

# Psychology fee schedule and policy

## Fee schedule

Effective 01 July 2026

Item no.	Service description	Max fee (ex GST)
<b>PS200</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>\$265.20 per hour</b> <b>Max 1.5 hours</b>
<b>PS220</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>\$265.20 per hour</b> <b>Max 1.5 hours</b>
<b>PS230</b>	<b>Psychological assessment</b> Psychological assessment. Clinical or psychometric assessment and interpretation of results. Maximum 2 hours.	<b>\$265.20 per hour</b> <b>Max 2 hours</b>
<b>PS232</b>	<b>Neuropsychological assessment and report</b> Neuropsychological assessment and report. Neuropsychological assessment of a worker and provision of a report by a clinical neuropsychologist. This service must be requested in writing by the claims manager or self-insured employer. Maximum 12 hours.	<b>\$265.20 per hour</b> <b>Max 12 hours</b>
<b>PS240</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>\$265.20 per hour</b> <b>Max 1.5 hours</b>
<b>PS250</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 psychologist. 'Group' means attendance by a minimum of 2 persons and maximum of 15 persons.	<b>\$52.50 per participant</b>
<b>PS256</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>\$265.20 per hour</b> <b>Max 1 hour</b>
<b>PSMP</b>	<b>Psychology management plan</b> Psychology management plan. A psychology management plan completed and submitted by the treating psychologist. This plan is available on our website at <a href="http://www.rtwsa.com">www.rtwsa.com</a> . For claims managed by ReturnToWorkSA or their claims agents, the psychologist is expected to submit a plan at the request of the claims manager. The practitioner can initiate a management plan after every 6 treatments where it supports and facilitates treatment review and discussion with the worker and/or the treatment team. For claims managed by self-insured employers, the plan must be requested by the self-insured employer.	<b>\$66.40 flat fee</b>

<b>PS780</b>	<b>Independent clinical assessment and report</b>	<b>\$265.20 per hour</b>
	Independent clinical assessment and report. An assessment of a worker by a psychologist, other than the treating psychologist, and provision of a report for the purpose of providing a clinical opinion on current treatment, comment on the worker's functional ability and make recommendations on future psychology and/or mental health management. This service must be requested in writing by the claims manager, self-insured employer, worker or worker's representative.	
<b>PS552</b>	<b>Telephone calls</b>	<b>\$265.20 per hour</b> <b>Max 0.5 hours</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. Any time spent on communication directly related to an independent clinical assessment and report is included within the total time invoiced for that service. 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>PS820</b>	<b>Treating psychology summary report</b>	<b>\$265.20 flat fee</b>
	Treating psychologist 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 psychologist after every 6th consultation. When initiated by the psychologist, a copy should be provided to the claims manager, treating medical practitioner and where appropriate, all relevant parties.	
<b>PS810</b>	<b>Treating psychology comprehensive report</b>	<b>\$265.20 per hour</b> <b>Max 4 hours</b>
	Treating psychologist 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 4 hours.	
<b>PS870</b>	<b>Case conference</b>	<b>\$265.20 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>CURAP</b>	<b>Equipment, therapeutic aids and appliances</b>	<b>Reasonable cost</b>
	Other THERAPEUTIC Aids/Appliances including supply, delivery or repairs as recommended by Medical Expert. This also includes delivery of equipment (eg, wheelchairs, beds etc), repairs/maintenance to hearing aids, batteries etc.	
<b>PS905</b>	<b>Travel time</b>	<b>\$225.10 per hour</b>
	Travel time. Travel by a psychologist for the purpose of a case conference, home or hospital visit or an independent clinical assessment.	

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## Psychology 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
- ✓ registered as a psychologist with Australian Health Practitioners Regulation Authority (including provisional registration).

### 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, 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:

- × 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.

### Neuropsychological assessment and report

A psychologist undertaking a neuropsychological assessment must have a minimum of an endorsement to practice as a clinical neuropsychologist from AHPRA.

### Purpose

- ✓ Evaluate the impact of structural or functional neuropathology on sensory, motor, cognitive and affective function.
- ✓ Administer a range of neuropsychological testing methods including scoring.

The assessment will include an interview, history taking and objective neuropsychological testing.

### Report

The neuropsychological assessment report should:

- ✓ detail the relevant findings including history and current issues, the tests conducted, observations, assessment results and recommendations for suitable treatment program and review of the worker
- ✓ include responses to questions asked by the requestor
- ✓ be submitted within 10 business days from the date of assessment.

### Psychology management plan

Treating psychologists can choose to complete and submit the ReturnToWorkSA psychology 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 psychologist is expected to submit a plan at the request of the claims manager.

Practitioners can initiate a management plan every 6 treatments where it supports and facilitates treatment review and discussion with the worker and/or the treatment team.

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 any significant changes or updates on worker recovery, such as functional capacity, the expected recovery and management actions, goals of treatment, and any barriers to recovery or return to work outcomes.

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

### Independent clinical assessment and report

A psychologist undertaking an independent clinical assessment must:

- ✓ be independent of the treating psychologist and any psychology treatment services following the independent clinical assessment
- ✓ have a minimum of:
  - five years of relevant clinical experience related to the injury type
  - two years' experience in the provision of psychology services within the Return to Work scheme.
- ✓ conduct the assessment as soon as possible after receipt of the written referral and/or approval from the claims manager or self-insured employer, or as specified by the referrer.

### Purpose

The purpose of an independent clinical assessment is to provide:

- ✓ an independent opinion on the reasonableness and necessity of the worker's current or proposed psychology treatment/management
- ✓ a differential diagnosis using an evidence-based clinical assessment
- ✓ recommendations regarding the worker's future psychology management that are aligned to the principles of the clinical framework
- ✓ a prognosis for return to work
- ✓ an opinion and/or recommendations on any other questions asked by the requestor.

### Report

The independent clinical assessment report should:

- ✓ detail the relevant findings
- ✓ provide the assessor's independent clinical opinion on the reasonableness and necessity of the worker's current or proposed treatment

- ✓ provide recommendations for future psychology management
- ✓ include responses to questions asked by the requestor
- ✓ be submitted within 10 business days from the date of the assessment.

### Standard and comprehensive reports

A comprehensive report requires additional information above that of a standard 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 psychologist 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 psychologist 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 or hospital visit or an independent clinical assessment.
- ✓ 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 psychologists 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 are 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, please 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 serious 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 1800 469 931  
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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