

# Counselling Fee Schedule and Policy

## Fee schedule

Effective 01 July 2024

Item no.	Service description	Max fee (ex GST)
<b>MHC01</b>	<b>Initial consultation</b> Initial consultation. History, assessment, planning, education and treatment in accordance with the Clinical Framework for the Delivery of Health Services. Maximum 1.5 hours.	<b>\$172.70 per hour</b> <b>Max 1.5 hours</b>
<b>MHC02</b>	<b>Subsequent consultation</b> Subsequent consultation. Re-assessment, planning, education and treatment in accordance with the Clinical Framework for the Delivery of Health Services. Maximum 1.5 hours.	<b>\$172.70 per hour</b> <b>Max 1.5 hours</b>
<b>MHC10</b>	<b>Interview with a person(s) other than a worker</b> Interview with a person(s) other than a worker. Interview with a person(s) other than a worker (e.g. spouse, employer, supervisor, rehabilitation and return to work coordinator) which forms part of treatment and management of the worker's injury. Maximum 1.5 hours.	<b>\$172.70 per hour</b> <b>Max 1.5 hours</b>
<b>MHC20</b>	<b>Group therapy</b> Group therapy. Treatment in a group context where attendance includes a group of workers or family members under the continuous and direct supervision of a counsellor. 'Group' means attendance by a minimum of 2 persons and maximum of 15 persons.	<b>\$34.60 per participant</b>
<b>MHC26</b>	<b>Workplace visit</b> Workplace visit. Review of the worker and workplace demands in accordance with the Clinical Framework for the Delivery of Health Services, for the purpose of determining ongoing treatment needs and where appropriate, reviewing techniques with work duties. The worker is to be present at the visit and for the best outcomes, the claims manager, supervisor/employer should also be present (where appropriate) to facilitate a team approach. Maximum 1 hour.	<b>\$172.70 per hour</b> <b>Max 1 hour</b>
<b>MHCMP</b>	<b>Mental health management plan</b> Mental health management plan. A mental health management plan completed and submitted by the treating counsellor. For claims managed by ReturnToWorkSA or their claims agents, the practitioner is expected to submit a plan: after every 6th consultation, or prior to the expiry of an existing mental health management plan if additional treatment is required, or at the request of the claims manager. For claims managed by self-insured employers, the plan must be requested by the self-insured employer.	<b>\$43.20 flat fee</b>
<b>MHC52</b>	<b>Telephone calls</b> Telephone calls. Telephone calls relating to the management of the worker's claim, or to progress their recovery and return to work, made to or received from, the claims manager or self-insured employer, worker's employer (including the employer's return to work coordinator), worker's representative, ReturnToWorkSA advisor, approved return to work service provider* or worker's referring/treating medical practitioner. Maximum 0.5 hours.  *An approved return to work service provider means a provider approved by RTWSA to deliver specific recovery/return to work services (e.g. pre-injury employer, fit for work, restoration to the community and return to work assessment) in accordance with conditions set out in the Application for Approval as a South Australian Return to Work Service Provider.	<b>\$172.70 per hour</b> <b>Max 0.5 hours</b>

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<b>MHC60</b>	<b>Treating counselling summary report</b>	<b>\$172.70 flat fee</b>
	Treating counsellor summary report. A brief written clinical opinion, statement or response to a limited number of questions relating to the diagnosis, medical status and treatment of a worker. This report can either be requested in writing by the claims manager, self-insured employer, worker or worker's representative or initiated by the counsellor after every 6th consultation. When initiated by the counsellor, a copy should be provided to the claims manager, treating medical practitioner and where appropriate, all relevant parties. Maximum 1 hour.	<b>Max 1 hour</b>
<b>MHC62</b>	<b>Treating counselling comprehensive report</b>	<b>\$172.70 per hour</b>
	Treating counsellor comprehensive report. A comprehensive written clinical opinion, statement or response to questions relating to the diagnosis, medical status and treatment of a worker. This report must be requested in writing by the claims manager, self-insured employer, worker or worker's representative. Maximum 2 hours.	<b>Max 2 hours</b>
<b>MHC70</b>	<b>Case conference</b>	<b>\$172.70 per hour</b>
	Case conference. Attendance at a case conference as requested in writing by the claims manager or self-insured employer, worker's employer (including the employer's return to work coordinator) or an approved return to work service provider*.	
	*An approved return to work service provider means a provider approved by RTWSA to deliver specific recovery/return to work services (e.g. pre-injury employer, fit for work, restoration to the community and return to work assessment) in accordance with conditions set out in the Application for Approval as a South Australian Return to Work Service Provider."	
<b>MHC90</b>	<b>Travel time</b>	<b>\$146.60 per hour</b>
	Travel time. Travel by a counsellor for the purpose of a case conference, home, hospital or workplace visit.	

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\*An approved return to work service provider means a provider approved by RTWSA to deliver specific recovery/return to work services (e.g. pre-injury employer, fit for work, restoration to the community and return to work assessment) in accordance with conditions set out in the *Application for Approval as a South Australian Return to Work Service Provider*.

## Counselling service and payment policy

The purpose of the services identified in this fee schedule and policy is to provide treatment that assists a worker in their recovery and (if applicable) supports them to stay at or return to work as soon as it is safe for them to do so. This fee schedule applies to all work injury claims, whether insured through ReturnToWorkSA or a self-insured employer.

ReturnToWorkSA or the self-insurer will periodically review a worker's treatment and services to ensure they remain reasonable for the work injury and are payable under the *Return to Work Act 2014*.

ReturnToWorkSA expects the provision of services to be consistent with this fee schedule and policy, which has been developed to comprehensively meet the needs of worker's requiring psychology treatment. Services provided outside of this fee schedule and policy may only be approved by the claims manager where there is no comparable service within the fee schedule and the service is determined as reasonably required in consequence of the work injury.

### Who can provide services to workers?

The Insurer (ReturnToWorkSA or a self-insurer) will only pay for services by healthcare professionals who:

- ✓ are registered by ReturnToWorkSA to provide the services identified in this schedule. ReturnToWorkSA will register a service provider upon receipt of their initial invoice; and
- ✓ are a full member of the Psychotherapy and Counselling Federation of Australia (not including student or academic membership); or
- ✓ are a level 3 or 4 member of the Australian Counsellors Association; and
- ✓ have completed ReturnToWorkSA's online module for mental health professionals, [ReturnToWorkPsych](#)

## Returning to work and the role of the health provider

### Why return to work is important

The beneficial effect that work can have on a person's health and wellbeing has been well evidenced in the Australian and New Zealand consensus statement on the health benefits of work Position statement 2011: Realising the Health Benefits of Work.

Source: The Australasian Faculty of Occupational and Environmental Medicine (AFOEM), and the Royal Australasian College of Physicians (RACP).

### 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. The health provider is best placed to advise and educate patients that, in most cases, a focus on return to work is in their best interest – for both their future, quality of life and that of their family. 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
- ✓ set clear expectations
- ✓ provide clear recommendations on the worker's capacity and what the worker can do
- ✓ make enough time for clinical management
- ✓ contact the workplace where applicable.

For more information, visit the health provider tab at [www.rtwsa.com](http://www.rtwsa.com).

### ReturnToWorkSA's expectations for the delivery of services to workers

ReturnToWorkSA expects that all providers of services to workers as part of the South Australian Return to Work scheme adhere to their registration requirements including relevant codes and guidelines in the application of their registration standards. ReturnToWorkSA expects all providers to integrate the following principles of the [Clinical Framework for the Delivery of Health Services](#) (the clinical framework) into their service delivery:

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

### How much the insurer will pay

This fee schedule is published 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.

ReturnToWorkSA or a self-insurer will pay the reasonable cost of services up to the maximum amount detailed in the ReturnToWorkSA fee schedule.

### What ReturnToWorkSA will pay for

ReturnToWorkSA will pay for services that are:

- ✓ for the treatment of a work injury or condition
- ✓ reasonable and necessary
- ✓ in accordance with the clinical framework.

### What the insurer will not pay for

ReturnToWorkSA or a self-insurer will not pay for:

- × Concurrent treatment by a counsellor and psychologist or accredited mental health social worker
- × Non-attendance or cancellation fees for treatment services
- × Services invoiced in advance of the service delivery
- × Written communication between a worker's treating practitioners
- × Services focussed on improving a worker's general level of health, fitness and wellbeing
- × Multiple consultations, psychological assessments or group therapy sessions for the same person on the same day.

## Consultations

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

Consultations may include the following:

- ✓ History taking including subjective and objective assessment
- ✓ Clinical assessment and reassessment including any standardised tests and outcome measures administered by the provider
- ✓ Treatment including, but not limited to:
  - Psycho-education (including motivational interviewing)
  - Cognitive-behaviour therapy (including behaviour modification, exposure techniques, activity scheduling)
  - Cognitive interventions (including cognitive therapy)
  - Relaxation strategies (including progressive muscle relaxation and controlled breathing)
  - Skills training (including problem solving skills and training, anger management, stress management)
  - Interpersonal therapy
  - Eye-Movement Desensitisation Reprocessing (EMDR)

## Workplace visit

A workplace visit should include:

- ✓ review of a worker and their related duties at the workplace for the purpose of determining ongoing treatment needs.
- ✓ communication of specific findings to the relevant individuals e.g. employer, claims manager and/or doctor (verbal or brief email).

## Mental health management plan

Treating counsellors should complete and submit the ReturnToWorkSA mental health management plan. This plan is available on RTWSA website at [www.rtwsa.com](http://www.rtwsa.com).

For claims managed by ReturnToWorkSA or their claims agents, the counsellor is expected to submit a plan:

- ✓ after every 6<sup>th</sup> consultation, or
- ✓ prior to the expiry of an existing mental health management plan if additional treatment is required, or
- ✓ at the request of the claims manager.

For claims managed by self-insured employers, the plan must be requested by the self-insured employer.

A treatment is any clinical consultation.

This plan:

- ✓ should be forwarded to the worker's claims manager or self-insured employer and copies made available to the treating doctor and worker
- ✓ is to notify the claims manager, self-insured employer and/or treating doctor of the continuation of counselling services beyond 6 treatments, the expected recovery and management time frames, goals of treatment, number of

treatments required, expected discharge date and any barriers to recovery or return to work outcomes.

## Summary and comprehensive reports

A comprehensive report requires additional information above that of a summary report due to:

- the complexity of the condition
- co-morbidities or pre-existing conditions that are impacting the recovery from the compensable injury
- the complexity of the information required to be provided
- a significant number of questions being asked.

If the counsellor believes the incorrect report type has been requested, this should be referred back to the claims manager and clarified prior to completion of the report.

## Case conference

- ✓ Case conferences conducted by telephone (teleconferencing) are chargeable under this item.
- × No fee is payable for records made by a counsellor during the case conference unless delegated as the representative by the claims manager or self-insured employer.

## Travel time

- ✓ Travel time will only be paid for the purposes of a case conference, home, hospital or workplace visit.
- ✓ All accounts must include the total time spent travelling, departure and destination locations and the distance travelled.
- ✓ If travel time is undertaken for more than one worker, the travel time and expenses must be divided accordingly.
- × There is no charge for travel time from one clinic to another clinic.
- × Travel time will not be paid for counsellors conducting regular visits (e.g. to hospitals).

## Invoicing requirements

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

### Information required on an invoice

All invoices are required to contain the following information to enable prompt and efficient payment:

- ✓ provider details
  - Name
  - Medicare provider number (if applicable) and/or ReturnToWorkSA provider number (if known)
  - Practice and address details.
- ✓ invoice number and invoice date
- ✓ Australian Business Number (ABN)
- ✓ worker's surname and given name(s)
- ✓ claim number (if known)
- ✓ employer name (if known)
- ✓ each service itemised separately in accordance with this fee schedule including:
  - date of service and commencement time
  - service item number and service description
  - duration of service in hours/minutes rounded to the nearest 6 minutes for hourly rate services
  - charge for the service
  - total charge for invoiced items plus any GST that may be applicable.
- ✓ Bank account details for electronic funds transfer (EFT).

### Invoicing for services which have an hourly rate fee

All services must be charged as a single invoice transaction for the total accumulated time in providing the service.

### When payments will not be made

Payments will not be made:

- × On invoices that do not contain the above information, which may be returned to the provider for amendment.
- × On 'account rendered' or statement invoices. Payment will be made, where appropriate, on an original invoice or duplicate/copy of the original.
- × In advance of service provision, including all written reports.
- × Where the worker's claim has not been accepted. In this case the worker is responsible for payment.

### When to submit an invoice

Invoices are to be submitted within four weeks of service. Invoices received more than six months after date of service may not be paid unless exceptional circumstances exist.

### How to submit an invoice

Invoices sent via email is the preferred option in any of the following formats: word, PDF, and image files. Please email your invoice to the relevant address below.

Gallagher Bassett: [invoices@gb.rtwsa.com](mailto:invoices@gb.rtwsa.com)

EML: [accounts@eml.rtwsa.com](mailto:accounts@eml.rtwsa.com)

EnAble: [EnAble@rtwsa.com](mailto:EnAble@rtwsa.com)

### What are our payment terms

The Return to Work scheme has 30 day payment terms which is mandated and cannot be amended. Please do not send multiple copies of the original invoice if your payment terms are less than 30 days.

### Outstanding payments

Please contact the relevant claims agent, ReturnToWorkSA's EnABLE Unit or self-insured employer if the claim has been accepted and the payment is outstanding.

### GST

For all GST-related queries, please contact the Australian Taxation Office or your tax advisor.

### Changes to provider details

For changes to provider details, such as ABN, change of address or electronic funds transfer details, please complete the [Provider registration form](#) available on our website. Once completed email to [prov.main@rtwsa.com](mailto:prov.main@rtwsa.com).

For any queries relating to this form, please contact ReturnToWorkSA on 13 18 55.

## Useful contacts

### Claims agents

All work injury claims (*that are not self-insured or a severe traumatic injury*) are managed by Employers Mutual or Gallagher Bassett. To identify which claims agent is managing a worker's claim, refer to the 'Claims agent lookup' function on our website at [www.rtwsa.com](http://www.rtwsa.com).

### **EML**

Phone: (08) 8127 1100 or free call 1300 365 105  
Fax: (08) 8127 1200  
Postal address: GPO Box 2575, Adelaide SA 5001  
Online: [www.eml.com.au](http://www.eml.com.au)

### **Gallagher Bassett Services Pty Ltd**

Phone: (08) 8177 8450 or free call 1800 664 079  
Fax: (08) 8177 8451  
Postal address: GPO Box 1772, Adelaide SA 5001  
Online: [www.gallagherbassett.com.au](http://www.gallagherbassett.com.au)

### **ReturnToWorkSA EnABLE Unit**

For claims relating to severe traumatic injuries, please contact this unit directly.

Phone: 13 18 55  
Postal address: GPO Box 2668, Adelaide SA 5001

### **Self-insured employers**

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

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**ReturnToWorkSA**

**Provider Enquiries: 8238 5757**

400 King William Street, Adelaide SA

5000

[providers@rtwsa.com](mailto:providers@rtwsa.com)

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