

# Independent Medical and Allied Health Services

## **Table of Costs**

Effective 1 January 2026

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## Table of Costs

### Rules for use

For WorkCover Queensland (WorkCover) claims, independent medical and allied health services are delivered by approved providers on the current Medical and Allied Health Services (MAHS) panel.

MAHS panel providers deliver independent services to support decision-making on matters such as causation, diagnosis, functional capacity, surgery requests, appropriate treatment or medication, pre-existing or co-existing conditions, and rehabilitation needs to support a worker's recovery and return to work.

In limited circumstances, WorkCover may engage suitably qualified non-panel providers who meet WorkCover's fees and service delivery requirements.

Independent medical and allied health services are arranged at the insurer's request only.

For information on treating medical and allied health service fees, please refer to the relevant Table of Costs under [Fees](#) our website.

## Independent Medical Services

Description	Insurer prior approval required	Item no.	Timeframes	Fee – GST Not included
<b>Independent Medical Examinations (IME)</b>				
<b>IME Standard - Physical</b> Examination and report, including pre-reading up to 150 pages.	At the request of the insurer	100830	Received by insurer within 10 working days	\$1760
		100831	Received by insurer after 10 working days	\$1056
<b>IME Standard – Psychiatric</b> Examination and report, including pre-reading up to 150 pages.	At the request of the insurer	100840	Received by insurer within 10 working days	\$2160
		100841	Received by insurer after 10 working days	\$1296

<b>IME Complex – Physical</b>				
Examination and report, including pre-reading up to 150 pages.		100832	Received by insurer within 10 working days	\$2024
Referral criteria:		100833	Received by insurer after 10 working days	\$1214
<ul style="list-style-type: none"> <li>- Request to establish causation</li> <li>- Assessment of multiple injuries in more than one body region</li> <li>- Initial physical IME for claim duration &gt;12 months</li> <li>- Request to review spinal surgery or chronic pain conditions</li> </ul>	At the request of the insurer			
<b>IME Complex – Psychiatric</b>	At the request of the insurer	100842	Received by insurer within 10 working days	\$2484
Examination and report, including pre-reading up to 150 pages.		100843	Received by insurer after 10 working days	\$1490
Referral criteria:				
<ul style="list-style-type: none"> <li>- Request to establish causation</li> <li>- Assessment of multiple distinct psychological injuries</li> <li>- Initial psychiatric IME for claim duration &gt;12 months</li> </ul>				
<b>Permanent Impairment (PI) Assessments</b>				
<b>PI Assessment – Physical</b>	At the request of the insurer	100834	Received by insurer within 10 working days	\$1936
Examination and report assessing permanent impairment in accordance with the <a href="#">Queensland Guidelines for Evaluation of Permanent Impairment</a> , including pre-reading of up to 150 pages.		100835	Received by insurer after 10 working days	\$1162
<b>PI Assessment – Psychiatric</b>	At the request of the insurer	100844	Received by insurer within 10 working days	\$2376
Examination and report assessing permanent impairment in accordance with the <a href="#">Queensland Guidelines for Evaluation of Permanent Impairment</a> , including pre-reading of up to 150 pages.		100845	Received by insurer after 10 working days	\$1426
<b>Loading Fees</b>				
<b>PI Body Region Loading</b>	No	100823		10% of relevant service fee
Additional loading fee for IME and PI services with <b>three (3) or more injuries</b> across <b>more than one (1) body region</b> .				
<b>Interpreter Loading</b>	No	100816		15% of relevant service fee
Additional loading fee for IME and PI services requiring interpreter assistance.				

<b>Regional Loading</b>	No	100323		10% of relevant service fee
Additional loading fee for IME and PI services delivered in regional, rural and remote locations.				
<b>Paper-Based Reviews</b>				
<b>Paper-Based Review - Standard</b>	At the request of the insurer	100822	Received by insurer within 3 working days	\$572 per hour (pro-rata in 5-minute increments)
A brief review of medical information addressing <b>1 - 3 questions</b> to provide interpretation, explanation or guidance.				
<b>Paper-Based Review - Complex</b>	At the request of the insurer	100815	Received by insurer within 10 working days	\$572 per hour (pro-rata in 5-minute increments)
A detailed review of medical information addressing <b>4 - 6 questions</b> to provide interpretation, explanation or guidance.				
<b>ILO Report</b>	At the request of the insurer	100818	Received by insurer within 10 working days	\$185
Chest x-ray review and report conducted according to <a href="#">ILO Classification Guidelines</a> to assess occupational lung diseases.				
	At the request of the insurer	100819	Received by insurer after 10 working days	\$111
<b>Ancillary Services</b>				
<b>Supplementary Report – Short</b>	At the request of the insurer	400603	Received by insurer within 10 working days	\$268
A written response to <b>1 – 3 questions</b> from the insurer seeking further information following an IME or PI report.				
<b>Supplementary Report – Long</b>	At the request of the insurer	400602	Received by insurer within 10 working days	\$444
A written response to <b>4 - 6 questions</b> from the insurer seeking further information following an IME or PI report.				
<b>Additional Reading Time</b>	Yes	100805		\$536 per hour (pro-rata in 5-minute increments)
Additional reading time required for IME and PI services with 151+ pages of referral documentation.				
<b>Non-Attendance or Cancellation Fee – Physical</b>	No	100325		\$391
Cancellation or non-attendance of an IME or PI service with less than <b>3 working days' notice</b> or <b>5 working days' notice</b> for regional locations.				

<b>Non-Attendance or Cancellation Fee – Psychiatric</b>	No	100305	\$491
Cancellation or non-attendance of an IME or PI service with less than <b>3 working days’ notice</b> or <b>5 working days’ notice</b> for regional locations.			

## Independent Allied Health Services

Description	Insurer prior approval required	Item no.	Timeframes	Fee – GST NOT included
<b>Dental</b>				
<b>Paper-Based Review – Standard</b> A brief review of clinical information addressing <b>1 - 3 questions</b> to provide interpretation, explanation or guidance.	At the request of the insurer	100930	Received by insurer within 3 working days	\$530 per hour (pro-rata in 5-minute increments)
<b>Paper-Based Review – Complex</b> A detailed review of clinical information addressing <b>4 - 6 questions</b> to provide interpretation, explanation or guidance.	At the request of the insurer	100931	Received by insurer within 10 working days	\$530 per hour (pro-rata in 5-minute increments)
<b>Neuropsychology</b>				
<b>Independent Examination</b> Examination and report, including pre-reading up to 150 pages.	Prior approval of service hours required by insurer	100910	Received by insurer within 10 working days	\$300 per hour (pro-rata in 5-minute increments)
<b>Paper-Based Review – Standard</b> A brief review of clinical information addressing <b>1 - 3 questions</b> to provide interpretation, explanation or guidance.	At the request of the insurer	100911	Received by insurer within 3 working days	\$300 per hour (pro-rata in 5-minute increments)
<b>Paper-Based Review – Complex</b> A detailed review of clinical information addressing <b>4 - 6 questions</b> to provide interpretation, explanation or guidance.	At the request of the insurer	100912	Received by insurer within 10 working days	\$300 per hour (pro-rata in 5-minute increments)
<b>Physiotherapy (Fellow)</b>				
<b>Paper-Based Review – Standard</b> A brief review of clinical information addressing <b>1 - 3 questions</b> to provide interpretation, explanation or guidance.	At the request of the insurer	100901	Received by insurer within 3 working days	\$415 per hour (pro-rata in 5-minute increments)

<p><b>Paper-Based Review – Complex</b></p> <p>A detailed review of clinical information addressing 4 - 6 questions to provide interpretation, explanation or guidance.</p>	At the request of the insurer	100902	Received by insurer within 10 working days	\$415 per hour (pro-rata in 5-minute increments)
<b>Pharmaceutical Reviews</b>				
<p><b>Liability Review</b></p> <p>A targeted medication review and report, including consultation with treating providers where required.</p>	At the request of the insurer	100920	Received by insurer within 3 working days	\$300 per hour (pro-rata in 5-minute increments)
<p><b>Comprehensive Medication Review</b></p> <p>A detailed medication review and report, including a Medication Management Plan (MMP) and consultation with treating providers where required.</p>	At the request of the insurer	100921	Received by insurer within 10 working days	\$300 per hour (pro-rata in 5-minute increments)

## Service conditions

Services provided to workers are subject to the following conditions:

- **Prior approval** – approval must be obtained for any service requiring prior approval from the insurer.
- **Approval for other services** – for services not outlined in the table of costs, prior approval from the insurer is required.
- **Hourly rates** – to be billed pro-rata in 5-minute increments.
- **Payment** – accounts for services must be sent to the insurer promptly, and within two (2) months after the service is completed.

Fees listed in the Independent Medical and Allied Health Services Table of Costs do not include GST. Refer to the [Australian Taxation Office](#) or your tax advisor if GST is applicable.

## Referral documentation

Independent medical and allied health providers are expected to review all material provided or approved by the insurer before conducting an examination or review.

If relevant medical information is missing from the referral documentation, the provider may request it from the insurer. If the information cannot be obtained, the provider should clearly note this in their report.

Providers should contact the insurer if:

- Additional material or investigations are required to ensure findings, opinions and recommendations are fair and complete
- Clarification of the referral request is needed (e.g. where the reason for referral or questions are unclear)
- The volume or nature of documentation supplied appears excessive or unnecessary for the purposes of the referral.

Referral documentation will be provided by the insurer **10 days prior** to the scheduled appointment. Where referral documentation has not been received within this timeframe, the provider should contact the insurer and may choose to reschedule or cancel the appointment if the documents are not received within a reasonable timeframe.

## Independent Medical Examinations (Items 100830, 100831, 100832, 100833, 100840, 100841, 100842, 100843)

An Independent Medical Examination (IME) is an assessment and report completed by an appropriately qualified medical specialist for the purpose of providing an independent opinion on specific medical aspects of a worker's injury. The IME must address the questions in the referral and support decision-making regarding diagnosis, causation, capacity, treatment, and recovery timeframes.

The IME fee includes:

- An in-person or telehealth examination
- Preparation and provision of a written report
- Review of supplied referral documentation up to 150 pages

Administrative tasks related to the completion of an IME service are not billable. E.g. Scheduling, printing, submitting final report.

The examination duration must be sufficient to allow a fair, objective and comprehensive assessment of the worker's condition. In exceptional circumstances, where a comprehensive assessment cannot be completed within a standard consultation, the provider should contact the insurer to discuss requirements for additional consultation time.

Telehealth may be used when an in-person examination cannot reasonably be arranged due to location, accessibility, availability or other barriers, and only where it does not limit the provider's ability to conduct a comprehensive assessment or affect their findings, opinions or recommendations.

Where referral documentation exceeds 150 pages, additional reading time may be approved and billed separately in accordance with the relevant fee schedule.

### Complex criteria

A complex IME service can be billed when **one or more** of the following criteria are met:

- Request to establish causation:
  - o The referral requires an opinion on whether employment significantly contributed to the diagnosed condition. Therefore, the assessment requires analysis of competing causes, pre-existing conditions, and/or differential diagnoses.
- Multiple injuries in more than one body region:
  - o The referral requires assessment of multiple, clinically significant work-related injuries affecting separate anatomical body regions. *E.g. Cervical spine and shoulder; shoulder and knee; lumbar spine and ankle.*
  - o Conditions must require separate examination and independent analysis.
- Multiple distinct psychological injuries:
  - o The assessment involves more than one work-related psychiatric condition in separate diagnostic categories that require separate consideration. *E.g. Major depressive disorder and post-traumatic stress disorder (PTSD).*
- Initial IME for claims >12 months duration:
  - o For physical injuries, the first physical IME occurs more than 12 months after the date of injury and requires review of a prolonged medical, diagnostic and treatment history.
  - o For psychological injuries, the first psychiatric IME occurs more than 12 months after the date of injury and requires review of a prolonged medical, diagnostic and treatment history.
- Request to review spinal surgery or chronic pain interventions:
  - o The referral requires assessment and opinion regarding a request for spinal surgery by a neurosurgeon or orthopaedic spine specialist.
  - o The referral requires assessment and opinion regarding a chronic pain condition by a specialist pain physician.

### IME report requirements

IME reports must include:

- History of the reported event/injury
- Details of treatment history, including medication
- Worker's background, including:
  - o Relevant medical history
  - o Social and personal history
  - o Educational and employment history
  - o Psychiatric reports must also include developmental and substance use history
- Clinical examination findings
- Results of investigations
- Work-related diagnosis

- Prognosis
- Response to specific insurer questions

Reports must answer all report template questions in plain language that is easy to read, understand, and use. If a report does not comply, the insurer may request clarification and further details before payment for the report is processed.

## Permanent Impairment Assessments (Items 100834, 100835, 100844, 100845)

A Permanent Impairment (PI) assessment is an examination and report assessing permanent impairment (PI) using:

For injuries **on or after 15 October 2013**:

- [Queensland's Guidelines for Evaluation of Permanent Impairment, Second edition](#) (the Queensland Guide); and
- American Medical Association Guides 5th Edition (AMA5).

For injuries **before 15 October 2013**:

- American Medical Association Guides 4th Edition (AMA4)
- the Table of injuries schedule 2 ([Regulation 2003 s92](#))

The PI assessment fee includes:

- An in-person or telehealth examination
- Preparation and provision of a written report
- Review of supplied referral documentation up to 150 pages

Administrative tasks related to the completion of a PI service are not billable. E.g. Scheduling, printing, submitting final report.

The examination duration must be sufficient to allow a fair, objective and comprehensive assessment of the worker's condition. Telehealth may be used when an in-person examination cannot reasonably be arranged due to location, accessibility, availability or other barriers, and only where it does not limit the provider's ability to conduct a comprehensive assessment or affect their findings, opinions or recommendations.

The PI fee includes:

- An in-person or telehealth examination
- Preparation and provision of a written report
- Review of supplied referral documentation up to 150 pages

Administrative tasks related to the completion of a PI service are not billable e.g. scheduling, printing, submitting final report.

Where referral documentation exceeds 150 pages, additional reading time may be approved and billed separately in accordance with the relevant fee schedule.

### PI report requirements

As part of legislation changes to the [Workers' Compensation and Rehabilitation Act 2003](#), for injuries sustained after 15 October 2013, a trained assessor must determine impairment under [the Queensland Guide](#). In these guidelines there are strict requirements for the content of the report.

A PI report should include the following information:

- Past medical history
- Clinical examination findings
- Investigations undertaken for the work-related injury/ies
- Diagnosis of the work-related injury/ies being assessed
- Stabilisation of injuries, including any injuries that are not stable or stationary
- Impairment assessment performed according to the methodology outlined in the relevant chapter of [the Queensland Guide](#), including justification, calculations and any graphs, tables or diagrams used.
- List and apportionment of pre-existing impairments or injuries relevant to the injury/ies being assessed
- Percentage of Whole Person Impairment (WPI) attributed to each injury and the combined total Degree of Permanent Impairment (DPI) using the Combined Values Chart.

An **approved report template** for permanent impairment assessments can be found [here](#).

Reports must answer all report template questions in plain language that is easy to read, understand, and use. If a report does not comply, the insurer may request clarification and further details before payment for the report is processed.

### PI Body Region Loading (Item 100823)

A PI body region loading fee is payable in addition to IME or PI fees when the insurer requests a permanent impairment assessment of **three (3) or more injuries** across **more than one (1) body region**.

Where additional body regions are assessed beyond the first two (2), an additional loading fee may be charged for each additional body region (e.g. 20%, 30%, etc).

Body regions are aligned to the body systems outlined in each chapter of [the Queensland Guide](#).

For example:

Assessable injuries	No. of injuries / body regions	Applicable loading
Right shoulder Left shoulder Left elbow	Three injuries One body region (upper extremity)	No loading applied
Cervical spine Left shoulder	Two injuries Two body regions (spine and upper extremity)	No loading applied
Right hip Right knee Lumbar spine	Three injuries Two body regions: Lower extremity and spine	10% loading applied
Left wrist Left shoulder Traumatic brain injury Laceration with scarring	Four injuries Three body regions (upper extremity, nervous system and skin)	20% loading applied
Right shoulder Right hip Lumbar spine Complex regional pain syndrome	Four injuries Four body regions (upper extremity, lower extremity, spine and chronic pain)	30% loading applied

### Interpreter Loading (Item 100816)

An interpreter loading fee is payable for IME and PI services when additional time is required to conduct an IME or PI service due to the assistance of a qualified interpreter.

The interpreter loading is applied to the total IME or PI service fee, inclusive of additional PI body region loading fees.

**For example:**

PI Assessment – Physical Fee	\$1936
20% PI Body Region Loading Fee	\$387.20
<b>Sub Total</b>	<b>\$2323.20</b>
15% Interpreter Loading Fee	\$348.48
<b>Total PI service fee</b>	<b>\$2671.68</b>

### Regional Loading (Item 100323)

A regional loading fee is payable for IME and PI services delivered in regional, rural and remote locations classified as MM 2 to MM 7 under the Department of Health’s [Modified Monash Model](#).

The [Health Workforce Locator](#) can be used to confirm current location classifications.

The regional loading fee applies to the **base IME or PI service fee only**, exclusive of all other loadings and must not be included when calculating additional loadings (e.g. PI body region loading or interpreter loading).

**For example:**

PI Assessment – Physical Fee	\$1936
10% PI Body Region Loading	\$193.60
<b>Sub Total</b>	<b>\$2129.60</b>
15% Interpreter Loading	\$319.44
<b>Sub Total</b>	<b>\$2449.04</b>
10% Regional Loading	+ \$193.60 (exclusive of other loading fees)
<b>Total PI service fee</b>	<b>\$2642.64</b>

### Paper-Based Reviews (100815, 100822, 100901, 100902, 100911, 100912, 100930, 100931)

A paper-based review is a desktop review of clinical information with the purpose of providing interpretation, explanation or guidance on specific medical and rehabilitation aspects of a worker’s injury.

Paper-based review fees are charged at an hourly rate and include the review of all supplied referral documentation, as well as preparation and provision of the written report.

Administrative tasks associated with paper-based reviews are not billable. E.g. Printing, submitting final report.

Hourly rates must be charged pro-rata in 5-minute increments. All invoices must specify the total time taken to complete the service and the corresponding fee.

The service offerings for paper-based reviews include:

#### **Standard review**

A brief review of clinical information addressing **1 - 3 questions** with a written response provided to the insurer within **three (3) working days**.

#### **Complex review**

A detailed review of clinical information addressing **4 – 6 questions** with a written response provided to the insurer within **ten (10) working days**.

### **ILO Report (Items 100818, 100819)**

Chest x-ray review and associate ILO report conducted according to [ILO Classification Guidelines](#).

Review and report must be performed by a single qualified, NIOSH accredited B-reader.

### **Supplementary Reports (Items 400603, 400602)**

Supplementary reports are requested when additional information is needed following an IME or PI service.

A supplementary report is at the request of the insurer only.

#### **Short supplementary report**

Written responses to insurer's limited number of questions (1 -3) seeking further information following an independent medical examination or permanent impairment report. They may:

- be requested for additional opinion on new medical information or treatment recommendations
- exclude requests for additional clarification where report questions have not been answered in the initial report
- exclude requests for clarification of assessment results or subsequent amendments to these results.

#### **Long supplementary report**

*Should be requested in limited instances.*

Written responses to insurer's limited (4 -6) seeking further information following an independent medical examination or permanent impairment report. They may:

- be requested for additional opinion on new medical information or treatment recommendations
- exclude requests for additional clarification where report questions have not been answered in the initial report

- exclude requests for clarification of assessment results or subsequent amendments to these results.

### Additional Reading Time (Item 100805)

Additional reading time is payable for any reading required for IME and PI services beyond the included 150 pages.

Administrative tasks such as printing or organising referral documentation are not included.

Additional reading time only applies to reviewing material provided or approved by the insurer in preparation for an IME or PI service.

Pre-approval of additional reading time must be requested from the insurer.

Hourly rates for reading time are to be charged pro-rata per 5 mins. All invoices must clearly state the time taken and the corresponding fee.

### Non-Attendance or Cancellation Fee (Items 100325, 100305)

A non-attendance or cancellation fee is payable when:

- An IME or PI service is cancelled, not kept, or cannot be completed; and
- Less than **3 working days'** notice is given, or less than **5 working days'** notice for regional locations; and
- The appointment is not filled.

Regional locations are classified as MM 2 to MM 7 under the Department of Health's [Modified Monash Model](#).

The [Health Workforce Locator](#) can be used to confirm current location classifications.

### Independent Neuropsychology Examination (100910)

An Independent Neuropsychology Examination is an assessment and report completed by an endorsed clinical neuropsychologist for the purpose of providing an independent opinion on the neuropsychological aspects of a worker's injury.

Independent Neuropsychology Examinations include:

- A standard neuropsychological assessment; and
- A subsequent report addressing questions referred by the insurer and to support treating provider decision-making regarding:
  - o diagnosis
  - o cognitive strengths and weaknesses
  - o return to work capacity
  - o treatment
  - o recovery timeframes.

The Independent Neuropsychology Examination fee includes:

- An in-person or telehealth examination
- Completion of the appropriate neuropsychology assessments
- Preparation and provision of a written report.

The Independent Neuropsychology Examination fee is billed at an hourly rate (in 5-minute increments) up to a **maximum of six (6) hours** in total time. Please contact the insurer where the total time is expected to be greater than six (6) hours.

Administrative tasks related to the completion of an Independent Neuropsychology Examination services are not billable. E.g. Scheduling, printing, submitting final report.

Cancellation fees for a scheduled Independent Neuropsychology Examination should be discussed with the insurer on a case-by-case basis and are subject to pre-approval.

## Pharmaceutical Review (Items 100920, 100921)

A pharmaceutical review is a desktop review of a worker's medications to provide explanation, guidance and/or risk identification related to medication prescription and use.

Pharmaceutical reviews are charged at an hourly rate and include the review of clinical documentation, provision of the written report, and consultation with treating providers, workers and/or insurer where required.

Administrative tasks associated with paper-based reviews are not billable. E.g. Printing, submitting final report.

Hourly rates must be charged pro-rata in 5-minute increments. All invoices must specify the total time taken to complete the service and the corresponding fee.

The service offerings for pharmaceutical reviews include:

### Liability review

A targeted medication review with a written response provided to the insurer within **three (3) working days**.

### Comprehensive medical review

A detailed medication review with a written response, including a Medication Management Plan (MMP), provided to the insurer **within ten (10) working days**.

## Further assistance

Contact the relevant insurer for **claim-related queries** such as:

- payment of invoices and account enquiries
- claim numbers or status
- rehabilitation status.

For queries relating to the **Medical and Allied Health Services (MAHS) panel**, contact Provider Partnerships at [ProviderEngagement@workcoverqld.com.au](mailto:ProviderEngagement@workcoverqld.com.au), including:

- panel appointment
- service expectations
- escalations.

More information for [service providers](#) is available on our website. If you require further information, call us on 1300 362 128.

# WorkCover

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