

WorkCover

QUEENSLAND

Return to Work (RTW) Services Table of Costs

Effective 1 July 2021

Return to Work (RTW) Services

Table of Costs

ITEM NUMBER / SERVICE	DESCRIPTION
300210 RTW Communication - 3 to 10 mins Insurer prior approval required No Fee – GST not included ¹ \$32	<p>Communication by a provider who has received a referral from an insurer for the following services:</p> <ul style="list-style-type: none"> - worksite assessment/evaluation - development of suitable duties program or updated program - functional capacity evaluation - vocational assessment - job seeking, job preparation or - job placement services. <p>Direct communication between a provider and insurer, employer, insurer referred allied health provider and doctors to assist with faster, more effective rehabilitation and return to work for a worker.</p> <p>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.</p> <p>A written record of the communication details including date, time, and duration should be kept</p> <p>The insurer may request evidence of communication at any time.</p> <p>For WorkCover Queensland claims, only an approved RTW Services provider can provide this service.**</p>

ITEM NUMBER / SERVICE	DESCRIPTION
<p>300211</p> <p>RTW Communication - 11 to 20 mins</p> <p>Insurer prior approval required No</p> <p>Fee – GST not included¹ \$63</p>	<p>Communication by a provider who has received a referral from an insurer for the following return to work services:</p> <ul style="list-style-type: none"> - worksite assessment/evaluation - development of suitable duties program or updated program - functional capacity evaluation - vocational assessment - job seeking, job preparation or - job placement services. <p>Direct communication between a provider and insurer, employer, insurer referred allied health provider and doctors to assist with faster, more effective rehabilitation and return to work for a worker including the monitoring of suitable duties programs, communication with relevant stakeholders about a worker's progress or issues related to an existing suitable duties program.</p> <p>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.</p> <p>A written record of the communication details including date, time and duration should be kept.</p> <p>The insurer may request evidence of communication at any time.</p> <p>For WorkCover Queensland claims, only an approved RTW Services provider can provide this service.**</p>
<p>300102</p> <p>Initial Suitable Duties Program (SDP)</p> <p>Insurer prior approval required Yes</p> <p>Fee – GST not included¹ \$94</p>	<p>Documentation of suitable duties for a worker, detailing specific information necessary for a safe and effective return to the workplace.</p> <p>For WorkCover Queensland claims, only an approved RTW Services provider can provide this service.**</p>
<p>300084</p> <p>Updated Suitable Duties Program (SDP)</p> <p>Insurer prior approval required Yes</p> <p>Fee – GST not included¹ \$63</p>	<p>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.</p> <p>For WorkCover Queensland claims, only an approved RTW Services provider can provide this service.**</p>

ITEM NUMBER / SERVICE		DESCRIPTION
300082		Prior approval is required before providing the service.
Case Conference		Face-to-face or phone communication involving the treating provider, insurer and one or more of the following:
Insurer prior approval required	Yes	<ul style="list-style-type: none"> - treating medical practitioner or specialist - employer or employee representative - worker - allied health providers; or - other.
Fee – GST not included¹	\$189 per hour (charged pro-rata as a fraction of an hour)	
300086		A written report providing a brief summary of the worker's progress towards recovery and return to work.
Progress Report		
Insurer prior approval required	At the request of the insurer	
Fee – GST not included¹	\$63	
300088		A written report used for conveying relevant information about a worker's work-related injury or condition where the case or service is not extremely complex or where responses to a limited number of questions have been requested by the insurer.
Standard Report		
Insurer prior approval required	At the request of the insurer	
Fee – GST not included¹	\$160	
300090		A written report only used where the case and services are extremely complex. Hours to be negotiated with the insurer prior to providing the report.
Comprehensive Report		
Insurer prior approval required	At the request of the insurer	
Fee – GST not included¹	\$189 per hour (charged as pro-rata as a fraction of an hour)	

ITEM NUMBER / SERVICE		DESCRIPTION
300091		<p>Prior approval is required for travel of more than one (1) hour.</p> <p>Travel charges are applicable when the RTW Services provider is required to leave their normal place of practice to provide services to a worker at a:</p> <ul style="list-style-type: none"> - rehabilitation facility - hospital - workplace, or - their place of residence (worker must be certified unable to travel). <p>Please note: Where multiple workers are being provided services 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.</p> <p>Travel is not payable where:</p> <ul style="list-style-type: none"> - the RTW Services provider does not have (or is employed by a business that does not have) a commercial place of business for the delivery of services (e.g. mobile practice) - the travel is between clinics owned and/or operated by the RTW Services provider or their employer - a RTW Services provider or their employer have multiple clinics, travel is only payable from the clinic closest to the location of services. <p>For WorkCover Queensland claims, only an approved RTW Services provider can provide this service.**</p>
Travel - RTW		
Insurer prior approval required	Yes	
Fee - GST not include ¹	\$140 per hour (charged as a fraction of an hour)	
300158		<p>Systematic process using the workplace to estimate work potential and work behaviour. Includes ergonomic assessments.</p> <p>For WorkCover Queensland claims, only an approved RTW Services provider can provide this service.**</p>
Workplace Evaluation/Assessment		
Insurer prior approval required	At the request of the insurer	
Fee - GST not included ¹	\$189 per hour (charged pro-rata as a fraction of an hour)	
300160		<p>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.</p> <p>For WorkCover Queensland claims, only an approved RTW Services provider can provide this service.**</p>
Functional Capacity Evaluation (FCE)		
Insurer prior approval required	At the request of the insurer	
Fee - GST not included ¹	\$189 per hour (charged as pro-rata as a fraction of an hour)	

ITEM NUMBER / SERVICE		DESCRIPTION
300162		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.
Vocational Assessment and Report*		
Insurer prior approval required	At the request of the insurer	For WorkCover Queensland claims, only an approved RTW Services provider can provide this service.**
Fee – GST not included¹	\$189 per hour (charged as pro-rata as a fraction of an hour)	
300164		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.
Return to Work Facilitation		
Insurer prior approval required	Yes	For WorkCover Queensland claims, only an approved RTW Services provider can provide this service.**
Fee – GST not included¹	\$189 per hour (charged as pro-rata as a fraction of an hour)	
300166		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.
Job Seeking Skills Assessment - Initial*		
Insurer prior approval required	Yes	For WorkCover Queensland claims, only an approved RTW Services provider can provide this service.**
Fee – GST not included¹	\$189 per hour (charged as pro-rata as a fraction of an hour)	
300168		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.
Job Preparation Services*		
Insurer prior approval required	Yes	For WorkCover Queensland claims, only an approved RTW Services provider can provide this service.**
Fee – GST not included¹	\$189 per hour (charged as pro-rata as a fraction of an hour)	

ITEM NUMBER / SERVICE	DESCRIPTION
<p>300212</p> <p>Job Placement Services - New Employer*</p> <p>Insurer prior approval required Yes</p> <p>Fee – GST not included¹ \$189 per hour (charged as pro-rata as a fraction of an hour)</p>	<p>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.</p> <p>For WorkCover Queensland claims, only an approved RTW Services provider can provide this service.**</p>
<p>300213</p> <p>Job Placement Services - Work Hardening Program*</p> <p>Insurer prior approval required Yes</p> <p>Fee – GST not included¹ \$189 per hour (charged as pro-rata as a fraction of an hour)</p>	<p>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.</p> <p>For WorkCover Queensland claims, only an approved RTW Services provider can provide this service.**</p>
<p>300295</p> <p>External Case Management</p> <p>Insurer prior approval required At the request of the insurer</p> <p>Fee – GST not included¹ \$189 per hour (charged as pro-rata as a fraction of an hour)</p>	<p>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.</p>

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

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

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

For WorkCover Queensland claims, RTW Services can only be delivered by approved members of the current RTW Services panel. Please contact WorkCover for further details.

For services provided outside of Queensland, WorkCover may refer to non-RTW Services panel providers.

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 and the RTW services they can provide.

WORKPLACE EVALUATION/ ASSESSMENT	FUNCTIONAL CAPACITY EVALUATION (FCE)	RETURN TO WORK FACILITATION	SUITABLE DUTIES PLAN	MONITORING SUITABLE DUTIES	VOCATIONAL ASSESSMENT	JOB SEEKING	JOB PREPARATION	JOB PLACEMENT SERVICES
Accredited Exercise Physiologist								
A person who is an Accredited Exercise Physiologist (AEP) with Exercise and Sports Science Australia (E.S.S.A).								
✓	✓	✓	✓	✓	x	✓*	✓*	✓*
Occupational Therapist								
A person registered as an occupational therapist with the Australian Health Practitioner Regulation Agency (AHPRA).								
✓	✓	✓	✓	✓	✓*	✓*	✓*	✓*
Physiotherapist								
A person registered as a Physiotherapist with the Australian Health Practitioner Regulation Agency (AHPRA).								
✓	✓	✓	✓	✓	x	✓*	✓*	✓*
Psychologist								
A person registered as a Psychologist with the Australian Health Practitioner Regulation Agency (AHPRA).								
✓	x	✓	✓	✓	✓*	✓*	✓*	✓*
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) or a full member of the Rehabilitation Counselling Association of Australasia (RCAA).								
✓	x	✓	✓	✓	✓*	✓*	✓*	✓*
Social Worker								
A person with a tertiary degree in social work.								
x	x	✓	✓	✓	✓*	✓*	✓*	✓*
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 to prepare for employment.								
x	x	x	x	x	x	✓*	✓*	✓*

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).						
✓	✓	✓	✓	✓	✓	✓*
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) or a full member of the Rehabilitation Counselling Association of Australasia (RCAA).						
✓	✓	✓	✓	✓	✓	✓*
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 to prepare for employment.						
✓	✗	✓	✓	✓	✓	✗

Service conditions

Services provided to workers are subject to the following conditions:

Approval for other services or sessions – approval must be obtained for any service requiring prior approval from the insurer before commencing services.

Service period – services will be deemed to have ended if there are no services for a period of two (2) calendar months.

End of services – all payments for services end where there is either no further medical certification, the presenting condition has been resolved, the insurer finalises/ceases the claim, the referred services have been provided, the worker is not complying with services or the worker has achieved maximum function. Please check with your insurer for any clarification.

Telehealth services

Telehealth services are only related to video consultations. Phone consultations are not covered under the current table of costs.

The following should be considered prior to delivering the service:

- Providers must consider the appropriateness of this mode of service delivery for each worker on a case-by-case basis i.e. the principles and considerations of good clinical care continue to be essential in telehealth services.
- Providers are responsible for delivering telehealth services in accordance with the principles of professional conduct and the relevant professional and practice guidelines to ensure that all care is taken to ensure the privacy, confidentiality, safety, appropriateness, and effectiveness of the service.
- As with any consultation, it is important to provide sufficient information to enable workers to make informed decisions regarding their care.
- All telehealth services require prior approval from the insurer and must be consented to by all parties – the worker, provider, and insurer.

For invoicing purposes telehealth services do not have specific item numbers and should be invoiced in line with the current item numbers and descriptors in above each table of costs.

The word 'Telehealth' must be noted in the comments section on any invoice submitted to the insurer when this service has been utilised.

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, functional capacity evaluation, vocational assessment, job seeking, job preparation, or job placement services.

The RTW Services provider is able to invoice for communication between the provider, insurer, treating allied health or medical providers to assist with faster and more effective rehabilitation and return to work for a specific worker, including the monitoring of suitable duties programs, and communication with relevant stakeholders about a worker's progress or issues related to an existing suitable duties program.

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:

- normal consultation communication that forms part of the usual best practice of ongoing services (when not of an administrative nature this should be invoiced under the appropriate item number)
- communication to and from a worker (where not administrative in nature this is invoiced under the appropriate referred item number)
- communication with an employer (where not administrative in nature this is invoiced under the appropriate referred item number)
- 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.

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.

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.

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.

Case Conference (Item number 300082)

The objectives of a case conference are to plan, implement, manage, or review services options and/or rehabilitation plans and should result in an agreed direction for managing the worker's return to work.

The case conference must be authorised by the insurer prior to being provided and would typically be for a maximum of one hour (this excludes travel to and from the venue).

A case conference may be requested by:

- a treating medical practitioner
- the worker or their representative/s
- the insurer
- an employer
- an allied health provider.

Reports (Item numbers 300086, 300088, 300090)

A report should be provided only following a request from the insurer or where the provider has spoken with the insurer and both parties agree that the worker's status should be documented. Generally, a report will not be required where the information has previously been provided to the insurer.

The provider should ensure:

- the report intent is clarified with the referrer
- reports address the specific questions posed by the insurer
- all reports relate to the worker's status for the accepted work-related injury or condition
- the report communicates the worker's progress or otherwise
- all reports are received by the insurer within ten (10) working days from when the provider received the request.

In general, reports delayed longer than three (3) weeks are of little use to the insurer and will not be paid for without prior approval from the insurer.

All reports include:

- worker's full name
- date of birth
- date of the work-related injury
- claim number
- diagnosis
- date first seen
- period of time covered by the report
- referring medical practitioner
- contact details/signature and title of provider responsible for the report.

Insurers may request a progress report, a standard report, or a comprehensive report.

- **Progress report** – a brief summary of a worker's progress including return to work status, completion of goals and future recommendations and timeframes.
- **Standard report** – conveys relevant information relating to a worker's recovery and return to work where the case or services **are not** extremely complex. Includes functional and return to work status, service plans, interventions to date, any changes in prognosis along with the reasons for those changes, barriers, recommendations and goals and timeframes. Also includes responses to a limited number of

questions raised by an insurer. A standard report would not be appropriate if further examination of the worker was required for the report to be completed.

- **Comprehensive report** – conveys all the information included in a standard report however would only be relevant where the case or services are **extremely complex**, or the questions raised by the insurer are extensive.

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.

The RTW Services provider should only charge for return to work travel when:

- it is appropriate to attend the worker somewhere other than the normal place of practice - for example:
 - to attend a case conference*
 - to perform a workplace assessment*
- a worker is unable to attend the RTW Services provider's normal place of practice and they are treated at their home. In this case, the treating medical practitioner must certify the worker as unfit for travel
- the travel relates directly to service delivery for the worker's work-related injury or condition.

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

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.

Travel may not be charged when:

- the provider conducts regular sessional visits to particular hospitals, medical specialist rooms or other sessional rooms/facilities
- the provider does not have (or is employed by a business that does not have) a commercial place of business for the delivery of services (e.g. mobile practice)
- the travel is between clinics owned and/or operated by the provider or their employer
- when a provider or their employer have multiple clinics, travel is only payable from the clinic closest to the location of service.

Workplace Evaluation/Assessment Services (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 particular 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.

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.

Vocational Assessment and Report (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.

Return to Work Facilitation (Item number 300164)

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

- identifying strategies to overcome the barriers to return to work through discussion with the worker and significant others in the workplace
- developing a plan to address barriers
- documenting a worker’s progress and outcome
- Worker and Employer liaison.

Also includes communication with a worker and/or employer where an updated suitable duties program is required and a worksite assessment or job placement services are not required.

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.

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.

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.

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.

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.

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.

General guidance on payment for services

The insurer’s objective under section 5 of the [Workers’ Compensation and Rehabilitation Act 2003](#) (the Act) is to ensure that workers receive timely treatment and rehabilitation to assist with their return to work. This table of costs sets out the maximum fees payable by the insurer for the applicable services. This table of costs applies to all work-related injury or condition claims whether insured through WorkCover Queensland or a self-insured employer. The maximum fees in this schedule apply to services provided on or after 1 July 2021. The related injury or condition may have been sustained before, on or after this date.

The purpose of the services outlined in this table of costs is to enable injured workers to receive timely and quality medical and rehabilitation services to maximise the worker’s independent functioning and to facilitate their return to work as soon as it is safe to do so. WorkCover Queensland or the self-insurer will periodically review a worker’s treatment and services to ensure they remain reasonable having regard to the worker’s injury or condition.

The insurer expects the fees for services to be reasonable and in line with this table of costs. Systems are in place to ensure compliance with invoicing and payment rules. Any non-compliant activities will be addressed with providers. Compliance actions may range from providing educational information to assist providers in understanding their [responsibilities](#) and the insurer’s expectations, to criminal penalties for fraud. The insurer also reserves the right to refer misconduct to the relevant professional body, council, or complaints commission.

The worker’s compensation claim must have been accepted by the insurer for the injury or condition being treated. If the application for compensation is pending or has been rejected, the responsibility for payment for any services provided is a matter between the provider and the worker (or the employer, where services have been requested by a Rehabilitation and Return to Work Coordinator).

All invoices should be sent to the relevant insurer for payment. Check whether the worker is employed by a self-insured employer or an employer insured by WorkCover Queensland.

Identify the appropriate item in the table of costs for services or treatment provided. The insurer will only consider payment for services or treatments for the work-related injury or condition, not other pre-existing conditions. Insurers will not pay for general communication such as receiving and reviewing referrals.

All hourly rates are to be charged at pro-rata where applicable e.g. for a 15-minute consultation/service charge one quarter ($\frac{1}{4}$) of the hourly rate. All invoices must include the time taken for the service as well as the fee.

Fees listed in the table of costs do not include GST. The provider is responsible for incorporating any applicable GST on taxable services/supplies into the invoice. Refer to a taxation advisor or the Australian Taxation Office for assistance if required.

Self-insurers require separate tax invoices for services to individual workers. WorkCover Queensland will accept invoicing for more than one worker on a single invoice.

Accounts for services must be sent to the insurer promptly, and within two (2) months after the services are completed.

To ensure payment, the invoice must contain the following information:

- the words 'Tax Invoice' stated prominently
- practice details and Australian Business Number (ABN)
- invoice date
- worker's name, residential address, and date of birth
- worker's claim number (if known)
- worker's employer name and place of business
- referring medical practitioner's or nurse practitioner's name
- date of each service
- item number/s and service fee
- a brief description of each service delivered, including areas treated
- the name of the provider who provided the service.

Further assistance

Contact the relevant insurer for claim related information such as:

- payment of invoices and account inquiries
- claim numbers/status
- rehabilitation status
- approval of [Provider Management Plans](#).

More information for [service providers](#) is available on our website together with the current list of [self-insured employers](#).

If you require further information, call us on 1300 362 128.

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