

# Speech Pathology Services Table of Costs

Effective 1 July 2026

## Speech Pathology Services Table of Costs

### Quick reference table – Common Item Numbers

Item number	Description (High level)	Insurer prior approval required	Fee – GST not included
700051	Initial Consultation	No	\$231/hr (pro-rata)
700053	Subsequent Consultation	Yes (see table below)	\$231/hr (pro-rata)
700226	Independent Case Review	At the request of the insurer	\$288/hr (pro-rata)



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

Item number / service	Description
<a href="#">700051</a> <b>Initial Consultation</b>	<p>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.</p>
<b>Insurer prior approval required</b> No	<p>Services to be conducted in accordance with the Clinical Framework for the Delivery of Health Services<sup>2</sup>.</p>
<b>Fee – GST not included<sup>1</sup></b> \$231 per hour (charged as a fraction of an hour)	<p>Initial consultation may include:</p> <ul style="list-style-type: none"> <li>• subjective assessment</li> <li>• objective assessment</li> <li>• treatment/service</li> <li>• tailored goal setting and treatment planning</li> <li>• setting expectations of recovery and return to work</li> <li>• clinical recording</li> <li>• communication with the referrer and insurer about any relevant information for the worker's rehabilitation.</li> </ul> <p><b>Maximum one (1) hour.</b></p>

### 700053 Subsequent Consultation

Insurer prior approval required Yes

Fee – GST not included<sup>1</sup> \$231 per hour (charged as a fraction of an hour)

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

Any additional treatment required beyond the initial consultation will require the submission of a Provider Management Plan<sup>3</sup> (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<sup>2</sup>.

Subsequent consultation may include:

- ongoing assessment (subjective and objective)
- intervention/treatment
- setting expectations of recovery and return to work
- clinical recording
- communication with the referrer and insurer about any relevant information for the worker's rehabilitation.
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**Maximum one (1) hour.**

### 700226 Independent Case Review

Insurer prior approval required At the request of the insurer

Fee – GST not included<sup>1</sup> \$288 per hour (charged as pro-rata as a fraction of an hour)

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

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. The [Provider Management Plan](#) (PMP) template is available on the WorkCover Queensland website

## Who can provide speech pathology services to workers?

All speech pathology services performed must be provided by a speech pathologist who has a current registration with Speech Pathology Australia.

### Consultations (Item numbers 700051, 700053)

For an accepted claim, the insurer will pay the cost of an initial consultation, however not for an initial and subsequent consultation on the same day unless in exceptional circumstances, as approved by the insurer.

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

Consultations may include the following elements:

- **Subjective (history) assessment** – consider major symptoms and lifestyle dysfunction; current/past history and treatment; pain; aggravating and relieving factors; general health; medication; risk factors and key functional requirements of the worker’s job.
- **Objective (physical) assessment** – use appropriate procedures and tests to assess communication—including speech, writing, reading, signs, symbols, and gestures—and/or difficulties swallowing food and drink.
- **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 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. Advise on home/workplace care, including any exercise programs to be followed.
- **Clinical recordings** – record information in the worker’s clinical records, including the purpose and results of procedures and tests.
- **Communication with the referrer and insurer** – 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.

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## Independent Case Review (Item number 700226)

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

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