WorkCover QUEENSLAND

Return to Work Services

Table of Costs

Effective 1 August 2025

Return to Work Services Table of Costs

Quick reference table – Common Item Numbers

Item number	Description (High level)	Insurer prior approval required	Fee – GST not included[1]
300210	RTW Communication – 3 to 10 mins	No	$37
300211	RTW Communication – 11 to 20 mins	No	$75
300102	Initial Suitable Duties Program (SDP)	Yes (see table below)	$112
300084	Updated Suitable Duties Program (SDP)	Yes (see table below)	$75
300091	Travel – RTW	Yes (see table below)	$172/hr (pro-rata)
300158	Workplace Evaluation/Assessment	At the request of the insurer	$223/hr (pro-rata)
300160	Functional Capacity Evaluation	At the request of the insurer	$223/hr (pro-rata)
1000240	Psychological Functional Capacity Evaluation	At the request of the insurer	$223/hr (pro-rata)
300164	Return to Work Facilitation	At the request of the insurer	$223/hr (pro-rata)
1000239	Initial Needs Assessment	At the request of the insurer	$223/hr (pro-rata)
300413	Workplace Facilitated Discussion	At the request of the insurer	$223/hr (pro-rata)

1. Rates do not include GST. Check with the Australian Taxation Office or your tax advisor if GST is applicable.

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

Item number / service	Description
300210 RTW Communication - 3 to 10 mins **Insurer prior approval required** No **Fee – GST not included**[1] $37	Communication by a RTW Services provider who has received a referral from an insurer for the following services: • worksite assessment/evaluation • development of suitable duties program or updated program • monitoring of suitable duties programs • communication with relevant stakeholders about a worker's progress or issues related to an existing suitable duties program • functional capacity evaluation • vocational assessment • job seeking, job preparation or • job placement services. Direct communication between a RTW Services provider and the following: • insurer • employer • worker • insurer referred providers; and • treating providers to assist with faster, more effective rehabilitation and return to work for a worker. Excludes communication of a general administrative nature or conveying non-specific information. Must be more than three (3) minutes. Refer to the exclusions listed below these tables before using this item number. A written record of the communication details including date, time, and duration should be kept. The insurer may request evidence of communication at any time. **For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. ****

300211 RTW Communication - 11 to 20 mins

Insurer prior approval required No

Fee – GST not included[1] $75

Communication by a RTW Services provider who has received a referral from an insurer for the following services:

- worksite assessment/evaluation
- development of suitable duties program or updated program
- monitoring of suitable duties programs
- communication with relevant stakeholders about a worker's progress or issues related to an existing suitable duties program
- functional capacity evaluation
- vocational assessment
- job seeking, job preparation or
- job placement services.

Direct communication between a RTW Services provider and the following:

- insurer
- employer
- worker
- insurer referred providers; and
- treating providers

to assist with faster, more effective rehabilitation and return to work for a worker.

Excludes communication of a general administrative nature or conveying non-specific information. Must be more than ten (10) minutes. Refer to the exclusions listed below these tables before using this item number.

A written record of the communication details including date, time and duration should be kept.

The insurer may request evidence of communication at any time.

For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. **

300102 Initial Suitable Duties Program (SDP)

Insurer prior approval required Yes

Fee – GST not included[1] $112

Documentation of suitable duties for a worker, detailing specific information necessary for a safe and effective return to the workplace.

For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. **

300084 Updated Suitable Duties Plan (SDP)	Documentation of an updated or further suitable duties plan for a worker, detailing specific information necessary for a safe and effective return to the workplace. **For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. ****
Insurer prior approval required	Yes
Fee – GST not included[1]	$75
300091 Travel – RTW Services only	**Prior approval is required for travel of more than one (1) hour.** Travel charges are applicable when the provider is required to leave their 'normal place of practice' to treat a worker at a: • rehabilitation facility • hospital • workplace • their place of residence, or • community-based setting. Travel is not payable where: • the travel is between clinics or facilities owned and/or operated by the provider or their employer • the travel is for services delivered at an 'external facility' where treatment at these external facilities is a regular part of that providers approach and there exists a contractual arrangement and/or agreement to use that 'external facility'. **Please note:** If a provider or their employer have multiple clinics, travel must be calculated from the providers closest normal place of practice to the site being attended. Where multiple workers are being treated in the same visit to a facility, or in the same geographical area on the same day, travel must be divided evenly between those workers. **For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. ****
Insurer prior approval required	Yes
Fee – GST not included[1]	$172 per hour (charged as pro-rata as fraction of an hour)
300158 Workplace Evaluation/Assessment	Systematic process using the workplace to estimate work potential and work behaviour. Includes ergonomic assessments. **For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. ****
Insurer prior approval required	At the request of the insurer
Fee – GST not included[1]	$223 per hour (charged as pro-rata as fraction of an hour)

300160 Functional Capacity Evaluation (FCE)	Systematic assessment using a series of standardised tests and work specific simulation activities to assess a worker's functional capacity for work or potential to return to suitable work; includes assessment and report. **For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. ****
Insurer prior approval required	At the request of the insurer
Fee – GST not included[1]	$223 per hour (charged as pro-rata as fraction of an hour)
1000240 Psychological Functional Capacity Evaluation (PFCE)	Assessment of a worker's capacity to perform cognitive tasks, offering a baseline measurement of current symptoms and fitness for work. Determines capacity for return-to-work program, assists in graduation of duties in psychological claims or where cognitive deficits are identified by treating team. Assists with claims with delayed return to work in psychological or significant/complex physical injury claims, secondary psychological claims, minimal progression in return-to-work capacity despite ongoing treatment. **For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. ** (Psychologists, Rehabilitation Counsellors, and Occupational Therapists to perform this service.)**
Insurer prior approval required	At the request of the insurer
Fee – GST not included[1]	$223 per hour (charged as pro-rata as fraction of an hour)
300164 Return to Work Facilitation	Communication with a worker and employer to establish an updated suitable duties program where no worksite assessment or job placement services are required, or other service item number applies. Also used where there are significant barriers preventing a worker participating in a return-to-work program and the provider delivers strategies to overcome the barriers. Includes communication between the worker, employer, and insurer (does not include general communication relating to a suitable duties program or job placement or where another number applies). May include face-to-face or electronic file reviews for the insurer. **For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. ****
Insurer prior approval required	At the request of the insurer
Fee – GST not included[1]	$223 per hour (charged as pro-rata as fraction of an hour)
1000239 Initial Needs Assessment and Report	Assessment with a worker completed prior to commencement of return-to-work services to establish injuries and formulate recovery process and develop goals for return to work and/or reengagement with workplace based on expectations from all parties. Includes worksite assessment, interview with the employer and worker and liaison with relevant treating medical/allied health providers. Includes report.
Insurer prior approval required	At the request of the insurer

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

Assists with claims with complex diagnosis, secondary diagnosis or flags raised by worker and/or employer. Leads to development of rehabilitation program for return-to-work outcomes.

For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. **

300413 Workplace Facilitated Discussions

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

A workplace facilitated discussion is a meeting conducted by an approved, suitably qualified, and accredited return to work services provider to resolve significant barriers in the workplace and support workers and employers in their return-to-work efforts.

For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. **

300162 Vocational Assessment and Report*

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

Assessment of realistic vocational options in the current job market for a worker using integrated clinical and standardised assessment procedures and instruments; includes assessment and report.

For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. **

300166 Job Seeking Skills Assessment – Initial*

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

Identify a worker's transferable skills and abilities for a new job/career or host placement; may involve the development of a vocational preparation action plan with the worker.

For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. **

300168 Job Preparation Services		Prepare the worker to find suitable employment. Services will be based on the needs of the worker and may include development of or updating a resume and/or cover letter, interview preparation skills and career counselling. **For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. ****
Insurer prior approval required	Yes	
Fee – GST not included[1]	$223 per hour (charged as pro-rata as fraction of an hour)	
300212 Job Placement Services – New Employer*		The process of actively sourcing and placing a worker in a host placement or for WorkCover also includes placing a worker in a Recover at Work program with a view to a durable return to work outcome. Also includes seeking new employment with/for the worker. Includes employer and worker liaison, job application and coaching. **For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. ****
Insurer prior approval required	Yes	
Fee – GST not included[1]	$223 per hour (charged as pro-rata as fraction of an hour)	
300213 Job Placement Services – Work Hardening Program*		The process of actively sourcing and placing a worker in a host placement or for WorkCover also includes placing a worker in a Recover at Work program where the worker has a job to return to. Includes employer and worker liaison, job application and coaching. **For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. ****
Insurer prior approval required	Yes	
Fee – GST not included[1]	$223 per hour (charged as pro-rata as fraction of an hour)	
300295 External Case Management		Includes an initial needs assessment and report; should outline a case management plan indicating the goals of the program, services required, timeframes and costs. Insurer request only. **For WorkCover Queensland claims, only an approved RTW Services provider can provide this service. ****
Insurer prior approval required	At the request of the insurer	
Fee – GST not included[1]	$223 per hour (charged as pro-rata as fraction of an hour)	

Who can provide return to work (RTW) services to workers?

**** For WorkCover claims, RTW Services can only be delivered by approved members of the current RTW Services panel. Please contact WorkCover for further details.** Check with each self-insurer as to their individual requirements. For services provided outside of Queensland, WorkCover may refer to non-RTW Services panel providers.

*** RTW Services providers must be able to provide evidence of appropriate skills and demonstrated experience in external case management, vocational assessment, job seeking, preparation and placement services to a level acceptable to the insurer.**

Please refer to the below tables for more information on who can provider RTW Services to workers. The following table is a summary of professionals, standards of qualifications and the services they can be delivered.

Workplace evaluation / assessment / initial needs assessment	Functional Capacity Evaluation (FCE)	Return to Work facilitation and Workplace facilitated discussion	Suitable duties plan	Monitoring suitable duties	Vocational assessment	Job seeking and job preparation	Psychological Functional Capacity Evaluation (PFCE)	Job placement services	Workplace facilitated discussions
Accredited Exercise Physiologist – A person who is an Accredited Exercise Physiologist (AEP) with Exercise and Sports Science Australia (E.S.S.A).									
✓	✓	✓	✓	✓	×	✓*	×	✓*	✓
Occupational Therapist – A person registered as an occupational therapist with the Australian Health Practitioner Regulation Agency (AHPRA).									
✓	✓	✓	✓	✓	✓*	✓*	✓	✓*	✓
Osteopath – A person registered as an osteopath with the Australian Health Practitioner Regulation Agency (AHPRA).									
✓	✓	✓	✓	✓	×	×	×	×	✓
Physiotherapist – A person registered as a Physiotherapist with the Australian Health Practitioner Regulation Agency (AHPRA).									
✓	✓	✓	✓	✓	×	✓*	×	✓*	✓
Psychologist – A person registered as a Psychologist with the Australian Health Practitioner Regulation Agency (AHPRA).									
✓	×	✓	✓	✓	✓*	✓*	✓	✓*	✓
Rehabilitation Counsellor – A person with a tertiary qualification in an accredited rehabilitation counselling course or other recognised behaviour science degree and a full member of the Australian Society of Rehabilitation Counsellors (ASORC).									
✓	×	✓	✓	✓	✓*	✓*	✓	✓*	✓
Social Worker – A person with a tertiary degree in social work.									
×	×	✓	✓	✓	✓*	✓*	×	✓*	✓
Vocational placement provider – Those wishing to provide job preparation, seeking and placement services. The provider must be able to provide proof that they are appropriately skilled to assist the worker in preparing for employment.									
×	×	×	×	×	×	✓*	×	✓*	×

The table below provides an overview of who is approved to deliver supplementary services within this table of costs:

COMMUNICATION / CONSULTATION	CASE CONFERENCE	PROGRESS REPORT	STANDARD REPORT	COMPREHENSIVE REPORT	TRAVEL	EXTERNAL CASE MANAGEMENT
Accredited Exercise Physiologist – A person who is an Accredited Exercise Physiologist (AEP) with Exercise and Sports Science Australia (E.S.S.A).						
✓	✓	✓	✓	✓	✓	✓*
Occupational Therapist – A person registered as an occupational therapist with the Australian Health Practitioner Regulation Agency (AHPRA).						
✓	✓	✓	✓	✓	✓	✓*
Osteopath – A person registered as an osteopath with the Australian Health Practitioner Regulation Agency (AHPRA).						
✓	✓	✓	✓	✓	✓	✓*
Physiotherapist – A person registered as a Physiotherapist with the Australian Health Practitioner Regulation Agency (AHPRA).						
✓	✓	✓	✓	✓	✓	✓*
Psychologist – A person registered as a Psychologist with the Australian Health Practitioner Regulation Agency (AHPRA).						
✓	✓	✓	✓	✓	✓	✓*
Rehabilitation Counsellor – A person with a tertiary qualification in an accredited rehabilitation counselling course or other recognised behaviour science degree and a full member of the Australian Society of Rehabilitation Counsellors (ASORC).						
✓	✓	✓	✓	✓	✓	✓*
Social Worker – A person with a tertiary degree in social work.						
✓	✓	✓	✓	✓	✓	✓*
Vocational placement provider – Those wishing to provide job preparation, seeking and placement services. The provider must be able to provide proof that they are appropriately skilled to assist the worker in preparing for employment.						
✓	×	✓	✓	✓	✓	×

Return to Work Communication (Item numbers 300210, 300211)

Used by a RTW Services provider who has **received a referral** from an insurer for the following return to work services: worksite assessment/evaluation, development of suitable duties program or updated program, monitoring of suitable duties programs, communication with relevant stakeholders about a worker's progress or issues related to an existing suitable duties program, functional capacity evaluation, vocational assessment, job seeking, job preparation, or job placement services.

The RTW Services provider can invoice for communication between the insurer, employer, worker, insurer referred providers, and treating providers to assist with faster and more effective rehabilitation and return to work for a specific worker.

The communication must be relevant to the work-related injury and assist the insurer and other involved parties to resolve barriers and/or agree to strategies or intervention/s proposed. Communication includes phone calls, emails, and facsimiles.

Each call, fax/email preparation must be more than three (3) minutes in duration to be invoiced.

Note: most communication would be of short duration and would only exceed ten minutes in exceptional or unusual circumstances.

When monitoring suitable duties, the RTW Services provider must address the following elements:

- relevance to the suitable duties program
- assistance for the relevant parties to support and progress the worker's program
- barriers limiting progress and strategies to address these.

Where the information was not previously provided, phone calls between the RTW Services provider and insurer relating to a new referral for the above listed return to work services can also be invoiced under this number if the referral goal, background, needs, barriers, and directions for the referral are discussed in detail and the conversation is more than three (3) minutes in duration.

The insurer will not pay for:

- communication conveying non-specific information such as 'worker progressing well'
- communication made or received from the insurer as part of a quality review process
- General administrative communication, for example:
    - forwarding an attachment via email or fax e.g., forwarding a Suitable Duties Plan or report
    - leaving a message where the party phoned is unavailable
    - acknowledgement and/or acceptance/rejection of referrals from an insurer except as outlined above
- queries related to invoices
- for approval/clarification of a Provider Management Plan or a Suitable Duties Plan by the insurer.

A written record of the communication details including date, time, and duration should be kept. Supporting documentation is required for all invoices that include communication. Invoices must include the reason for contact, names of involved parties and will only be paid once where there are multiple parties involved with the same communication (phone call/email/fax). Line items on an invoice will be declined if the comments on the invoice indicate that the communication was for reasons that are specifically excluded.

The insurer may request evidence of communication at any time.

If part of the conversation would be excluded, the RTW Services provider can still invoice the insurer for the communication if the rest of the conversation is valid. The comments on the invoice should reflect the valid

communication. Providing comments on an invoice that indicates that the communication was specifically excluded could lead to that line item being declined by the insurer.

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Suitable Duties Program and Updated Suitable Duties Program (Item numbers 300102, 300084)

The objectives of the suitable duties program are to:

- document agreed work tasks which are medically suitable for the worker to commence a graduated return to normal work duties
- ensure all parties involved understand that the program's requirement is to achieve a safe and effective return to the workplace.

Prerequisite – where the RTW Services provider is unfamiliar with the workplace, a workplace evaluation (300158) to assess the workplace and worker's needs may be a prerequisite to documenting the initial suitable duties program. This would also include the time taken negotiating the program and any necessary consultation with the doctor and employer.

Mandatory requirements – Before a worker can participate in a suitable duties program, the treating medical practitioner must provide a medical certificate approving suitable duties or have provided a signed approval of the program.

Initial suitable duties program – should be drawn up after:

- completing an initial workplace evaluation (300158) where appropriate
- the worker's estimated work potential and work behaviours have been defined
- appropriate duties have been negotiated with the employer or their representative

Each program should contain the following:

- goals or objectives of the overall program
- documentation of specific tasks and duties to be performed by worker
- days and hours to be worked
- key reviewing and reporting requirements during the program
- any restrictions or limitations
- recommendations for upgrading the program
- start, completion and review dates for the program.

Updated suitable duties programs – it is not mandatory to conduct a subsequent workplace evaluation with each update to the suitable duties program. Updated programs should:

- progressively build tolerances from the initial program
- reflect changes in work duties, and to days and hours worked
- detail new reporting requirements
- identify new or changed restrictions or limitations
- show start and completion dates for program.

Specific suitable duties programs – in a small number of cases where the suitable duties program is likely to be involved and complex, the practitioner must negotiate additional time with the insurer first.

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Travel - Return to Work (Item number 300091)

Used by a RTW Services provider who has received a referral from an insurer for the following return to work services: worksite assessment/evaluation, development of suitable duties program or updated program, functional capacity evaluation, vocational assessment, job seeking, job preparation, or job placement services.

Travel charges are applicable when the provider is required to leave their 'normal place of practice' to treat a worker at a:

- rehabilitation facility
- hospital
- workplace
- their place of residence, or
- community-based setting.

The travel must relate directly to service delivery for the work-related injury or condition*.

Travel can be charged when:

- it is appropriate to attend the worker somewhere other than the 'normal place of practice':
    - to assist in the provision of services or treatment - where the provider does not have the facilities at their practice
    - to attend a case conference*
- a worker is unable to attend the provider's 'normal place of practice' and they are treated at their home or in the community
- the travel relates directly to service delivery for the work-related injury or condition.

***Please note:** Check procedures and conditions of service to determine if prior approval is required from the insurer.

Travel is **not** payable where:

- the travel is between clinics or facilities owned and/or operated by the provider or their employer
- the travel is for services delivered at an 'external facility' where treatment at these 'external facilities' is a regular part of that providers approach and there exists a contractual arrangement and/or agreement to use that 'external facility'.

Payment of travel in relation to services delivered at 'external facilities' and there exists a contractual arrangement and/or agreement to use that 'external facility' will only be made in exceptional circumstances, to be considered on a case-by-case basis. Insurer prior approval must be obtained in writing before delivering these services or incurring these costs. The insurer will not be liable for costs where prior approval was not obtained.

Approval is required for travel more than one (1) hour.

Prior approval is not required where the total travel time will exceed one (1) hour but the time can be apportioned (divided) between a number of workers for the same trip and equates to one (1) hour or less per worker i.e. when visiting multiple workers at the same workplace – the travel charge must be divided evenly between workers treated at that location; or when visiting multiple worksites in the same journey – the travel charge must be divided accordingly between workers involved and itemised separately.

Examples of visiting multiple workers might include:

Provider travels from their normal place of practice to an external gym facility to see three (3) workers in succession at this facility (outbound travel time = 30mins); provider then returns to their normal place of practice (inbound travel time = 30mins)

In this example, travel time to and from the external gym facility should be charged on each worker's claims but divided in three (3) i.e., each worker's claim should be charged for 10 mins outbound and 10 mins inbound travel time.

Provider travels from their normal place of practice to external gym facility to see one worker (outbound travel time = 30 mins); then on to another external gym facility to see another worker (outbound travel time = 15 mins) and then returns to normal place of practice (inbound travel time = 20mins)

In this example, only travel time to the first external gym facility should be charged on the first worker's claim i.e., 30 mins only. Travel time to the second gym facility and then back to the normal place of practice should be charged on the second worker's claim i.e., 15 mins outbound and 20 mins inbound travel time.

Providers must only charge for travel time that is actually incurred.

Travel must be calculated from the providers closest 'normal place of practice' to the site being attended.

If a provider or their employer have multiple clinics, travel must be calculated from the providers closest 'normal place of practice' to the site being attended.

All accounts must include the total time spent travelling, departure and destination locations and the distance travelled.

Definition for **'Normal place of practice':**

Normal place of practice means the facility or premises from which the provider regularly operates their practice for the delivery of treatment services. It also includes external facilities where services may be delivered on a regular basis or as a contracted service, such as a hospital, gym, or pool. If the provider attends an external facility and there exists a contractual arrangement and/or agreement to use that external facility, this will still be seen to be part of the normal place of practice.

Definition for **'External facility':**

External facility means an external facility such as a gym or pool, where the facility is not owned or operated by the treatment provider or where the provider does not contract their services to and/or have an agreement with the facility.

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Workplace Evaluation/Assessment (Item number 300158)

Attendance at the worker's workplace or prospective workplace to provide one or all of the following:

- an overview of the workplace and availability of suitable duties
- suitable duties identification and/or program negotiation with relevant parties
- a job analysis to isolate specific difficulties with job performance, recommend possible solutions and determine the most effective way of performing specified duties
- advice on workplace design, modification or provision of aids and appliances if required to assist in a sustainable return to work
- assisting the worker's supervisor and co-workers to understand recommended work restrictions and safe work methods
- workplace setup evaluation

- work practice review and/or modification
- ergonomic assessment
- job redesign.

Fee is charged at an hourly rate with the number of hours negotiated with the insurer prior to providing the service. This item does not include a mandatory report. Providers who specifically believe a report should be provided for their client they are encouraged to discuss those reasons with the individual insurer.

Communication with the worker or employer regarding this service (when not of an administrative nature) is invoiced under this number.

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Functional Capacity Evaluation Services (Item number 300160)

A Functional Capacity Evaluation (FCE) is used to obtain information about a worker's functional abilities that is not available through other means. Wherever possible, the FCE should reflect a worker's capacity for the physical activities of jobs that are potentially available to the worker.

The objectives of the FCE are to:

- determine a worker's abilities over a range of physical demands to assist their functional recovery
- assess the worker's functional capacity
- determine a worker's ability to work
- determine a worker's job-specific rehabilitation needs
- document a worker's progress before, during or after rehabilitation.

Generally, an assessment (including report) will take two (2) to four (4) hours to complete. The RTW Services provider must obtain prior approval from the insurer for assessments greater than four (4) hours.

This assessment/consultation may not be feasible if there is/are:

- unstable medical conditions
- recent surgery
- substantial psychiatric or behavioural issues
- non-compensable medical co-morbidities excluding the worker from work activities
- communication barriers or concerns that prevent instructions being understood and reactions being interpreted during a functional capacity evaluation
- a recent functional capacity evaluation.

Consider the following when completing an FCE:

- **Purpose** – prior to assessment, the provider or the referrer should clearly define the FCE purpose which will assist in determining the level of assessment and time required to establish functional abilities.
- **Work Capacity Certificate** – the RTW Services provider must assess the worker within the limitations outlined on their current Work Capacity Certificate. Where the current certificate places limitations on the worker that will limit the value of an FCE, this should be discussed with the medical practitioner to obtain an appropriate clearance to conduct the assessment.
- **Referral details** – all relevant information should be supplied by the requestor including medical reports, current Work Capacity Certificate, a job analysis, rehabilitation progress reports, previous functional and vocational assessments, and relevant medical investigations.
- **Informed consent** – the worker must be informed of the purpose and requirements of the assessment, their obligations, any risk factors and safety obligations, and the provider should obtain the worker's written authority prior to the assessment and for the exchange of information.

- **Subjective (history)** – gather relevant information including but not limited to medical history; rehabilitation progress; workplace information; and the worker's own perception of their abilities.
- **Objective measures** – the assessment should consider the worker's functional abilities to perform the physical demands of the proposed job and determine their capacity to undertake these demands. The examination should include but not be limited to neuro-musculoskeletal examination; basic measures of range of motion and muscle strength as well as baseline physical abilities—lifting, standing, walking, climbing—relevant to the worker.
- **Safety** – the main focus for undertaking a FCE should be the prevention of further injury. Functional abilities should be the worker's maximum ability using safe body mechanics. If the worker consistently demonstrates poor or unsafe body mechanics, the provider needs to use professional judgment about whether or not the FCE should be continued.

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Psychological Functional Capacity Evaluation (Item number 1000240)

A Psychological Functional Capacity Evaluation (PFCE)* is used to obtain information about a worker's cognitive abilities that is not available through other means. Wherever possible, the PFCE should reflect a worker's capacity for the cognitive tasks of jobs that are potentially available to the worker.

The objectives of the PFCE are to:

- determine a worker's capacity to perform the cognitive tasks of the job
- assess the worker's cognitive capacity
- determine a worker's ability to work
- determine a worker's job-specific rehabilitation needs
- document a worker's progress before, during or after rehabilitation.

Generally, an assessment (including report) will take three (3) to five (5) hours to complete. The RTW Services provider must obtain prior approval from the insurer for assessments greater than five (5) hours.

This assessment/consultation may not be feasible if there is/are:

- unstable medical conditions
- recent surgery
- substantial psychiatric or behavioural issues
- non-compensable medical co-morbidities excluding the worker from work activities
- communication barriers or concerns that prevent instructions being understood and reactions being interpreted during a psychological functional capacity evaluation
- a recent psychological functional capacity evaluation.

**To be performed by Psychologist, Rehabilitation Counsellor, or Occupational Therapist.*

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Initial Needs Assessment Service (Item number 1000239)

Face to face interview where possible with the worker and/or attendance at the worker's workplace or prospective workplace to provide the following:

- understanding of injuries and anticipated recovery process
- develop goals for return to work
- re-engagement with workplace

- includes worksite evaluation/assessment (see below)
- interview with the employer and worker
- liaison with relevant medical/allied health treating providers.

Please note: This service is ideally performed within the first twelve (12) weeks following injury.

Fee is charged at an hourly rate with the number of hours negotiated with the insurer prior to providing the service. This item **does include a report.** Generally, an assessment (including report) will take three (3) to five (5) hours to complete. The RTW Services provider must obtain prior approval from the insurer for assessments greater than five (5) hours.

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Vocational Assessment and (Item number 300162)

Vocational assessments evaluate the worker's actual and potential ability, cognitive skills, aptitudes, and competencies, and relate these to available and realistic job options, recognising all relevant background information. Generally, an assessment (including report) will take two (2) to five (5) hours to complete. This timeframe is based on direct contact time with the worker, test scoring and report writing. The provider must obtain prior approval from the insurer if an assessment is likely to be greater than five (5) hours. Fee is charged at an hourly rate with the number of hours negotiated with the insurer prior to providing the service.

A vocational assessment may be appropriate where:

- the worker cannot return to their pre-injury work and there are no suitable duties or alternative career/job options with their current employer, and
- the worker needs assistance to identify sustainable alternative work options suited to their functional abilities and skills and the current job market.

This assessment/consultation may not be feasible if there is/are:

- physical capacity for work is unclear
- unstable medical conditions
- recent surgery
- substantial psychiatric or behavioural issues
- non-compensable medical co-morbidities which exclude the worker from work activities
- communicating barriers or concerns that prevent instructions being understood and reactions being interpreted during a vocational assessment.

Components of the vocational assessment include:

- **Purpose –** the RTW Services provider must tailor vocational assessments to the specific needs of the worker and referring party.
- **Referral details –** all relevant information should be supplied by the requestor including medical reports, current medical certificate, a job analysis, rehabilitation progress reports, previous functional and vocational assessments, and relevant medical investigations.
- **Informed consent –** the provider must inform the worker of the purpose and requirements of the assessment, and their obligations, and obtain the worker's written authority prior to the assessment.
- **Subjective (history) –** includes education and work history to identify transferable skills and educational restrictions.
- **Objective assessment –** a dynamic process in which the provider makes professional, vocational judgments based on data gathered during the evaluation. The assessment should include but not be restricted to the worker's cognitive skills, aptitude, personality, and vocational interests/preferences that are relevant to the worker and the current job market.

- **Recommendations –** should include possible work goals that are realistic and achievable; and where necessary, strategies to achieve such goals.

The fee is charged at an hourly rate (pro-rata) with the number of hours negotiated with the insurer prior to providing the report.

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Job Seeking Skills Assessment (Item number 300166)

A job seeking skills assessment is used to identify a worker's transferable skills to enable realistic work goals to be set for the worker. The assessment may also identify possible barriers to return to work. Generally, the initial consultation will take between one (1) and two (2) hours, based on direct contact time with the worker (there may be cases where longer than two (2) hours of direct contact with the worker is required for assessment.) The time is to be negotiated with the insurer prior to delivery.

Communication with the worker regarding this service (when not of an administrative nature) is invoiced under this number.

The fee is charged at an hourly rate (pro-rata) with the number of hours negotiated with the insurer.

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Job Preparation Services (Item number 300168)

Provides workers with the skills and tools to find a job. For example:

- development of a current resume or cover letter
- presentation skills for interview e.g. appropriate dress, social skills, voice projection
- interview preparation—how to answer interview questions, selling your skills in an interview and role playing
- guidance on how to search for employment (excluding services covered under job placement services)
- counselling to address barriers to achieve new vocational goals and set realistic and achievable work goals in the current job market and within the limitations of the system.

Communication with the worker regarding this service (when not of an administrative nature) is invoiced under this number.

The fee is charged at an hourly rate (pro-rata) with the number of hours negotiated with the insurer. For future provision of job preparation services, the provider may be required to complete a job seeking initial consultation report for approval by the insurer.

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Job Placement Service – New employer (Item number 300212)

Provides practical one-on-one assistance and support for a worker to source and facilitate suitable durable employment within their local job market. This service may include:

- intensive job search activities with guidance
- assistance applying for jobs (excluding resume and cover letter writing)
- worker and employer liaison (when not of an administrative nature)

- placing a worker in WorkCover's Recover at Work program with a view to a durable return to work outcome.

There must be evidence of worker participation—for example, a job search activity diary completed by the worker to demonstrate their commitment to the agreed job search goals.

The fee is charged at an hourly rate (pro-rata) with the number of hours negotiated with the insurer.

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Return to Work Facilitation (Item number 300164)

Return to work facilitation should assist the worker to return to the workplace where there are barriers preventing smooth return to work and includes:

- engaging in discussions with an injured worker and employer to identify and address barriers, and develop strategies for a successful return to work
- development of a RTW plan
- development of a plan to address barriers
- discussions with employers to assist identification of suitable duties
- worker and employer liaison
- documenting a worker's progress and outcomes.

This may also include communication with a worker and employer to establish an updated suitable duties program where no worksite assessment or job placement services are required i.e. where no other service item number applies.

This excludes general communication relating to return-to-work services, or communication relating to worksite assessment, job placement services, job preparation services or job seeking skills assessments. Please refer to the appropriate item numbers for these services.

This may be used for the development of a RRTW plan according to the worker's individual needs and presentation. Please check with the insurer on specific requirements. For WorkCover Queensland, you can refer to https://www.worksafe.qld.gov.au/rehabilitation-and-return-to-work/our-accredited-rehabilitation-and-return-to-work-program/workcover-queenslands-rehabilitation-and-return-to-work-plan for more information.

This may also include face-to-face or electronic file reviews for the insurer.

Workplace Facilitated Discussions (Item number 300413)

A workplace facilitated discussion is a meeting conducted by an approved, suitably qualified, and accredited return to work services provider to resolve significant barriers in the workplace and support workers and employers in their return to work efforts. The discussion is facilitated in a supported environment to support the worker and their employer in agreeing on a plan for a healthy and safe return to work.

This service is delivered by a return to work services provider who is accredited and appropriately qualified to moderate the discussions.

Parties generally involved in a workplace facilitated discussion can include the worker, their support person, the employer, their line manager and/or supervisor and treating medical and allied health providers if desired.

When is a facilitated discussion suitable?

- Resolving workplace disagreements and repairing and/or maintaining relationships.
- Support the development of Suitable Duties Programs or Return to Work Plans.
- Facilitated agreement on recovery strategies and expectations resetting.

For WorkCover Queensland, you can refer to Workplace Facilitated Discussions for more information.

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Job Placement Service – Work hardening (Item number 300213)

Provides practical one-on-one assistance and support to source and place a worker in a suitable temporary job placement matching their medical restrictions. This service would be appropriate where a worker is temporarily unable to return to their current employer due to their current medical restrictions. This service may include:

- job search activities with guidance
- worker and employer liaison (when not of an administrative nature)
- placing a worker in WorkCover's Recover at Work program.

There must be evidence of worker participation—for example, a job search activity diary completed by the worker to demonstrate their commitment to the agreed job search goals.

The fee is charged at an hourly rate (pro-rata) with the number of hours negotiated with the insurer.

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External Case Management (Item number 300295)

External case management services would only be required in a very limited number of situations—for example interstate cases or very serious / catastrophic injuries where the insurer requires specialised skills of the provider. The insurer will determine the needs on a case-by-case basis. A provider may be requested to provide case management for the entirety or for a portion of the worker's claim.

External case management may require the provider to co-ordinate equipment prescription, assistive technology, and/or home modifications for the worker. It also requires the development of non-medical strategies in consultation with the employer, worker, treating medical practitioner, allied health professional and insurer to assist the worker's return to the workplace, in keeping with their level of functional recovery.

Fee is charged at an hourly rate (pro rata) with the number of hours negotiated with the insurer.

Services must be provided by a person who has the appropriate skills and demonstrated experience in this area to a level acceptable to the insurer.

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