

Mental Health Services Table of Costs

Effective 1 August 2025

Quick reference table – Common Item Numbers

Psychology Services

Item number	Description (High level)	Insurer prior approval required	Fee – GST not included
400088	Initial Consultation – Psychology only	No	\$267/hr (pro-rata)
400095	Subsequent Consultation – Psychology only	Yes (see table below)	\$267/hr (pro-rata)
400184	Critical Incident Debriefing Sessions	Yes (see table below)	\$267/hr (pro-rata)
400091	Neuropsychological Services	At the request of the insurer	\$267/hr (pro-rata)

Counselling and Psychotherapy Services

Item number	Description (High level)	Insurer prior approval required	Fee – GST not included
400101	Initial Consultation – Counselling only	No	\$197/hr (pro-rata)
1000243	Initial Consultation – Psychotherapy only	No	\$197/hr (pro-rata)
400102	Subsequent Consultation – Counselling only	Yes (see table below)	\$197/hr (pro-rata)
1000244	Subsequent Consultation – Psychotherapy only	Yes (see table below)	\$197/hr (pro-rata)

Mental Health Occupational Therapy Services

Item number	Description (High level)	Insurer prior approval required	Fee – GST not included
1000235	Initial Consultation	No	\$223/hr (pro-rata)
1000236	Subsequent Consultation	Yes (see table below)	\$223/hr (pro-rata)

Mental Health Social Work Services

Item number	Description (High level)	Insurer prior approval required	Fee – GST not included
1000241	Initial Consultation	No	\$250/hr (pro-rata)
1000242	Subsequent Consultation	Yes (see table below)	\$250/hr (pro-rata)

Rehabilitation Counsellor* and Social Work Services

Item number	Description (High level)	Insurer prior approval required	Fee – GST not included
300188	Adjustment Counselling – Initial Consultation	No	\$250/hr (pro-rata)
300285	Adjustment Counselling – Subsequent Consultation	Yes (see table below)	\$250/hr (pro-rata)

*** Please note:** Rehabilitation Counsellors can provide other vocational-related services - please refer to the Return to Work Services Table of Costs for more details.

Table of Costs

Psychology Services



You can click on the item numbers in the table to view details.

Item number / service	Description
<p>400088 Initial Consultation</p> <p>Insurer prior approval required No</p> <p>Fee – GST not included¹ \$267 per hour (charged pro-rata as a fraction of an hour)</p>	<p>A one-on-one initial consultation for the treatment of possible psychological, social, cognitive, emotional, and behavioural problems occurring after a work-related injury or condition.</p> <p>The purpose of the consultation is to identify appropriate interventions/treatments to optimise rehabilitation outcomes (maximum two (2) hours direct contact and test scoring time).</p> <p>Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services².</p> <p>Initial consultation may include:</p> <ul style="list-style-type: none"> • history taking • assessment • diagnostic formulation • treatment/service • tailored goal setting and treatment planning • setting expectations of recovery and return to work • clinical recording • communication with the insurer of any relevant information for the worker's rehabilitation. <p>Please note: A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.</p>

400095 Subsequent Consultation

Insurer prior approval required Yes

Fee – GST not included¹ \$267 per hour (charged pro-rata as a fraction of an hour)

A one-on-one subsequent consultation with the worker in the ongoing management and treatment of their work-related psychological issues. Intervention is based on treatment formulated in the initial consultation.

The first **six (6) hours** (including initial consultation) are pre-approved provided this condition has not previously been treated by an allied health provider.

If additional treatment is required, submit a Provider Management Plan³ (PMP) which includes a comprehensive treatment plan containing:

- expected functional gains
- transition to self-care management and
- treatment timeframes.

Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services².

Subsequent consultation may include:

- ongoing assessment
- intervention/treatment
- setting expectations of recovery and return to work
- clinical recording
- communication with the insurer of any relevant information for the worker's rehabilitation.

Please note: A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.

Maximum one (1) hour on any one day.

400184 Critical Incident Debriefing Sessions

Insurer prior approval required Yes

Fee – GST not included¹ \$267 per hour (charged pro-rata as a fraction of an hour)

A process where, following exposure to a critical incident, an individual or group of workers are debriefed by a psychologist to assist them to deal more effectively with their experience. Approval required **after the first two (2) pre-approved sessions**.

400091 Neuropsychological Assessment

Insurer prior approval required At the request of the insurer

Fee – GST not included¹ \$267 per hour (charged pro-rata as a fraction of an hour)

A neuropsychological assessment involves a comprehensive evaluation of an individual's cognitive, emotional, and behavioural functions to understand how brain conditions might be impacting their abilities.

These assessments, performed by trained neuropsychologists, use a combination of interviews, cognitive testing, and other assessment tools to identify strengths and weaknesses, assist in diagnosis, and inform treatment planning.

Often used to clarify the presence of possible acquired brain injury or brain dysfunction after a work-related injury or condition (4-5 hours direct contact and test scoring time)

400226 Independent Case Review

Insurer prior approval required At the request of the insurer

Fee – GST not included¹ \$278 per hour (charged pro-rata as a fraction of an hour)

An independent psychologist examination/assessment and report of a worker (not by the treating psychologist). Only provided following a request from the insurer.

The review is requested by the insurer where progress of treatment and/or rehabilitation falls outside the plan or expected course of injury management.

The examination/assessment and report provide the insurer with an assessment and recommendations for ongoing treatment and prognosis.

Counselling and Psychotherapy Services



You can click on the item numbers in the table to view details.

Item number / service	Description
<p>400101 Initial Consultation – Counselling Services</p> <p>Insurer prior approval required No</p> <p>Fee – GST not included¹ \$197 per hour (charged pro-rata as a fraction of an hour)</p>	<p>A one-on-one initial consultation for the treatment of possible psychological, social, cognitive, emotional, and behavioural problems occurring after a work-related injury or condition.</p> <p>The purpose of the consultation is to identify appropriate interventions/treatments to optimise rehabilitation outcomes (maximum two (2) hours direct contact and test scoring time).</p> <p>Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services².</p> <p>Initial consultation may include:</p> <ul style="list-style-type: none"> • history taking • assessment • diagnostic formulation • treatment/service • tailored goal setting and treatment planning • setting expectations of recovery and return to work • clinical recording • communication with the insurer of any relevant information for the worker's rehabilitation. <p>Please note: A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.</p>

1000243 Initial Consultation – Psychotherapy Services

Insurer prior approval required	No
Fee – GST not included ¹	\$197 (charged pro-rata as a fraction of an hour)

A one-on-one initial consultation for the treatment of possible psychological, social, cognitive, emotional, and behavioural problems occurring after a work-related injury or condition.

The purpose of the consultation is to identify appropriate interventions/treatments to optimise rehabilitation outcomes (**maximum two (2) hours direct contact and test scoring time**).

Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services².

Initial consultation may include:

- history taking
- assessment
- diagnostic formulation
- treatment/service
- tailored goal setting and treatment planning
- setting expectations of recovery and return to work
- clinical recording
- communication with the insurer of any relevant information for the worker's rehabilitation.

Please note: A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.

400102 Subsequent Consultation – Counselling Services

Insurer prior approval required	No
Fee – GST not included ¹	\$197 (charged pro-rata as a fraction of an hour)

A one-on-one subsequent consultation with the worker in the ongoing management and treatment of their work-related psychological issues. Intervention is based on treatment formulated in the initial consultation.

The first **six (6) hours** (including initial consultation) are pre-approved provided this condition has not previously been treated by an allied health provider.

If additional treatment is required, submit a Provider Management Plan³ (PMP) which includes a comprehensive treatment plan containing:

- expected functional gains
- transition to self-care management and
- treatment timeframes.

Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services².

Subsequent consultation may include:

- ongoing assessment
- intervention/treatment
- setting expectations of recovery and return to work
- clinical recording
- communication with the insurer of any relevant information for the worker’s rehabilitation.

Please note: A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.

Maximum one (1) hour on any one day.

1000244 Subsequent Consultation – Psychotherapy Services

Insurer prior approval required	Yes
Fee – GST not included ¹	\$197 per hour (charged pro-rata as a fraction of an hour)

A one-on-one subsequent consultation with the worker in the ongoing management and treatment of their work-related psychological issues. Intervention is based on treatment formulated in the initial consultation.

The first **six (6) hours** (including initial consultation) are pre-approved provided this condition has not previously been treated by an allied health provider.

If additional treatment is required, submit a Provider Management Plan³ (PMP) which includes a comprehensive treatment plan containing:

- expected functional gains
- transition to self-care management and
- treatment timeframes.

Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services².

Subsequent consultation may include:

- ongoing assessment
- intervention/treatment
- setting expectations of recovery and return to work
- clinical recording
- communication with the insurer of any relevant information for the worker's rehabilitation.

Please note: A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.

Maximum one (1) hour on any one day.

Rehabilitation Counselling, Social Work and Mental Health Social Work Services



You can click on the item numbers in the table to view details.

Item number / service	Description
<p>300188 Adjustment Counselling – Initial Consultation (Rehabilitation Counselling and Social Work only)</p> <p>Insurer prior approval required No</p> <p>Fee – GST not included¹ \$250 per hour (charged pro-rata as a fraction of an hour)</p>	<p>A one-on-one initial consultation undertaken where possible to clarify the presence of possible adjustment to injury issues and set goals of therapy to optimise rehabilitation outcomes; performed where worker is displaying psychological, social, cognitive, emotional, and behavioural problems after a work-related incident or injury.</p> <p>The purpose of the consultation is to identify appropriate interventions/treatments to optimise rehabilitation outcomes.</p> <p>Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services².</p> <p>Initial consultation may include:</p> <ul style="list-style-type: none"> • history taking • assessment • diagnostic formulation • treatment/service • tailored goal setting and treatment planning • setting expectations of recovery and return to work • clinical recording • communication with the insurer of any relevant information for the worker’s rehabilitation. <p>Please note: A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.</p> <p>Maximum one (1) hour on any one day.</p>

1000241 Adjustment Counselling – Initial Consultation (Mental Health Social Workers only)

Insurer prior approval required	No
Fee – GST not included ¹	\$250 per hour (charged pro-rata as a fraction of an hour)

A one-on-one initial consultation undertaken where possible to clarify the presence of possible adjustment to injury issues and set goals of therapy to optimise rehabilitation outcomes; performed where worker is displaying psychological, social, cognitive, emotional, and behavioural problems after a work-related incident or injury.

The purpose of the consultation is to identify appropriate interventions/treatments to optimise rehabilitation outcomes.

Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services².

Initial consultation may include:

- history taking
- assessment
- diagnostic formulation
- treatment/service
- tailored goal setting and treatment planning
- setting expectations of recovery and return to work
- clinical recording
- communication with the insurer of any relevant information for the worker's rehabilitation.

Please note: A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.

Maximum one (1) hour on any one day.

300285 Adjustment Counselling – Subsequent Consultation (Rehabilitation Counselling and Social Work only)

Insurer prior approval required	Yes
Fee – GST not included ¹	\$250 per hour (charged pro-rata as a fraction of an hour)

A one-on-one subsequent consultation for ongoing treatment of work-related components of presenting adjustment to injury conditions; intervention would be based on treatment formulated from the initial consultation (300188)

The first **six (6) hours** (including initial consultation) are pre-approved provided this condition has not previously been treated by an allied health provider.

If additional treatment is required, submit a Provider Management Plan³ (PMP) which includes a comprehensive treatment plan containing:

- expected functional gains
- transition to self-care management and
- treatment timeframes.

Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services².

Subsequent consultation may include:

- ongoing assessment
- intervention/treatment
- setting expectations of recovery and return to work
- clinical recording
- communication with the insurer of any relevant information for the worker's rehabilitation.

Please note: A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.

Maximum one (1) hour on any one day.

1000242 Adjustment Counselling – Subsequent Consultation (Mental Health Social Workers only)

Insurer prior approval required	Yes
Fee – GST not included ¹	\$250 per hour (charged pro-rata as a fraction of an hour)

A one-on-one subsequent consultation for ongoing treatment of work-related components of presenting adjustment to injury conditions; intervention would be based on treatment formulated from the initial consultation (1000241)

The first **six (6) hours** (including initial consultation) are pre-approved provided this condition has not previously been treated by an allied health provider.

If additional treatment is required, submit a Provider Management Plan³ (PMP) which includes a comprehensive treatment plan containing:

- expected functional gains
- transition to self-care management and
- treatment timeframes.

Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services².

Subsequent consultation may include:

- ongoing assessment
- intervention/treatment
- setting expectations of recovery and return to work
- clinical recording
- communication with the insurer of any relevant information for the worker's rehabilitation.

Please note: A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.

Maximum one (1) hour on any one day.

Mental Health Occupational Therapy Services



You can click on the item numbers in the table to view details.

Item number / service	Description
<p>1000235 Initial Consultation</p> <p>Insurer prior approval required No</p> <p>Fee – GST not included¹ \$223 per hour (charged pro-rata as a fraction of an hour)</p>	<p>A one-on-one initial consultation for the treatment of possible psychological, social, cognitive, emotional, and behavioural problems occurring after a work-related injury or condition.</p> <p>The purpose of the consultation is to identify appropriate interventions/treatments to optimise rehabilitation outcomes (maximum two (2) hours direct contact and test scoring time).</p> <p>Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services².</p> <p>Initial consultation may include:</p> <ul style="list-style-type: none"> • history taking • assessment • diagnostic formulation • treatment/service • tailored goal setting and treatment planning • setting expectations of recovery and return to work • clinical recording • communication with the insurer of any relevant information for the worker's rehabilitation. <p>Please note: A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.</p>

1000236 Subsequent Consultation

Insurer prior approval required Yes

Fee – GST not included: \$223 per hour (charged pro-rata as a fraction of an hour)

A one-on-one subsequent consultation with the worker in the ongoing management and treatment of their work-related psychological issues. Intervention is based on treatment formulated in the initial consultation (1000235)

The first **six (6) hours** (including initial consultation) are pre-approved provided this condition has not previously been treated by an allied health provider.

If additional treatment is required, submit a Provider Management Plan³ (PMP) which includes a comprehensive treatment plan containing:

- expected functional gains
- transition to self-care management and
- treatment timeframes.

Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services².

Subsequent consultation may include:

- ongoing assessment
- intervention/treatment
- setting expectations of recovery and return to work
- clinical recording
- communication with the insurer of any relevant information for the worker's rehabilitation.

Please note: A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.

Maximum one (1) hour on any one day.

1. Rates do not include GST. Check with the [Australian Taxation Office](#) or your tax advisor if GST is applicable.
2. WorkCover Queensland encourages the adoption of the nationally recognised [Clinical Framework for the Delivery of Health Services](#) when treating a worker with a work-related injury or condition.
3. A [Provider Management Plan](#) (PMP) template is available on the [Workers' Compensation Regulatory Services' website](#).

Mental Health Services Table of Costs

This Mental Health Services Table of Costs includes the following services:

- Psychology (including neuropsychological services)
- Rehabilitation Counselling and Social Work
- Counselling and Psychotherapy
- Mental Health Occupational Therapy
- Mental Health Social Work.

Please note: Mental Health Services Table of Costs should be utilised and reviewed in conjunction with the [Mental Injury Treatment Guidelines](#).

Provider type	Minimum qualifications
Psychologists	<p>All psychology services performed must be provided by a psychologist who:</p> <ul style="list-style-type: none"> • has a full general registration as a psychologist under the Psychology Board of Australia; or • has a provisional registration as a psychologist under the Psychology Board of Australia; and is completing a period of supervised practice or internship to be eligible for full general registration.
Rehabilitation Support and Adjustment to Injury Counselling (Rehabilitation Counsellors and Social Workers)	<p>Specific professional groups, referred to as ‘registered persons’ under s223(a) of the Act, are qualified to deliver rehabilitation services. Other ‘non-registered’ professional groups are also able to provide specific rehabilitation services within this table of costs. These ‘non-registered approved providers’ require insurer approval and are outlined in the service conditions of each item.</p> <p>Services may be provided by:</p> <ul style="list-style-type: none"> • A person with a tertiary qualification in an accredited rehabilitation counselling course or other recognised behaviour science degree and a full member of the Australian Society of Rehabilitation Counsellors (ASORC). • A social worker with a tertiary degree in social work.
Counsellors and Psychotherapists	<p>All counselling and psychotherapy services performed must be provided by a counsellor or psychotherapist who has the appropriate qualifications and is either a full clinical member of the Psychotherapy and Counselling Federation of Australia (PACFA), or a level 3 or 4 member of the Australian Counsellors Association (ACA).</p> <p>Further details on these requirements can be found on the Australian Register of Counsellors and Psychotherapists (ARCAP).</p>

<p>Mental Health Occupational Therapists</p>	<p>Mental Health Occupational Therapy services must be undertaken by an Occupational Therapist that is:</p> <ul style="list-style-type: none"> Registered with the Australian Health Practitioners Authority (AHPA); and Endorsed under the OTA Mental Health Endorsement Program. <p>A mental health endorsed occupational therapist undertaking an independent clinical assessment must have a minimum of:</p> <ul style="list-style-type: none"> Two years' FTE experience in the provision of mental health occupational therapy services and relevant clinical experience related to the injury type. <p>For more information, please visit Occupational Therapy Australia's Practice Support page.</p>
<p>Neuropsychologists</p>	<p>Neuropsychologists require a minimum of six years of full-time university training [^]. This includes undergraduate psychology study, postgraduate training in clinical neuropsychology, and supervised experience.</p> <p>They must also be registered with the Psychology Board of Australia and maintain continuing professional development.</p> <p><i>([^] Minimum 3 years undergraduate degree plus 1-year honours program; and master's degree in clinical neuropsychology (2 years minimum) or equivalent. Please check with insurer for further details.)</i></p>
<p>Accredited Mental Health Social Workers</p>	<p>Social work is a four-year, or two-year masters qualifying, tertiary-qualified profession recognised nationally and internationally.</p> <p>Building on this tertiary qualified foundation is the opportunity to gain a further credential in mental health demonstrating expertise through evidenced practice experience.</p> <p>Social workers who are members of the Australian Association of Social Workers (AASW) and who have met certain criteria in mental health settings can seek accredited status as an Accredited Mental Health Social Worker (AMHSW), which was introduced prior to 2008. The AASW is an Accrediting Authority recognised by the Federal Government.</p> <p>The Accredited Mental Health Social Worker Report (available on the AASW website) indicates that the practitioner is a highly skilled mental health clinician in assessment, treatment planning, complex case formulation, and the delivery of evidence-based therapeutic interventions across formative and life stages in collaboration with clients.</p>

Consultations (Item numbers 400088, 400095, 400101, 400102, 1000243, 1000244, 1000235, 1000236)

For an accepted claim and claims for psychiatric and psychological injury during the prescribed period (which starts on the day the worker makes the claim for psychiatric and psychological injury with the insurer and ends on the day the insurer decides to allow or reject the claim), the insurer will pay the cost of an initial consultation, however not for an initial and subsequent consultation on the same day unless in exceptional circumstances, as approved by the insurer.

A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same claimant on the same day.

Consultations may include the following elements:

- **Assessment time (initial consultation)** – includes one-on-one time with the worker and where necessary their significant other; psychologist-administered tests and the scoring of the tests—self-administered tests are not included in the assessment time. Generally, an assessment will take up to **two (2) hours** to complete for most services. The psychologist/treatment provider must obtain prior approval from the insurer for additional time if an assessment is likely to take longer than two (2) hours.
- **Subjective (history) assessment** – consider major symptoms and lifestyle dysfunction; current/past history and treatment; aggravating and relieving factors; general health; medication; risk factors and key functional requirements of the worker's job.
- **Objective (psychological) assessment** – assess using standardised outcome measurements to provide a base line prior to commencing treatment. The assessment should include psychological function, activity and participation and the impact of environmental and personal factors on recovery relevant to the worker's compensable injury. The outcome measurement tools should be reliable, valid, and sensitive to change.
- **Assessment results (prognosis formulation)** – provide a provisional prognosis for treatment, limitations to function and progress for return to work.
- **Reassessment (subjective and objective)** – evaluate the progress of the worker using outcome measures for relevant, reliable, and sensitive assessment. Compare against the baseline measures and treatment goals. Identify factors compromising treatment outcomes and implement strategies to improve the worker's ability to return to work and normal functional activities. Actively promote self-management and empower the worker to play an active role in their rehabilitation.
- **Treatment (intervention)** – formulate and discuss the treatment goals, progress and expected outcomes with the worker. Provide advice on pacing, functional goals, and methods to overcome barriers.
- **Clinical recordings** – record information in the worker's clinical records, including the purpose and results of procedures and tests.
- **Communication (with the referrer)** – communicate any relevant information for the worker's rehabilitation to insurer. Acknowledge referral and liaise with the treating medical practitioner about treatment.

When transitioning between pre-approved and prior approved services, it is recommended that you contact the insurer for clarification on what (if any) restrictions may apply.

The insurer will not pay a fee for the completion of a Provider Management Plan (PMP).

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Adjustment Counselling – Rehabilitation Counsellors and Social Work (Item numbers 300188, 300285) and Mental Health Social Workers (Item numbers 1000241 and 1000242)

For an accepted claim and claims for psychiatric and psychological injury during the prescribed period (which starts on the day the worker makes the claim for psychiatric and psychological injury with the insurer and ends on the day the insurer decides to allow or reject the claim), the insurer will pay the cost of an initial consultation, however not for an initial and subsequent consultation on the same day unless in exceptional circumstances, as approved by the insurer.

A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same claimant on the same day.

Indicators for adjustment counselling include but are not limited to:

- unhelpful coping strategies such as avoidance behaviours (e.g., not undertaking physical programs for fear, they may cause more hurt/harm)
- being stuck in one of the stages of grief reaction.

Consultations may include the following elements:

- **Initial assessment time** – includes one-on-one time with the worker and scoring of tests; excludes time taken by the worker for self-administered tests. An initial assessment allowed up to one (1) hour to complete. If an assessment is likely to be greater than one (1) hour, the provider must obtain prior approval from the insurer for additional time.
- **Subjective (history) assessment** – consider of major symptoms and lifestyle dysfunction; current/past history and treatment; pain; aggravating and relieving factors; general health; medication; risk factors and key functional requirements of the worker's job.
- **Objective (psychosocial) assessment** – assess using standardised outcome measurements to provide a baseline prior to commencing treatment. The outcome measurement tools should be reliable, valid, and sensitive to change.
- **Assessment results (prognosis formulation)** – provide a provisional prognosis for treatment, limitations to function and progress for return to work.
- **Reassessment (subjective and objective)** – evaluate the progress of the worker using outcome measures for relevant, reliable, and sensitive assessment. Compare against the baseline measures and treatment goals. Identify factors compromising treatment outcomes and implement strategies to improve the worker's ability to return to work and normal functional activities.
- **Treatment (intervention)** – formulate and discuss the treatment goals, progress and expected outcomes; goal setting; strategies to improve return to work with the worker. Provide advice on homework to promote self-management strategies.
- **Clinical records** – record information in the worker's clinical records, including the purpose and results of procedures and tests.
- **Communication (with the referrer)** – communicate any relevant information for the worker's rehabilitation to insurer. Acknowledge referral and liaise with the treating medical practitioner about treatment.

When transitioning between pre-approved and prior approved services, it is recommended that you contact the insurer for clarification on what (if any) restrictions may apply.

The insurer will not pay a fee for the completion of a Provider Management Plan (PMP).

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Critical Incident Debriefing Sessions (Item number 400184)

Critical incident debriefing is a process whereby an individual or a group debriefing is conducted by a psychologist to assist persons involved to deal more effectively with their experiences. Debriefing is likely to occur up to 48 hours (about 4 days) after a traumatic incident. During the debrief participants are encouraged to speak freely about the experience, given reassurance and provided with strategies for coping with the work-related injury.

Mandatory requirements of critical incident debriefing sessions:

Following a critical incident, the employer may initiate debriefing sessions. Approval required after the first two (2) pre-approved sessions. Please contact the insurer for further clarification (for WorkCover Queensland claims refer to the [Mental Injuries Treatment Guidelines](#)). A Provider Management Plan must be submitted if ongoing therapy is required **beyond the two (2) sessions**.

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Neuropsychological Assessment (Item number 400091)

A neuropsychological assessment involves a comprehensive evaluation of an individual's cognitive, emotional, and behavioural functions to understand how brain conditions might be impacting their abilities.

These assessments, performed by trained neuropsychologists, use a combination of interviews, cognitive testing, and other assessment tools to identify strengths and weaknesses, assist in diagnosis, and inform treatment planning. They are often used to clarify the presence of possible acquired brain injury or brain dysfunction after a work-related injury or condition.

A neuropsychological assessment may be appropriate where the worker presents with a range of problems related to brain dysfunction that impact on their ability to remain or return to work.

Areas for assessment may include, but are not limited to:

- memory problems
- concentration problems
- attention difficulties
- problems thinking clearly and logically
- problems making important decisions
- language and learning difficulties.

Assessment time* – includes one-on-one time with the worker and where necessary their significant other; neuropsychologist-administered tests and the scoring of the tests—self-administered tests are not included in the assessment time. Generally, assessments will take up to four (4) to five (5) hours for neuropsychology.

For additional time, the Neuropsychologist must obtain prior approval from the insurer. Assessment time does not include the report.

(*Note: if the worker is unable to undertake all assessment requirements in one session the time can be broken up over multiple days.)

An assessment may include all or some of the following elements:

- **Subjective (history) reporting** – consider major symptoms and lifestyle dysfunction; current/past history; aggravating and relieving factors; general health; medication and risk factors; and where appropriate, behavioural information from significant others about the worker's present functioning.
- **Objective assessment** – assess face-to-face using standardised outcome measurements to assess brain functioning or psychological and mental illness.

- **Assessment results (prognosis formulation)** – provide a provisional prognosis for treatment, limitations to function and progress for return to work.
- **Treatment (intervention)** – give feedback to the worker at a later date when requested by the insurer. This may be in a case conference format and includes the neuropsychologist, worker, insurer and where appropriate, treating neuropsychologist.
- **Clinical recordings** – record information in the worker’s clinical records, including the purpose and results of procedures and tests.
- **Communication (with the referrer)** – communicate any relevant information for the worker’s rehabilitation to insurer. Acknowledge referral and liaise with the treating medical practitioner about treatment.

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Independent Case Review (Item number 400226)

An independent case review is only requested by the insurer. The payment for this service includes the assessment and report.

The purpose of an independent clinical assessment is to:

- assess and make recommendations about the appropriateness and necessity of current or proposed psychological treatment
- propose a recommended course of psychological management
- make recommendations for strategic planning to progress the case. Recommendations should relate to functional goals and steps to achieve these goals, which will assist in a safe and durable return to work
- provide a professional opinion on the worker’s prognosis where this is unclear from the current psychological program
- provide an opinion and/or recommendation on the other criteria as determined by the insurer.

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