WorkCover QUEENSLAND

Physiotherapy Services

Table of Costs

Effective 1 August 2025

Physiotherapy Services Table of Costs

Quick reference table – Common Item Numbers

Item number	Description (High level)	Insurer prior approval required	Fee – GST not included
100021	Initial Consultation	No	$132
100006	Subsequent Consultation	Yes (see table below)	$104
100106	Group Exercise Sessions	Yes (see table below)	$56 per person
100555	Reassessment or Program Review	Yes (see table below)	$132/hr (pro-rata)
100406	Specific Physiotherapy Assessment	Yes (see table below)	$223/hr (pro-rata)
100407	Specific Physiotherapy Consultation	Yes (see table below)	$223/hr (pro-rata)
100314	Work Specific Functional Exercise Program- Initial Consultation	Yes (see table below)	$223/hr (pro-rata)
100402	Work Specific Functional Exercise Program- Subsequent Consultation	Yes (see table below)	$223/hr (pro-rata)
100500	Specialist Physiotherapy (Tier 3)	No (see table below)	$350/hr (pro-rata)
100226	Independent Case Review	At the request of the insurer	$278/hr (pro-rata)
300159	Activities of Daily Living Assessment	At the request of the insurer	$223/hr (pro-rata)
300161	Driving Assessment	At the request of the insurer	$223/hr (pro-rata)

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

Item number / service	Description
100021 Initial Consultation **Insurer prior approval required** No **Fee – GST not included**[1] $132	A one-on-one initial consultation for the treatment of a work-related injury or condition, or the first consultation in a new episode of care for the treatment of 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 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.

100006 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.

Any additional treatment required beyond the first **five (5)** consultations (including initial consultation) will require the submission of a Provider Management Plan[3] (PMP). The PMP should include a comprehensive treatment plan containing:

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

100106 Group Exercise Sessions

Insurer prior approval required	Yes
Fee – GST not included[1]	$56 per person

Prior approval is required before providing this service.

A session where a common program is delivered to more than one individual at the same time. The group can consist of a maximum of eight (8) persons.

The group session must be attended, conducted, and supervised by a physiotherapist.

100555 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.

100406 Specific Physiotherapy Assessment

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 and justification may be requested by the insurer.

A one-on-one assessment used for specific conditions that cannot be adequately assessed, due to the complexity of the condition, within an initial consultation (100021 and 100314 for work specific functional exercise program).

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 physiotherapist 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.

100407 Specific Physiotherapy 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 Physiotherapy Assessment (100406).

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 consultations within a Multi-Disciplinary Program or Pain Management Program and must not be already classified elsewhere in this table.

A Provider Management Plan[3] (PMP) is to be submitted following the initial assessment (100406). 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.

100314 Initial Consultation - Work Specific Functional Exercise Program

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.

Initial development and instruction of a work-specific functional gym/pool-based exercise program focused on improving function of the work-related injury or condition, relevant to the work role.

The aim of this program is for a successful transition of the worker's program to a gym/pool-based setting in order to meet their work specific functional goals.

This service may only be charged once for development of an exercise program to meet the worker's work specific functional goals.

Refer item number 300228 for Gym and Pool Entry Fees.

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 worker's rehabilitation.

The entire consultation must be one-on-one with the worker.

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.

100402 Subsequent Consultation - Work Specific Functional Exercise Program

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 with the worker for ongoing monitoring, review and progression of a work-specific functional gym/pool-based exercise program as developed during initial consultation (100314). The focus must be on improving function of the work-related injury or condition relevant to the work role and include education and progression to self-management.

Any additional treatment required beyond the initial consultation (100314) will require the submission of a Provider Management Plan[3] (PMP). The PMP should include a comprehensive treatment plan containing:

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

Maximum 45 minutes per consultation.

100500 Specialist Physiotherapist (Tier 3) Intervention

Insurer prior approval required	Yes
Fee – GST not included[1]	$350 per hour (charged pro-rata as a fraction of an hour)

Interventions provided by a Specialist Physiotherapist (Tier 3).

The intervention must be aligned with their qualifications specific to the work-related injuries they are treating. A copy of these qualifications must be provided to the insurer prior to undertaking services.

The intervention must be a one-on-one consultation in the treatment of work-related injuries or conditions.

The first **five (5)** consultations 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
- treatment timeframes.

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 worker's rehabilitation.

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.

100226 Independent Case Review	An independent physiotherapy examination and report on a worker. It is not carried out by the treating physiotherapist. 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.
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)
300159 Activities of Daily Living Assessment	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).
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)
300161 Driving Assessment	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. A driving instructor is also required for on-road assessment components and fees are paid separately.
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)

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 Physiotherapy services to workers?

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

Consultations (Item numbers 100021, 100006, 100314, 100402, 100406 and 100407)

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 injured worker 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.

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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Group Exercise Sessions (Item number 100106)

The insurer will only pay for the attendance of workers' compensation injured workers in a group exercise session.

Group exercise programs, maximum eight (8) persons per group. Where a common program is delivered to more than one individual at the same time.

The group must be attended, conducted, and supervised by a physiotherapist.

The objective of any exercise rehabilitation or education program is to ensure that injured workers achieve the best practicable levels of physical recovery along with assisting the worker to understand their injury and the process of rehabilitation.

Exercise programs developed by physiotherapists must:

- be aimed at increasing the worker's capacity and orientated towards a return to suitable and sustainable employment. Insurers do not pay for gym/pool exercise programs that are only focused on improving a worker's general level of health and fitness
- be outcome-focused such that the physiotherapist must be able to demonstrate that the worker has achieved an increase in work capacity and a decrease in requirement for ongoing clinical treatment
- be aimed at maximising function
- provide education and direction towards progression to self-management of the exercise program.

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Reassessment or Program Review (Item number 100555)

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.

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Specific Physiotherapy Assessment/Consultation (Item numbers 100406, 100407)

Only a small number of practitioners will treat conditions that will fall within this category. Clinical justification for the use of these item numbers should 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 physiotherapist and the worker.

The insurer may request justification for ongoing use of 100407 from the requesting physiotherapist and will consider seeking an independent opinion if more than 6 consultations (100407) are requested per episode of care.

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Work Specific Functional Exercise Program (Item numbers 100314, 100402)

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.

The physiotherapist is required to submit a Provider Management Plan (PMP) following the initial exercise program consultation to request approval for any subsequent consultations.

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

The objective of these services is to develop a gym/pool-based work specific functional exercise program focused on improving function of the work-related injury or condition, relevant to their work role.

These services should be aimed at ensuring a successful transition from a one-on-one treatment program to a gym/pool-based setting to meet their work specific functional goals.

Work specific functional exercise programs developed by physiotherapists must:

- be aimed at increasing the worker's capacity and orientated towards a return to suitable and sustainable employment. Insurers do not pay for gym/pool physiotherapy exercise programs that are only focused on improving a worker's general level of health and fitness
- be outcome-focused such that the physiotherapist must be able to demonstrate that the worker has achieved an increase in work capacity and a decrease in requirement for ongoing clinical treatment
- be aimed at maximising function
- provide education and direction towards progression to self-management of the exercise program
- **These consultations must be individual one-on-one consultations between the physiotherapist and the worker, and the physiotherapist must be with the worker for the duration of the consultation.**

The insurer may request justification for ongoing use of 100402 from the requesting physiotherapist and will consider seeking an independent opinion if more than 6 consultations (100402) is requested per episode of care.

Please note: Work Specific Functional Exercise subsequent consultations - **maximum 45 minutes per consultation (100402).**

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Specialist Physiotherapy (Tier 3) Intervention (Item number 100500)

- By utilising specialist physiotherapists, or Tier 3 Physiotherapists, WorkCover aims to leverage their advanced skills in minimising the need for low value or unnecessary surgical intervention or pharmaceutical options.
- Specialist Physiotherapists, can use these item codes after submitting their specialist qualifications and field of practice, as awarded by the Australian College of Physiotherapy. A copy of these qualifications must be provided to the insurer prior to undertaking services.
- Where the specialist physiotherapy has qualified but not yet received their qualifications, validation can be obtained from qldBranch@australian.physio
- Interventions provided by a Specialist Physiotherapist (Tier 3) must be aligned with their qualifications specific to the work-related injuries they are treating.

- Interventions must be a one-on-one 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
- treatment timeframes.

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 worker's rehabilitation.

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

Specialist Physiotherapy consultations and comprehensive reports are approved using 100500 (subject to usual rules and descriptors). All other services including travel, all other reports, communications, incidental expenses and group exercise sessions are billed using standard item numbers.

Interventions covered under 100500 may include:

- Initial and subsequent consultations – standard consultations (normally billed under 100021 and 100006), work specific functional exercise (normally billed under 100314 and 100402) and specific physiotherapy assessments and interventions (normally billed under 100406 and 100407)
- Reassessment or program reviews (normally billed under 100555)
- Independent case reviews (normally billed under 100226)

Please note: Interventions under 100500 are limited to a maximum 60 minutes per service (charged pro-rata as a fraction of an hour)**.**

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Independent Case Review (Item number 100226)

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 provider treatment
- propose a recommended course of provider 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 provider 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 and measures to assess a worker's activities of daily living and mobility (including Modified Barthel Index assessments for registered occupational therapists only).

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 practitioner 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 a private and/or commercial vehicle. Assessments can only be conducted by a suitably trained and qualified provider.

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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