WorkCover QUEENSLAND

Hand Therapy Services

Table of Costs

Effective 1 August 2025

Hand Therapy Services Table of Costs

Quick reference table – Common Item Numbers

Item number	Description (High level)	Insurer prior approval required	Fee – GST not included
100287	Hand/Upper Limb Consultation (Physiotherapist)	Yes (see table below)	$223/hr (pro-rata)
600287	Hand/Upper Limb Consultation (Occupational Therapist)	Yes (see table below)	$223/hr (pro-rata)
1000258	Incidental Expenses	Yes (see table below)	$170 / $283*
1000255	Basic Dressing Pack – *Simple*	Yes (see Table A below)	$32
1000256	Basic Dressing Pack – *Complex*	Yes (see Table A below)	$53
1000257	Basic Dressing Pack – *Multi Trauma Packs*	Yes (see Table A below)	$75

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

Item number / service	Description
100287 (Physiotherapist only) and 600287 (Occupational Therapist only) Hand / Upper Limb Consultation **Insurer prior approval required** Yes* **Fee – GST not included**[1] $223 per hour (charged pro-rata as a fraction of an hour)	A one-on-one consultation and treatment for workers with hand and upper limb work-related injuries or conditions (below shoulder level). Treatment offered is considered hand therapy provided by a qualified hand therapist. Further details about qualifications are provided below the tables. The first **five (5)** consultations (including the initial consultation) are pre-approved, provided the injury or condition has not previously been treated by an allied health provider. If additional treatment is required, submit a Provider Management Plan[3] (PMP). The PMP should include a comprehensive treatment plan containing: • expected functional gains • transition of care to self-management and • treatment timeframes. Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services[2]. Consultations may include: • ongoing assessment (subjective and objective) • 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. **Maximum one (1) hour *.** *** Prior insurer approval is required for sessions exceeding one (1) hour. The provider will be required to provide clinical justification and reasoning for sessions exceeding one (1) hour.**

1000258 Incidental Expenses

Insurer prior approval required	Yes
Fee – GST not included[1]	$170 / $283*

Reasonable charges for incidental items required by the worker to assist in their recovery and which they take home with them following their treatment. Pharmacy items and consumables used by a provider during a consultation are not included. For further clarification refer to the information provided below the tables.

* Payment will be made up to **$170 in total** for incidental expenses and up to **$283 in total** for supportive devices, **per claim (not per consultation),** without prior approval.

Approval from the insurer must be obtained for items exceeding the pre-approved value. Hire of equipment to be negotiated with insurer.

All expenses must be itemised on the invoice except when using the Dressing Pack Grouping as listed below in Table A.

Please see Table A for invoicing guidance. Incidentals must continue to be itemised individually or where appropriate invoice in grouping of Dressing Packs (Simple, Complex or Multi Trauma) as outlined below.

Please note: This item number is not to be used for admission fees to external facilities such as gyms and pools.

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.
4. For all other physiotherapy and occupational therapy treatment services, please refer to the specific item codes in the relevant Table of Costs.

Who is qualified to deliver hand therapy services?

Providers of hand therapy are allied health professionals, university trained as physiotherapists or occupational therapists who, through further education, clinical experience and independent study have developed expertise in the treatment of upper limb conditions resulting from injury, disease, or deformity.

An Accredited Hand Therapist (AHT) is a person who:

- is an AHPRA* registered occupational therapist or physiotherapist
- has demonstrated an advanced level of competence in hand therapy
- has undertaken over 300 hours of advanced upper limb education and assessment; a one-year mentorship; and has a minimum of 3600 hours in hand therapy clinical practice
- has been assessed as qualified and competent to provide safe, evidence-based diagnosis, advice, and treatment
- is awarded the credential of Accredited Hand Therapist by the Australian Hand Therapy Association (AHTA) Credentialing Council.

An Associate member of the Australian Hand Therapy Association may be working towards gaining the credential of Accredited Hand Therapist or may be an experienced therapist who for individual reasons has decided to remain as an Associate member with the AHTA.

Those Associate members working toward full membership of the association will be under direct supervision and mentorship of an Accredited Hand Therapist (AHT), it is expected that these providers will be performing at a high level and should be considered as eligible to invoice under hand therapy item numbers.

Both Accredited and Associate members (under direct supervision and mentorship of an AHT) of the AHTA can use this item number.

What is hand therapy?

There are numerous types of disorders and trauma to the wrist, hand and fingers that are treated by hand therapists.

Some examples of evaluations and treatments provided by hand therapists include:

- customised hand splinting
- oedema management
- scar management
- education (e.g., self-management education, home exercise programs)
- mobilisation
- strengthening
- functional retraining
- wound care
- sensory retraining
- scar control.

Consultations (Item number 100287 and 600287)

For an accepted 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:

- **Subjective (history) assessment** – consider 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 (physical) assessment** – assess movement – for example active, passive, resisted, repeated, muscle tone, spasm, weakness, accessory movements, passive intervertebral movements. Assess overall work function level and any physical impairments preventing the worker's pain from resolving.
- **Assessment results (prognosis formulation)** – provide a provisional prognosis for treatment, limitations to function and return to work progress.
- **Reassessment (subjective and objective)** – evaluate the physical 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 (such as ongoing exercise programs) and empower the worker to play an active role in their rehabilitation.
- **Treatment (intervention)** – formulate and discuss treatment goals, progress and expected outcomes with the worker. Provide advice on pacing, functional goals, and methods to overcome barriers. Create appropriate functional exercise programs to be followed. Provide treatment modalities and/or therapeutic exercises according to therapy goals. May include appropriate gym, pool, or home program modifications in line with progress.
- **Clinical recording** – record information in the worker's clinical records, including the purpose and results of procedures and tests.
- **Communication (with the insurer)** – communicate any relevant information for the worker's rehabilitation to the insurer. Acknowledge referral and liaise with the treating medical practitioner about treatment.

Please note: For all other physiotherapy and occupational therapy treatment services, please refer to the specific item codes in relevant Table of Costs.

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).

Click to return to table

Incidental Expenses (Item number 1000258)

Please note: The values specified in this table of costs for incidental expenses are total **per claim and not per consultation**.

Reasonable fees are payable for incidental expenses required by the worker resulting from the work-related injury or condition, that the worker takes with them.

Pharmacy items and consumables used by a provider during a consultation are not included.

Hire of equipment to be negotiated with insurer. Contact the insurer for further clarification of what qualifies as an incidental expense.

For items exceeding the pre-approved values listed in this table of costs, providers must discuss the request with the insurer.

Please note: This item number is not to be used for admission fees to external facilities such as gyms and pools.

Reasonable expenses

Items considered to be reasonable incidental expenses are those that the worker actually takes with them – including bandages, elastic stockings, tape, crutches, theraputty, theraband, grippers, hand weights, audio tapes/CD, education booklets, and disposable wound management kits (such as those containing scissors, gloves, dressings, etc.). Tape may only be charged where a significant quantity is used.

Items considered reasonable supportive device expenses include splinting material, prefabricated splints, and braces.

All items must be shown to be necessary items for successful treatment of the work-related injury or condition.

The insurer will not pay for:

- items regarded as consumables used in the course of treatment – including towels, pillowcases, antiseptics, gels, tissues, disposable electrodes, bradflex tubing, and small non-slip matting
- items/procedures that are undertaken in the course of normally doing business – including autoclaving/sterilisation of equipment, and laundry.

Please note: Incidental expenses/consumables that relate to wound care and dressings can be considered as reasonable expenses. These may include:

- Forceps
- Scissors
- Saline
- Dressing packs
- Suture cutters
- Gauze swabs.

Incidentals must be itemised on invoices or where appropriate you may use the grouping method of Dressing Packs, Simple, Complex and Multi Trauma Dressings as listed in Table A.

Table A

Simple Dressing pack 1000255	Complex Dressing Pack 1000256	Multi Trauma Dressing 1000257
Total cost $32.00	Total cost $53.00	Total cost $75.00
Basic wound dressings, e.g., • Primapore • Opsite • Mepilex lite • Melolite • Hypafix • Steri-strips • Transparent Opsite. Used for simple post-operative wound dressings.	Complex wound dressings, Multiple basic wound dressings, e.g., • Primapore • Opsite • Mepilex lite • Mepitel • Mepilex border lite • Melolite • Hypafix • Steri-strips • Transparent Opsite • Crepe bandaging. Used for multiple wounds, infected wounds, specialised dressings, wounds requiring healing with secondary infection.	Variety of basic and complex wound dressings for multiple or large wounds, e.g., • Mepitel • Mepilex border lite • Primapore • Opsite • Mepilex lite • Melolite • Hypafix • Steri-strips • Transparent Opsite. Used for large wound margins requiring multiple dressings and large dressings, specialised dressings, burns, wound debridement.
Disposable Wound Management Kit	Disposable Wound Management Kit	Disposable Wound Management Kit
• Sterile field (sterile pack incl. gauze) • Sterile instruments (scissors and tweezers) • Stitch cutters (for suture removal).	• Sterile field (sterile pack incl. gauze) • Sterile instruments (scissors and tweezers) • Stitch cutters (for suture removal).	• Sterile field (sterile pack incl. gauze) • Sterile instruments (scissors and tweezers) • Stitch cutters (for suture removal).
Saline solution (for wound irrigation)	Saline solution (for wound irrigation)	Saline solution (for wound irrigation)
• Peroxide • Betadine • Chlorohexidine (for wound irrigation).	• Peroxide • Betadine • Chlorohexidine (for wound irrigation).	• Peroxide • Betadine • Chlorohexidine (for wound irrigation).

Hire / loan items

Prior approval must be obtained from the insurer for payments for hire or loan of items e.g., biofeedback monitors. The insurer will determine the reasonable cost and period for hire or loan and is not liable for the deposit, maintenance, repair, or loss of the hire equipment.

Click to return to table