

10.5.37 Psychology

[WorkSafe](#) can pay the reasonable costs of psychology services to assist a [worker](#) in the rehabilitation of a [work-related injury](#) or illness, following the provision of a written referral from a [medical practitioner](#).

WorkSafe will only pay for psychology services by healthcare professionals who are:

- registered by WorkSafe to provide psychology services
- fully registered with the Psychologists Registration Board of Victoria
- able to provide evidence of current professional indemnity insurance. Further information on WorkSafe's required level of professional indemnity insurance can be found on WorkSafe's service provider registration application for medical and allied health services.

See:

[General information - Medical and Like Services](#)

[Clinical framework](#)

Referral requirements for psychology services

WorkSafe considers psychology to be a referral service. A referral from a medical practitioner must therefore be provided prior to commencement of psychology services.

Referred services include all approved health services with the exception of medical, chiropractic, physiotherapy, osteopathic, optometry, dental and podiatry services.

Referrals to other health services

WorkSafe does not allow psychologists to provide referrals to other health services.

What WorkSafe will pay for

WorkSafe will pay the reasonable costs of psychology services that meet all of the following criteria:

- refer to [General information – What WorkSafe will pay for](#)
- a medical practitioner has provided a referral for initial treatment (excluding family counselling)
- a medical practitioner reviews the service regularly

Further services remain subject to regular review of the injured worker's progress by a medical practitioner. The service is in line with the principles of the [Clinical Framework](#) for delivery of psychology services to injured workers.

- Group consultations

WorkSafe can pay for group consultations by psychologists. Group consultations may consist of between four and 10 workers receiving a face to face service.

- Family counselling

WorkSafe will pay for the reasonable costs of family counselling services up to a maximum statutory amount (currently **\$5870** per claim):

- incurred in Australia
- provided upon prior approval from the agent/[self insurer](#)
- provided to the [family member/s](#) of a worker who has:
 - died as a result of a work related injury
 - sustained a [severe injury](#) under [the Act](#).
- invoiced under family counselling item numbers

Family counselling item numbers to be used are FAM01 and FAM02.

Family counselling services must not be invoiced in group consultations PS100, standard consultations PS602 or as Feldenkrais sessions FK706 and FK806.

Family member defined

A family member is a [partner](#), [parent](#), sibling or [child](#) of the worker or of the workers partner. Parent of a worker includes a person who has day to day care and control of the worker.

What is a severe injury

A severe injury which:

- was incurred on or after 1 July 2006
- required immediate in-patient treatment at a [hospital](#)
- meets the definition of severe injury under the Act, being:
 - amputation of a limb
 - amputation of a hand or foot
 - severe head injury
 - severe eye injury
 - separation of the worker's skin from an underlying tissue (eg de-gloving or scalping)
 - severe burns
 - paraplegia
 - quadriplegia
 - severe lacerations
 - severe injuries arising from electric shock
 - any other work related injury giving rise to an imminent risk of death.

AC Act: [S99\(1\) Liability of Authority and self-insurer](#)

AC Act: [S98A Compensation for pain and suffering](#)

What WorkSafe will not pay for

- refer to [General information – What WorkSafe will not pay for](#)
- more than one psychology service on the same day for the same worker
- psychology services greater than one hour duration

The following exceptions apply with prior approval from the agent:

- Psychologist-travel only when the worker has supplied a [medical certificate](#) confirming they are unfit to travel to the [psychologist](#) and stating the reasons for this or where clinical justification exists for the psychologist to attend a community setting for the delivery of services
 - administration of psychometric tests where the administration of such tests would normally take longer than one hour. The agent must be provided with the test results
 - use of Eye Movement Desensitisation and Reprocessing (EDMR) or
 - where it has been agreed that, possibly due to the distance a worker must travel for treatment, it is appropriate to undertake longer but less frequent sessions.
- more than one allied health service on the same day

Where a psychologist is registered with WorkSafe for more than one allied health service (eg psychology and remedial massage) WorkSafe will not pay for the provision of more than one service type to an injured worker on the same day.

Reporting requirements of psychologists

Information is required by the [employer](#) and the agent to assist in the injured worker's return to function and work.

Providers must submit:

- Psychology treatment notification form (PS604)

Completion of the psychology treatment notification form is required by the treating psychologist by the fifth consultation.

This form must be forwarded to the injured worker's employer or authorised agent advising that treatment has commenced and providing information regarding the goals, strategies and outcomes of treatment. This information assists the treater, employer and the authorised agent to manage the worker's return to function, behaviour and work.

- Psychology review form (PS109)

The psychology review form should only be completed upon request from the authorised agent, employer or WorkSafe.

Accessing the psychology forms

The Psychology Treatment Notification and Psychology Review Forms are available:

- by email: publications@worksafe.vic.gov.au
- by contacting the WorkSafe Advisory Service on 1800 136 089.