

Mental health occupational therapy fee schedule and policy

Fee schedule

Effective 01 July 2025

Item no.	Service description	Max fee (ex GST)
MHOT01	Initial consultation Initial consultation. History, assessment, planning, education and treatment in accordance with the Clinical Framework for the Delivery of Health Services. Maximum 1.5 hours.	\$234.90 per hour Max 1.5 hours
MHOT02	Subsequent consultation Subsequent consultation. Re-assessment, planning, education and treatment in accordance with the Clinical Framework for the Delivery of Health Services. Maximum 1.5 hours.	\$234.90 per hour Max 1.5 hours
MHOT04	Standardised assessment Standardised assessment. Standardised clinical or psychometric assessment and interpretation of results. Maximum 2 hours.	\$234.90 per hour Max 2 hours
MHOT10	Interview with a person(s) other than a worker 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.	\$234.90 per hour Max 1.5 hours
MHOT20	Group therapy 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 mental health occupational therapist. 'Group' means attendance by a minimum of 2 persons and maximum of 15 persons.	\$46.50 per participant
MHOT26	Workplace visit 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.	\$234.90 per hour Max 1 hour
MHMP	Mental health management plan Mental health management plan. A Mental health management plan completed and submitted by the treating mental health occupational therapist. This plan is available on our website at www.rtwsa.com . For claims managed by ReturnToWorkSA or their claims agents, the mental health occupational therapist 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	\$58.90 flat fee

worker and/or the treatment team. For claims managed by self-insured employers, the plan must be requested by the self-insured employer.

MHOT30	Independent clinical assessment and report	\$234.90 per hour Max 1 hour
Independent clinical assessment and report. An assessment of a worker by a mental health occupational therapist, other than the treating mental health occupational therapist, 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 mental health management. This service must be requested in writing by the claims manager, self-insured employer, worker or worker's representative.		
MHOT40	Activities of daily living assessment and report	\$234.90 per hour Max 5 hours
Activities of daily living assessment and report. Assessment of a worker's level of functioning in relation to personal care, household tasks, recreational and social activities. This service includes provision of a report and must be requested in writing by the claims manager, self-insured employer or treating medical expert. Where the service is recommended by a medical expert, prior approval must be obtained from the claims manager or self-insured employer. Maximum 5 hours.		
MHOT42	Activities of daily living: implementation and review	\$234.90 per hour Max 2 hours
Activities of daily living: implementation and review. Re-assessment and review of a worker's progress in functional ability, the ongoing need for third party services or hired equipment, therapeutic aids or appliances. This service must be requested in writing by the claims manager, self-insured employer or treating medical expert. Where the service is recommended by a medical expert, prior approval must be obtained from the claims manager or self-insured employer. Maximum 2 hours.		
MHOT52	Telephone calls	\$234.90 per hour Max 0.5 hours
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.		
MHOT60	Treating mental health occupational therapy summary report	\$234.90 flat fee Max 1 hour
Treating mental health occupational therapist 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 mental health occupational therapist after every 6th consultation. When initiated by the mental health occupational therapist, a copy should be provided to the claims manager, treating medical practitioner and where appropriate, all relevant parties.		
MHOT62	Treating mental health occupational therapy comprehensive report	\$234.90 per hour Max 4 hours
Treating mental health occupational therapist 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.		

MHOT70	Case conference	\$234.90 per hour
	<p>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*.</p> <p>*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.</p>	
MHOT90	Travel time	\$199.40 per hour
	<p>Travel time. Travel by a mental health occupational therapist for the purpose of a case conference, home, hospital or workplace visit, independent clinical or activities of daily living assessment or re-assessment.</p>	

*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*.

Mental health occupational therapy 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 mental health occupational therapy 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 registered as an occupational therapist with Australian Health Practitioners Regulation Authority; and
- ✓ have Mental Health endorsement from Occupational Therapy Australia; 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.

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:

- ✗ 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, standardised 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)
 - Dialectical Behaviour Therapy (DBT)
 - Acceptance and Commitment Therapy (ACT)
 - Relaxation strategies (including progressive muscle relaxation and controlled breathing)
 - Skills training (including problem solving skills and training, anger management, stress management)
 - Narrative therapy

Standardised assessment

Includes the administering, scoring and interpretation of standardised clinical and psychometric assessments that cannot be conducted within the initial or subsequent consultation. This may include formalised personality, cognitive, psychological and behavioural functioning assessments including, but not limited to:

- ✓ Allen Cognitive Level Screen (ACLS-5)
- ✓ Perceive, Recall, Plan, and Perform (PRPP)
- ✓ Loewenstein Occupational Therapy Cognitive Assessment (LOTCA)
- ✓ Work Environment Impact Scale (WEIS)
- ✓ Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS)

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 mental health occupational therapists should complete and submit the ReturnToWorkSA mental health management plan. This plan is available on RTWSA website at www.rtwsa.com.

For claims managed by ReturnToWorkSA or their claims agents, the mental health occupational therapist 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, aquatic or exercise session.

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 claims manager, self-insured employer, worker or worker's representative may request a mental health occupational therapist conduct an independent clinical assessment of the worker's:

- ✓ current mental health occupational therapy, counselling or accredited mental health social work treatment/management.
- ✗ Independent clinical assessments by a mental health occupational therapist of a worker's psychology treatment/management are not permitted.

A mental health occupational therapist undertaking an independent clinical assessment must:

- ✓ be independent of the treating provider and any mental health 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 mental health occupational therapy 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 mental health occupational therapy, counselling or accredited mental health social work treatment/management
- ✓ a differential diagnosis using an evidence-based clinical assessment
- ✓ recommendations regarding the worker's future 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 management
- ✓ include responses to questions asked by the requestor
- ✓ be submitted within 10 business days from the date of the assessment.

Activities of daily living assessment and report

A mental health occupational therapist undertaking an activities of daily living assessment (ADL):

- ✓ must be experienced in the assessment of activities of daily living.
- ✓ should be familiar with and use relevant evidence-based assessment tools, such as biopsychosocial screening, functional and mental health outcome measures
- ✓ should conduct the assessment within five business days from 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 ADL assessment is to conduct an objective assessment of the worker's level of functioning in relation to personal care, household tasks, recreational and social activities.

The assessment is to be conducted in a worker's living environment. Recommendations must be based on an

occupational therapist's objective assessment of the worker's level of functioning and should aim to reduce the impact of the psychological injury and support functional participation in activities of daily living.

- ✗ Non-structural home modifications are not applicable in a mental health ADL assessment.

Report

An ADL assessment report should include:

- ✓ assessment findings, including current and expected future functional limitation(s) related to the worker's injury
- ✓ the impact of any co-morbidities and pre-existing conditions or injuries which impact on the worker's function
- ✓ strategies and recommendations for self-management including activity modifications that will maximise the worker's independence and ability to participate in their activities of daily living.
- ✓ clinical justification if equipment is recommended, with details of the cost and supplier provided. Hiring must be considered wherever possible. If the occupational therapist has a professional or financial interest in the product recommended, this must be declared and two quotes from other suppliers provided.
- ✓ clinical justification if support services from a third party are required, including details of level of assistance, duration, frequency and cost. If the occupational therapist has a professional or financial interest in the service or product recommended, this must be declared and two quotes from other suppliers provided.
- ✓ clinical justification for the need of ADL re-assessment (OT762) if recommended
- ✓ responses to any questions asked by the requestor

The completed report should be submitted to the claims manager or self-insured employer within 10 business days from the date of the assessment.

Activities of daily living implementation and review

Purpose

- ✓ provide education to the worker in functional skills and/or the use of aids and equipment supplied to maximise the worker's ability to perform and/or participate in their daily activities
- ✓ re-assess the worker for the purpose of reviewing progress in the worker's functional abilities
- ✓ provide clear justification for the ongoing need for third party services or hired equipment/aids and appliances

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 mental health occupational therapist 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 mental health occupational therapist 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 or an independent clinical assessment or activities of daily living assessment or re-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 mental health occupational therapists 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

EML: accounts@eml.rtwsa.com

EnAble: 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.

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.

EML

Phone: (08) 8127 1100 or free call 1800 688 825
Fax: (08) 8127 1200
Postal address: GPO Box 2575, Adelaide SA 5001
Online: 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

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.

