WorkCover QUEENSLAND

Osteopathy Services

Table of Costs

Effective 1 August 2025

Osteopathy Services Table of Costs

Quick reference table – Common Item Numbers

Item number	Description (High level)	Insurer prior approval required	Fee – GST not included
900021	Initial Consultation	No	$132
900006	Subsequent Consultation	Yes (see table below)	$104
900055	Reassessment or Program Review	Yes	$132
900226	Independent Case Review	At the request of the insurer	$278

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

Item number / service	Description
900021 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 the insurer of any relevant information for the workers rehabilitation. **Please note:** A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same injured worker on the same day.

900006 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)** consultations (including initial consultation) are pre-approved, provided the injuries or conditions 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.

900055 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 and/or
- there are new clinical findings that might affect ongoing treatment and/or
- there is a rapid change in worker's status and/or
- 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) which should include an updated comprehensive treatment plan containing:

- expected functional gains
- transition of care to self-management and
- 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.

900226 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 osteopathy examination and report on a worker and is not carried out by the treating osteopath.

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.

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 Osteopathy services to workers?

All osteopathy services performed must be provided by an osteopath who has a current registration with the Australian Health Practitioner Regulation Agency (AHPRA).

Consultations (Item numbers 900006, 900021)

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/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—and pain by carrying out appropriate procedures and tests. 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 and 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 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 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).

Click to return to table

Reassessment / Program Review (Item number 900055)

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 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 practitioners, 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. The physiotherapist 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.

Click to return to table

Independent Case Review (Item number 900226)

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 regarding the appropriateness and necessity of current or proposed osteopathic treatment
- propose a recommended course of osteopathic management
- make recommendations for strategic planning to progress the case. Recommendations must relate to treatment 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 osteopathic program
- provide an opinion and/or recommendation on the other criteria as determined by the insurer.

Click to return to table