for them at the time and vary this as their needs change..

5. Fee requirements for treatment

While you must not charge more than the maximum fees stated in this table and gazetted in the Fees Order, you may charge a lower fee.

Workers are not liable for the cost of any reasonably necessary medical or related treatment required as a result of an injury received by the worker (see section 60 of the 1987 Act). The employer is liable to pay these fees and, under section 61(2) of the 1987 Act, is not liable to pay the cost of treatment that is in excess of the maximum fees set by SIRA. These maximum fees apply even if the treatment is provided outside of NSW for workers entitled to compensation under the 1987 Act.

Insurers may set their own fee limits for services to workers. These must not exceed the maximum fees in the relevant fees order.

Under section 60(3) of the 1987 Act payments are to be made as costs are incurred, but only if properly verified. This means that:

- a fee must not be charged where a worker cancels or does not attend scheduled treatment services
- pre-payment of fees for reports and services must not be sought.

5.1. Treatment of severe injuries

The Fees Order does not set a maximum fee for treatment provided to a worker with a severe injury because of the complexity and additional care requirements for these cases.

Instead, the practitioner is to negotiate fees for severe injury treatment with the insurer prior to the delivery of services.

When invoicing, practitioners are to use the most appropriate code/s from part 1 and 2 but will not be bound by the maximum fee set for that code.

Use of the Allied Health Recovery Request form is optional for the request of treatment for workers with severe injury.

Severe injury refers to one or more of the following diagnoses:

- spinal cord injury — acute traumatic lesion of the neural elements in the spinal canal (spinal cord and cauda equina) resulting in permanent sensory deficit, motor deficit or bladder/bowel dysfunction as a result of the workplace injury
- traumatic brain injury — based on evidence of a significant brain injury which results in permanent impairments of cognitive, physical and/or psychosocial functions. A defined period of post traumatic amnesia plus a Functional Independence Measure (FIM) at five or less, or two points less than the age appropriate norm (or equivalent where other assessment tools are used) is required
- multiple amputations (or equivalent loss of function) of the upper and/or lower extremities or single amputations (or equivalent loss of function) involving forequarter amputation or shoulder disarticulation, hindquarter amputation, hip disarticulation or "short" trans femoral amputation involving the loss of 65% or more of the length of the femur
- burns — full thickness burns greater than 40% of the total body surface area or full thickness burns to the hands, face or genital area, or inhalation burns causing long term respiratory impairment, plus a FIM score at five or less, or two points less than the age norm (or equivalent where other assessment tools are used)
- permanent traumatic blindness based on the legal definition of blindness.

6. Penalties for non-compliance

This part provides information to help service providers understand the penalties for non-compliance with fees and practice requirements.

- SIRA and insurers have systems for monitoring compliance with billing and payments rules.
- The incorrect use of any item referred to in the Fees Order may result in the service provider being required to repay payments that have been incorrectly received.
- SIRA also reserves the right to refer misconduct to the relevant professional body, Health Professional Councils Authority, or the Health Care Complaints Commission.
- The workers compensation legislation provides for criminal penalties for:
 - fraud on the workers compensation legislation (s 235A of the 1998 Act) or
 - knowingly makes a false or misleading statement relating to a claim (s 235C of the 1998 Act).

7. How to invoice

This part provides guidance to help service providers bill for services that have been delivered.

7.1. What information should I include on invoices?

To enable consistent data collection from service providers and insurers and ensure accurate payments, certain information should be included on invoices. An example invoice is included below to assist providers and insurers. Invoices should contain the following information:

- ✓ Worker's first and last name, and claim number
- ✓ Payee details
- ✓ ABN of the payee
- ✓ Name of the service provider who provided the service
- ✓ SIRA workers compensation approval number, or where treatment is provided:
 - interstate – practitioners who practise exclusively outside of NSW and provide services in practices outside of NSW to workers in the NSW workers compensation scheme living outside of NSW are not required to be approved by SIRA. In these cases, practitioners should submit the service provider number **INT0000**.
 - to exempt workers – practitioners providing treatment under the NSW workers compensation scheme to police officers, paramedics, fire fighters and coal miners are not required to be approved by SIRA. In these cases, practitioners should submit the service provider number **EXT0000**.
- ✓ Date of service
- ✓ SIRA workers compensation payment classification code (as per part 1)
- ✓ List service cost for each SIRA workers compensation payment classification code and service duration (if applicable) as a separate line item
- ✓ Date of invoice (must be on the day of or after last date of service listed on the invoice)

7.1.1. Example invoice format:

Company Name

ABN: XXXXXX

SIRA approval number: [where appropriate]
XXXXX

INVOICE NUMBER: XXXX

INVOICE DATE: XXXX

[Insert payee details:
Street address
City, STATE/TERR, Postcode]

[To:
Insert insurer name
Street address
City, STATE/TERR, Postcode]

[For:
Worker: Insert first and last name
Claim number: Insert worker's claim number]

SIRA PAYMENT CLASSIFICATION CODE	SERVICE DESCRIPTION	NAME OF PRACTITIONER	DATE OF SERVICE	SERVICE DURATION	AMOUNT
PSY001	Initial consultation and treatment	John Smith	10/02/2023	0.5 hours	\$123.30
TOTAL					\$123.30

7.2. How is GST applied?

Maximum fees for treatments listed in parts 1 and 2 do not include GST. Please note:

- Treatments provided by a psychologist to a worker are GST free
- Treatments provided by a counsellor to a worker are subject to GST
- The following non-treatment services are subject to GST and GST may be added to the maximum fee listed for the following codes:
 - case conferences (PSY004, COU005)
 - report writing (PSY003, COU004)
 - travel costs (PSY005, COU006)
 - initial Allied Health Recovery Request (OAS003)
 - first subsequent Certificate of Capacity (OAS004)

7.3. When do I submit an invoice?

Invoices should be submitted within 30 calendar days of the service being provided.

8. Definitions

In this guide:

The 1987 Act means the *Workers Compensation Act 1987*.

The 1998 Act means the *Workplace Injury Management and Workers Compensation Act 1998*.

Allied Health Guideline means the *Workers Compensation Regulation Guideline for approval of treating allied health practitioners 2021*.

Allied Health Recovery Request (AHRR) refers to the SIRA form ([available on the SIRA website](#)) that must be used to request prior approval for treatment and services from the insurer where required. The AHRR is also used to communicate with the insurer about a worker's treatment, timeframes and anticipated outcomes.

Counsellor means a counsellor who is a full clinical member of the Psychotherapy and Counselling Federation of Australia (PACFA), or Accredited Mental Health Social Worker with the Australian Association of Social Workers (AASW) or an Australian Counsellors Association (ACA) member level 3-4.

Note: As outlined in the *Allied Health Guideline*, a Counsellor must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

Emergency service worker means a worker who is employed by a Treasury Managed Fund member agency as an ambulance officer, a police officer or a fire and rescue officer.

Exempt worker refers to specific classes of workers set out in Part 19H of Schedule 6 of the 1987 Act for which most of the amendments made to the Workers Compensation Acts in 2012 and 2015 do not apply. These classes of workers include police officers, paramedics, fire fighters, coal miners and volunteers prescribed by the *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*.

Expert guidelines means the *Expert Guidelines: Diagnosis and Treatment of Post-Traumatic Stress Disorder in Emergency Service Workers* endorsed by the Black Dog Institute.

Fees Order means the *Workers Compensation (Psychology and Counselling Fees) Order 2023*.

First subsequent Certificate of Capacity means the first of any subsequent Certificate of Capacity issued by the worker's treating psychologist. This psychologist must be approved by SIRA in accordance with any requirements under *the Regulation* and submitted to the insurer for the claim. The purpose of the certificate is to provide information about a worker's capacity for work, enabling the insurer to determine the worker's weekly entitlements. Further information on the *Certificate of Capacity treating physiotherapist or psychologist* is available on the SIRA website.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.

Guidelines means the *Workers Compensation Guidelines*.

Independent consultant review means a review where barriers to recovery, progress, return to work or active participation are evident, and an independent opinion of allied health treatment will benefit the management of the worker's injury. The review must be completed by an Independent consultant approved by SIRA.

Insurer means the employer's workers compensation insurer.

Insurer pre-approval means that certain treatments and services (those identified in Parts 1 and 2) cannot be provided or charged for until the insurer has provided approval. Approval is sought by the practitioner by submitting an **Allied Health Recovery Request** form.

New episode of care is when a worker has ceased treatment for an injury and returns for additional treatment for the same injury after at least three months. The additional treatment may be with the same or a different practitioner.

Psychologist means a psychologist registered to provide psychology services with Australian Health Practitioner Regulation Agency (AHPRA).

Note: As outlined in the *Allied Health Guideline*, a Psychologist must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

Practitioner in this document, means a psychologist or counsellor who delivers services, in accordance with Parts 1 and 2 of this document, to a NSW worker.

Report writing occurs only when the insurer requests a psychologist or counsellor compile a written report, other than an Allied Health Recovery Request, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Treatment provided interstate: A treatment provider does not require SIRA approval under the *Allied Health Guidelines* to deliver treatment to a worker in the NSW compensation system where:

- the treatment provider practises exclusively outside of NSW and provides services in practices only outside of NSW and
- the NSW worker is living outside of NSW.

Use of private motor vehicle: Reimbursed in accordance with the “Use of private motor vehicle” set out in Item 6 of Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the *Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009*, at the rate effective 1 July 2020.

Disclaimer

This publication may contain information that relates to the regulation of workers compensation insurance, motor accident compulsory third party (CTP) insurance and home building compensation in NSW. This publication does not represent a comprehensive statement of the law as it applies to particular problems or to individuals, or as a substitute for legal advice.

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