WorkCover QUEENSLAND

Podiatry Services

Table of Costs

Effective 1 August 2025

Podiatry Services Table of Costs

Quick reference table – Common Item Numbers

Item number	Description (High level)	Insurer prior approval required	Fee – GST not included
800028	Initial Consultation	No	$132
800029	Subsequent Consultation	Yes (see table below)	$104
800040	Insoles – Plain (pair)	Yes (see table below)	$78
800042	Insoles – Padded (pair)	Yes (see table below)	$173
800046	Insoles – Balance inlay – Thermo non-cast (pair)	Yes (see table below)	$241
800084	Insoles – Soft tissue supplement (pair)	Yes (see table below)	$82
800038	Orthoses – Thermoplastic shell – Intrinsic fore/rear foot post (pair)	Yes (see table below)	$502
800232	Orthoses – Extrinsic fore/rear foot post (pair)	Yes (see table below)	$65
800050	Cast – Negative impression (pair)	Yes (see table below)	$142

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

Item number / service	Description
800028 Initial Consultation **Insurer prior approval required** No **Fee – GST not included**[1] $132	A one-one-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.

800029 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 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.

800039 Insoles

Insurer prior approval required	Yes
Fee – GST not included[1]	$43

Plain - single. Prior approval from the insurer is required.

800040 Insoles

Insurer prior approval required	Yes
Fee – GST not included[1]	$78

Plain - pair. Prior approval from the insurer is required.

800041 Insoles		Padded insole - single. Prior approval from the insurer is required.
Insurer prior approval required	Yes	
Fee – GST not included[1]	$90	
800042 Insoles		Padded insole - pair. Prior approval from the insurer is required.
Insurer prior approval required	Yes	
Fee – GST not included[1]	$173	
800043 Insoles		Balance inlay - single custom. Prior approval from the insurer is required.
Insurer prior approval required	Yes	
Fee – GST not included[1]	$220	
800044 Insoles		Balance inlay - pair custom. Prior approval from the insurer is required.
Insurer prior approval required	Yes	
Fee – GST not included[1]	$418	
800045 Insoles		Balance inlay - Thermo non-cast single. Prior approval from the insurer is required.
Insurer prior approval required	Yes	
Fee – GST not included[1]	$151	

800046 Insoles **Insurer prior approval required** **Fee – GST not included**[1]	 Yes $241	Balance inlay - Thermo non-cast pair. Prior approval from the insurer is required.
800084 Insoles **Insurer prior approval required** **Fee – GST not included**[1]	 Yes $82	Soft tissue supplement - pair. Prior approval from the insurer is required.
800283 Insoles **Insurer prior approval required** **Fee – GST not included**[1]	 Yes $44	Covers - plain. Prior approval from the insurer is required.
800037 Orthoses **Insurer prior approval required** **Fee – GST not included**[1]	 Yes $258	Thermoplastic shell - Intrinsic fore/rearfoot post - single. Prior approval from the insurer is required.
800038 Orthoses **Insurer prior approval required** **Fee – GST not included**[1]	 Yes $502	Thermoplastic shell - Intrinsic fore/rearfoot post - pair. Prior approval from the insurer is required.

800047 Orthoses		Heel lift - single. Prior approval from the insurer is required.
Insurer prior approval required	Yes	
Fee – GST not included[1]	$37	
800048 Orthoses		Extrinsic fore/rear foot post - single. Prior approval from the insurer is required.
Insurer prior approval required	Yes	
Fee – GST not included[1]	$34	
800232 Orthoses		Extrinsic fore/rear foot post - pair. Prior approval from the insurer is required.
Insurer prior approval required	Yes	
Fee – GST not included[1]	$65	
800049 Cast		Negative impression- single. Prior approval from the insurer is required.
Insurer prior approval required	Yes	
Fee – GST not included[1]	$103	
800050 Cast		Negative impression - pair. Prior approval from the insurer is required.
Insurer prior approval required	Yes	
Fee – GST not included[1]	$142	

800284 Nail Removal		Nail removal under local anaesthetic. Prior approval from the insurer is required.
Insurer prior approval required	Yes	
Fee – GST not included[1]	$223 per hour (charged as pro-rata as a fraction of an hour)	
800226 Independent Case Review		This is an independent podiatrist examination and report on a worker and is not carried out by the treating podiatrist. 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 as 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 Podiatry services to workers?

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

Consultations (Item numbers 800028, 800029)

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 –** consideration of clinical, medical, and surgical history, footwear, occupational and lifestyle factors.
- **Objective (physical) assessment –** assessment of the injury site and determination of a diagnosis by means of palpation and the prescription of appropriate diagnostic imaging (if required). Assessment of motion studies, gait analysis, postural alignment evaluation or other relevant techniques by carrying out appropriate procedures and tests.
- **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. This includes physical palpation and the reviewing of diagnostic imaging to determine/confirm an accurate prognosis. 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 the treatment goals, progress and expected outcomes with the worker. Advise on footwear and home care including any exercise programs to be followed. Commence and trial any treatment modalities and physical therapy including, but not limited to, padding, strapping, wedging, casts, insoles and orthoses or modifications in line with progress or otherwise identified. Provide advice on pacing, functional goals, and methods to overcome barriers.
- **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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Insoles (Item numbers 800039, 800040, 800041, 800042, 800043, 800044, 800045, 800046, 800084, 800283)

The objectives of this service are to provide cushioning and padding underfoot to:

- absorb shock in gait
- redistribute load from a focal point of increased pressure
- relieve foot or lower limb pain and symptoms
- prevent or reduce the rate of cutaneous hypertrophy and/or soft tissue inflammation or other localised pathology
- ensure there is no new foot pain, symptoms or pathology created by the orthosis
- ensure the worker understands the reason for prescription of the orthosis
- ensure the worker agrees to adjunctive therapies including footwear changes and prescribed exercises
- where pressure relief is the objective, to modify the forces applied to a selected area of the foot by increasing the forces applied to an alternative area of the foot.

The insurer will pay for reasonable costs when required for a work-related injury or condition.

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Orthoses – Thermoplastic Shell (Item numbers 800037, 800038, 800047, 800048, 800232)

The objectives of this service are to:

- relieve foot or lower limb pain and symptoms
- prevent or reduce the rate of cutaneous hypertrophy and/or soft tissue inflammation or other localised pathology
- ensure there is no new foot pain, symptoms or pathology created by the orthosis
- ensure the worker agrees to adjunctive therapies including footwear changes and prescribed exercises.

The insurer will pay for reasonable costs when required for a work-related injury or condition.

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Casts (Item numbers 800049, 800050)

The objectives of this service are to:

- provide an accurate three (3) dimensional impression of the foot to manufacture a custom-made orthosis
- clearly mark or represent anatomical markers of the foot requiring pressure redistribution or accommodation
- ensure the worker understands the reason for prescription of the orthosis
- ensure the worker agrees to adjunctive therapies during footwear changes and prescribed exercises.

The insurer will pay for reasonable costs when required for a work-related injury or condition.

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Nail removal (Item number 800284)

The objectives of this service are to:

- relieve foot or lower limb pain and symptoms
- prevent or reduce the rate of cutaneous hypertrophy and/or soft tissue inflammation or other localised pathology
- ensure there is no new foot pain, symptoms or pathology created by the orthosis
- ensure the worker agrees to adjunctive therapies including footwear changes and prescribed exercises.

The insurer will pay for reasonable costs when required for a work-related injury or condition.

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Independent Case Review (Item number 800226)

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 podiatry treatment
- propose a recommended course of podiatric 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 podiatry program
- provide an opinion and/or recommendation on the other criteria as determined by the insurer.

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