

WORKERS COMPENSATION (PSYCHOLOGY AND COUNSELLING FEES) ORDER 2017

under the

Workers Compensation Act 1987

I, Anthony Lean, Chief Executive, State Insurance Regulatory Authority, authorised delegate, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this 2nd day of December 2016

ANTHONY LEAN
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a Psychologist or Counsellor is medical or related treatment covered under the *Workers Compensation Act 1987*. No fees are payable for Psychology or Counselling treatment provided by a Psychologist or Counsellor who is not approved by the State Insurance Regulatory Authority (the Authority). This Order sets the maximum fees for which an employer is liable under the Act for treatment by a Psychologist or Counsellor of a worker's work related injury.

This Order provides that approval by workers compensation insurers must be sought for certain Psychology/Counselling treatment. Workers are not liable for the cost of any medical or related treatment. Employers are liable for the cost of treatment. Employers are only liable to pay as a maximum the amounts for Psychology or Counselling services set out in this Order.

The incorrect use of any item referred to in this Order can result in penalties, including the Psychologist or Counsellor being required to repay monies to the Authority that the Psychologist or Counsellor has incorrectly received.

The Authority has not set a maximum amount for any medical or related treatment provided in respect of a worker's work related "Severe injury" as defined in this Order.

The Authority has not set a maximum amount for trauma focused psychological treatment provided to an Emergency service worker employed by a Treasury Managed Fund member agency who has been diagnosed with a work related post-traumatic stress disorder.

Fees for these services are to be negotiated with the insurer prior to the delivery of services. Use of the Allied Health Recovery Request is optional for the request of services for workers with Severe injury.

Workers Compensation (Psychology and Counselling Fees) Order 2017

1. Name of Order

This Order is the *Workers Compensation (Psychology and Counselling Fees) Order 2017*

2. Commencement

This Order commences on 1 January 2017.

3. Definitions

In this Order:
the Act means the *Workers Compensation Act 1987*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Allied Health Recovery Request means the form which must be used by the Psychologist or Counsellor to communicate with the insurer about a worker's treatment, timeframes and anticipated outcomes.

Case conference means a face-to-face meeting, video conference or teleconference with any or all of the following parties – worker, employer, workplace rehabilitation provider, insurer or other treatment practitioner/s delivering services to the worker, including the nominated treating doctor. Discussion must seek to clarify the worker's capacity for work, barriers to return to work and strategies to overcome these barriers via an open forum to ensure parties are aligned with respect to expectations and direction of the worker's recovery at work or return to suitable employment. If the discussion is with the worker, it must involve a third party to be considered a Case conference.

Discussions with Independent consultants are not classified as Case conferencing and are not to be charged. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction and are not to be charged.

File notes of Case conferences are to be documented in the Psychologist's or Counsellor's records indicating the person/s spoken to, details of discussions, duration of the discussion and outcomes. This information may be required for invoicing or auditing purposes.

Prior approval is not required for up to 2 hours of Case conferencing per claim, (see *Guidelines for Claiming Workers Compensation* at <http://www.sira.nsw.gov.au/news/notice/new-guidelines-for-claiming-workers-compensation>).

Counselling services refer to all treatment related services delivered by a Counsellor approved by the Authority. Each service is to be billed according to Schedule B.

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, approved by the Authority to provide Counselling services and at the time of providing the service continues to meet all of the requirements for approval in the *State Insurance Regulatory Authority Workers Compensation Regulation Guideline for approval of treating allied health practitioners*, (see <http://www.sira.nsw.gov.au/workers-compensation/health-practitioners-workers-compensation/allied-health-for-injured-workers/allied-health-practitioners-approval-requirements>).

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.

Expert guidelines means the *Expert guidelines: Diagnosis and treatment of post-traumatic stress disorder in emergency service workers* endorsed by the Black Dog Institute.

Group/class intervention occurs where a Psychologist or Counsellor delivers a common service to more than one (1) person at the same time, for example: group therapy. Maximum class size is six (6) participants. An Allied Health Recovery Request is required for each worker participant.

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.

Incidental expenses means items the worker actually takes with them for independent use at home (e.g. relaxation CDs and self-help books). This does not apply to consumables used during a consultation or exercise handouts.

No pre-approval is required for up to \$100 per claim for reasonable incidental expenses for items the worker uses independently. Costs above this must be pre-approved by the insurer. A description of the item must appear on the invoice forwarded to the insurer.

Independent consultant review means a review by an Independent consultant approved by the Authority. Psychologists and Counsellors must participate in Independent consultant reviews.

Initial Allied Health Recovery Request means the first Allied Health Recovery Request completed and submitted to the insurer for approval by the Psychologist or Counsellor for the claim.

Initial consultation and treatment means the first session provided by the Psychologist or Counsellor in respect of an injury or the first consultation in a new episode of care for the same injury and may include:

- history taking
- assessment
- diagnostic formulation (Psychologists only)
- goal setting and treatment planning
- treatment/service
- clinical recording
- communication with referrer, insurer and other relevant parties, and
- preparation of an Allied Health Recovery Request when indicated.

The service is provided on a one-to-one basis with the worker for the entire session.

Insurer means the employer's workers compensation insurer.

New episode of care means when a worker has ceased treatment more than three (3) months previously and returns for additional treatment for the same injury with the same or different practitioner. Practitioners have pre-approval for one (1) consultation only before an Allied Health Recovery Request must be submitted to the insurer if further treatment is required.

Normal practice means premises in or from which a practitioner regularly operates a Psychology or Counselling practice and treats patients. It also includes facilities where services may be delivered on a regular or contract basis such as a private hospital or workplace.

Psychologist means a Psychologist approved by the Authority, to provide Psychology services and at the time of providing the service continues to meet all of the requirements for approval in the *State Insurance Regulatory Authority Workers Compensation Regulation Guideline for approval of treating allied health practitioners*.

Psychology services refers to all treatment related services delivered by a Psychologist approved by the Authority. Each service is to be billed according to Schedule A.

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. Payment will not be made in advance of receipt of the report.

Severe injury means 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 per cent 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.

Standard consultation and treatment means treatment sessions provided subsequent to the Initial consultation and treatment and includes:

- re-assessment
- intervention/treatment
- clinical recording, and
- preparation of an Allied Health Recovery Request when indicated.

The service is one-to-one for the entire session.

Trauma focused psychological treatment means cognitive behavioural therapy or eye movement desensitisation reprocessing provided by a Psychologist in accordance with the **Expert guidelines** as defined in this Order.

Telehealth services mean video consultations. Practitioners must consider the appropriateness of this mode of service delivery for each worker on a case-by-case basis. Telehealth services require pre-approval from the insurer and must be consented to by all parties – the worker, Psychologist or Counsellor and insurer. Fees are not payable for phone consultations in the NSW workers compensation system. Service providers are responsible for delivering Telehealth services in accordance with the principles of professional conduct and the relevant professional and practice guidelines to ensure that all care is taken to ensure the safety, appropriateness and effectiveness of the service.

Travel rates can be claimed when the most appropriate clinical management of the worker requires the Psychologist or Counsellor to travel away from their Normal practice. The insurer must provide pre-approval for such a service.

Travel costs do not apply where the Psychologist or Counsellor provides services on a regular or contracted basis to facilities such as a private hospital or workplace. Where multiple workers are being treated in the same visit, the travel charge must be divided evenly between those workers.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2017, whether it relates to an injury received before, on or after that date.

5. Maximum fees for Psychology or Counselling treatment

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of a worker by a Psychologist or Counsellor, being treatment of a type specified in Column 1 of Schedule A for Psychologists, and Schedule B for Counsellors to this Order, is the corresponding amount specified in Column 2 of those Schedules.
- (2) If it is reasonably necessary for a practitioner to provide treatment of a type specified in any of items PSY001, PSY002, PSY004 or PSY006 (for Psychologists) in Schedule A or COU002, COU003, COU005 or COU007 (for Counsellors) in Schedule B at a place other than the Normal practice, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by;
 - a) an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item PSY005 (for Psychologists) in Column 2 Schedule A and COU006 (for Counsellors) in Column 2 of Schedule B, where this service has been pre-approved by the insurer.
- (3) The maximum amount payable for an Initial Allied Health Recovery Request is \$35.60 (+ GST). This fee is payable only once per claim for completion of the Initial Allied Health Recovery Request.
- (4) Telehealth services are to be billed according to the appropriate items PSY001 to PSY002 (for Psychologists) in Schedule A and items COU002 to COU003 (for Counsellors) in Schedule B and require insurer pre-approval.

6. Treatment provided interstate

Any Psychology or Counselling treatment related service provided to a NSW worker in a State/Territory other than NSW, must be paid in accordance with the fee that applies in that State/Territory for the service but must not exceed the maximum fee for the service as specified under the Schedules in this Order.

In such instances the service provider number is INT0000 and the payment classification code is the one that is relevant to the practitioner's professional discipline, as defined in either Schedule A or B in the item columns of this Order.

Psychologists and Counsellors providing treatment services to a NSW worker in a State/Territory other than NSW are not required to be approved by the Authority, nor are they required to undertake the NSW Allied Health Practitioner online training. The Authority will only pay fees for Psychology or Counselling services if provided by a Psychologist or Counsellor who meets all requirements for approval in the *State Insurance Regulatory Authority Workers Compensation Regulation Guideline for approval of treating allied health practitioners*.

Interstate practitioners without the Authority's approval cannot access exemptions from prior insurer approval unless the treatment or service is provided within 48 hours of the injury happening. Insurer approval must be sought before undertaking any other service or treatment.

To provide services the service provider should adhere to the NSW Workers Compensation system requirements including, but not limited to, submission of Allied Health Recovery Requests.

Further information is available in *workers compensation guide for allied health practitioners*.

7. Nil fee for cancellation or non attendance

No fee is payable for cancellation or non-attendance by a worker for treatment services with a Psychologist or Counsellor.

8. Goods and Services Tax

- (1) Psychology treatment services provided by a Psychologist directly to the worker are GST free.
- (2) Counselling services provided by a Counsellor directly to the worker are subject to GST.
- (3) Case conference, Report writing and Travel services provided by a Psychologist or Counsellor in relation to treatment of a worker are subject to GST.
- (4) An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit a Psychologist or Counsellor to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

9. Requirements for invoices

All invoices must be submitted within 30 calendar days of the service provided and must be itemised in accordance with Schedule A or B of this Order and comply with the the Authority's, see itemised requirements (see <http://www.sira.nsw.gov.au/workers-compensation/health-practitioners-workers-compensation/invoicing>) for the invoice to be processed.

10. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

Schedule A
Maximum fees for Psychologists (including interstate practitioners)
approved by the Authority

Psychologists Item	Column 1 Type of Treatment	Column 2 Maximum Amount (\$) (excl GST)
PSY001	Initial consultation and treatment	\$220.10
PSY002	Standard consultation and treatment	\$183.60
PSY003	Report writing (only when requested by the insurer)	\$15.30/ 5 minutes \$183.60/hour (max 1 hour)
PSY004	Case conference	\$15.30/ 5 minutes \$183.60/hour
PSY005	Travel (requires pre-approval by the insurer)	Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i> . Note: <i>Rates for travel within the Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009 are reconsidered annually. For the current rate of private motor vehicle allowance please refer to the most recent Treasury Circular publication "Review of Meal, Travelling and Other Allowances" via the http://www.treasury.nsw.gov.au/ website.</i>
PSY006	Group/class intervention	\$55.00/participant
PSY007	Trauma focused psychological treatment (for a worker who has been diagnosed with a work-related post traumatic stress disorder)	Must be approved by the insurer. Rates to be negotiated between the practitioner and insurer. Only to be used where treatment is provided to an emergency service worker employed by a Treasury Managed Fund member agency.
OAD001	Incidental expenses e.g. relaxation CD's, books, etc	Cost price
WCO005	Fees for providing copies of clinical notes and records.	The maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. If the clinical records are provided electronically, a flat fee of \$38 applies.
OAS003	Submission of an Initial Allied Health Recovery Request (AHRR) only.	\$35.60 + GST (Initial AHRR per claim only) All other Allied Health Recovery Requests submitted are not subject to a fee.

Schedule B

Maximum fees for Counsellors (including interstate practitioners) approved by the Authority

Counsellors Item	Column 1 Type of Treatment	Column 2 Maximum Amount (\$) (excl GST)
COU002	Initial consultation and treatment	\$164.00
COU003	Standard consultation and treatment	\$146.40
COU004	Report writing (only when requested by the insurer)	\$12.20/ 5 minutes \$146.40/hour (max 1 hour)
COU005	Case conference	\$12.20/ 5 minutes \$146.40/hour
COU006	Travel (requires pre-approval from the insurer)	Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i> . <i>Note:</i> <i>Rates for travel within the Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009 are reconsidered annually. For the current rate of private motor vehicle allowance please refer to the most recent Treasury Circular publication "Review of Meal, Travelling and Other Allowances" via the http://www.treasury.nsw.gov.au/ website.</i>
COU007	Group/class intervention	\$46.50/participant
OAD001	Incidental expenses e.g. relaxation CD's, books, etc	Cost price
WCO005	Fees for providing copies of clinical notes and records.	The maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. If the clinical records are provided electronically, a flat fee of \$38 applies.
OAS003	Submission of an Initial Allied Health Recovery Request (AHRR) only.	\$35.60 + GST (Initial AHRR per claim only) All other Allied Health Recovery Requests submitted are not subject to a fee.