WorkCover QUEENSLAND

Occupational Therapy Services

Table of Costs

Effective 1 August 2025

Occupational Therapy Services Table of Costs

Quick reference table – Common Item Numbers

Item number	Description (High level)	Insurer prior approval required	Fee – GST not included
600015	Initial Consultation	No	$132
600016	Subsequent Consultation	Yes (see table below)	$104
600055	Reassessment or Program Review	Yes (see table below)	$132
600170	Specific Occupational Therapy Assessment	Yes (see table below)	$223/hr
600292	Specific Occupational Therapy Consultation	Yes (see table below)	$223/hr
600226	Independent Case Review	At the request of the insurer	$278/hr
300159	Activities of Daily Living Assessment	At the request of the insurer	$223/hr
300161	Driving Assessment	At the request of the insurer	$223/hr

Please note: Mental Health Occupational Therapy Services are covered in the Mental Health Services Table of Costs.

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

Item number / service	Description
600015 Initial Consultation **Insurer prior approval required** No **Fee – GST not included**[1] $132	A one-on-one initial consultation in the treatment of work-related injuries or conditions, or the first consultation in a new episode of care for the same work-related injuries or conditions. Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services[2]. Initial consultation may include: • subjective assessment • objective assessment • treatment/service • tailored goal setting and treatment planning • setting expectations of recovery and return to work • clinical recording • communication (with referrer) – any relevant information for the worker's rehabilitation to the insurer. **Please note:** A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.

600016 Subsequent Consultation

Insurer prior approval required	Yes
Fee – GST not included[1]	$104

A one-on-one subsequent consultation in the treatment of work-related injuries or conditions.

The first **five (5)** (including initial consultation) are pre-approved, provided the injuries have 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].

Subsequent consultation 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.

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

600055 Reassessment or Program Review

Insurer prior approval required	Yes
Fee – GST not included[1]	$132

Prior approval is required before providing this service.

A one-on-one comprehensive assessment used when:

- the worker has been in active rehabilitation for at least six (6) weeks and further treatment is likely
- there are new clinical findings that might affect ongoing treatment
- there is a rapid change in worker's status
- there is no response to current therapeutic interventions.

It should include:

- all components of initial consultation
- a review of the worker's progress based on established objective measures
- a recommendation for future treatment and management strategies to assist the worker to return to work.

It may include referral recommendations to other providers, a change in therapy or outcome direction requiring a new return to work goal.

Following reassessment, submit a Provider Management Plan[3] (PMP) with an updated comprehensive treatment plan containing:

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

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

600170 Specific Occupational Therapy Assessment

Insurer prior approval required	Yes
Fee – GST not included[1]	$223 per hour (charged pro-rata as fraction of an hour)

Prior approval is required before providing this service and justification may be requested by the insurer.

A one-on-one assessment used for assessing specific conditions that cannot be adequately assessed, due to the complexity of the condition, within an initial consultation (600015).

These may include, but are not limited to:

- extensive burns
- acquired brain injuries
- severe spinal cord injuries
- multiple orthopaedic fractures
- limb amputations
- crush injuries.

This service can also be used for the assessment (only) of suitability for entry into a Multi-Disciplinary Program or Pain Management Program.

The service may only be used once by the occupational therapist in the treatment of a work-related injury or condition, or the first consultation in a new episode of care for the same work-related injury or condition.

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.

600292 Specific Occupational Therapy Consultation

Insurer prior approval required	Yes
Fee – GST not included[1]	$223 per hour (charged pro-rata as a fraction of an hour)

Prior approval is required before providing this service.

The insurer may request justification and will consider seeking an independent opinion if more than **six (6)** consultations are requested per episode of care.

A one-on-one consultation for recommended interventions identified during a Specific Occupational Therapist Assessment (600170).

These may include, but are not limited to:

- extensive burns
- acquired brain injuries
- severe spinal cord injuries
- multiple orthopaedic fractures
- limb amputations
- crush injuries.

Please note: This service is not to be used for ongoing consultations within a Multi-Disciplinary Program and/or Pain Management Program. This service must not be already classified elsewhere in this table of costs.

A Provider Management Plan[3] (PMP) is to be submitted following the initial assessment (600170). The PMP should include a comprehensive treatment plan containing:

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

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.

600226 Independent Case Review

Insurer prior approval required	At the request of the insurer
Fee – GST not included[1]	$278 per hour (charged pro-rata as a fraction of an hour)

An independent occupational therapist examination and report on a worker and is not carried out by the treating occupational therapist.

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

300159 Activities of Daily Living Assessment

Insurer prior approval required	At the request of the insurer
Fee – GST not included[1]	$223 per hour (charged pro-rata as a fraction of an hour)

A series of standardised tests and measures to assess a worker's activities of daily living and mobility **(including Modified Barthel Index assessments for registered Occupational Therapists only).**

Service includes assessment and report, noting that WorkCover Queensland's template for Modified Barthel Index is to be used (for WorkCover claims).

300161 Driving Assessment

Insurer prior approval required	At the request of the insurer
Fee – GST not included[1]	$223 per hour (charged pro-rata as a fraction of an hour)

Off-road and on-road driving assessments of cognitive, psychological, and physical capacity to drive. Assessments must be conducted by a qualified driving assessor.

Service includes assessment and report.

Driving instructor is also required for on-road assessment component and fees are paid separately.

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.

Who can provide Occupational therapy services to workers?

All occupational therapy services must be provided by an occupational therapist who has a current with the Australian Health Practitioner Regulation Agency (AHPRA).

Please note: Occupational therapists who have been endorsed by Occupational Therapy Australia for practice within the Medicare - Better Access to Mental Health Scheme are able to deliver focussed psychological services to workers. Any psychological services should be delivered in relation to the treatment of a work-related injury or condition and in line with existing item numbers and descriptors contained within the Mental Health Services Table of Costs.

Consultations (Item numbers 600015 and 600016)

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, weakness, accessory movements, posture, neurological function, functional movement patterns and palpation to identify muscle tension and pain. 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 progress for return to work.
- **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 home/workplace care, including any exercise programs to be followed. May include appropriate home/workplace program modifications in line with progress or otherwise identified from reassessment.
- **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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Reassessment/Program Review (Item number 600055)

This reassessment or program review is indicated when:

- the worker has been in active rehabilitation for at least six weeks; and further treatment is likely; and/or
- there are new clinical findings that might affect ongoing treatment and/or
- there is a rapid change in the worker's status and/or
- there is no response to current therapeutic interventions.

A reassessment/program review is a comprehensive assessment including:

- all the components of the initial consultation
- a review of the worker's progress based on established objective measures
- a recommendation for future treatment and management strategies to assist the worker to return to work.

A reassessment/program review may include referral recommendations to other providers, a change in therapy direction or a change on outcome direction requiring a new return to work goal.

The insurer's prior approval is required before a reassessment/program review is undertaken by the occupational therapist. The occupational therapist is expected to submit a PMP following the reassessment. Check with the insurer for their individual requirements in relation to the PMP.

A reassessment/program review is not required:

- during routine reassessments as part of each treatment consultation
- where the worker is already on a clear management plan and is progressing as expected
- following postoperative protocols
- where a rehabilitation program extends beyond the reassessment period
- where the treating medical practitioner assesses the worker and recommends continued or more specific treatment.

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Specific Occupational Assessment/Consultation (Item numbers 600170, 600292)

Only a small number of occupational therapists will treat conditions that will fall within this category. Clinical justification for the use of these item numbers must be supplied to the insurer.

These services will contain elements from the standard consultations, refer to consultation service descriptors.

These consultations must be individual one-on-one consultations between the occupational therapist and the worker.

The insurer may request justification for ongoing use of 600292 from the requesting occupational therapist and will consider seeking an independent opinion if more than six (6) consultations (600292) are requested per episode of care.

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Independent Case Review (Item number 600226)

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 occupational therapy treatment
- propose a recommended course of occupational therapy management
- make recommendations for strategic planning to progress the case. Recommendations must relate to treatment goals and steps to achieve those 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 occupational therapy program
- provide an opinion and/or recommendation on the other criteria as determined by the insurer.

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Activities of Daily Living Assessment Services (Item number 300159)

Activities of Daily Living (ADLs) is a series of standardised tests used to measure a worker's activities of daily living and mobility, including Modified Barthel Index. The Modified Barthel Index assessments can only be done by qualified providers.

Fee is charged at an hourly rate with the number of hours negotiated with the insurer prior to providing the service. This service includes the assessment and mandatory report. Generally, an assessment (including report) will take one (1) to two (2) hours. The occupational therapist must obtain prior approval from the insurer for assessments greater than two (2) hours.

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Driving Assessments (Item number 300161)

Driving assessments are required to determine if the work-related injury or condition will impact the worker's fitness to drive for a private and/or commercial vehicle. Assessments can only be conducted by a suitably trained and qualified occupational therapist. This service might include off-road and on-road driving assessments of cognitive, psychological, and physical capacity to drive. Assessments take into consideration the worker's restrictions and can include interview, vision screening, cognitive testing, and examination of functional abilities including strength, motor skills and reaction time. The worker's ability to judge the traffic situation, make safe decisions and handle the vehicle form part of the on-road assessment.

The outcome of the driving assessment may indicate that a worker is fit or unfit to drive, or that specialist equipment or modifications are required.

The fee is charged at an hourly rate (pro-rata) with the number of hours negotiated with the insurer prior to providing the report. Service includes assessment and report. If a driving instructor is also required for the on-road assessment component, fees will be paid separately.

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