

Return to work services table of costs

Effective 1 July 2011



Service	Descriptor	Insurer prior approval required ¹	Item number	Fee – GST not included ²
Workplace evaluation/assessment	Systematic process using the workplace to estimate work potential and work behaviour.	Yes	300158	\$154.00 ^ per hour
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.	Yes	300160	\$154.00 ^ per hour
Return to work facilitation	Face-to-face facilitation between the worker and key players in the workplace; only to be used in cases where a worker is participating in a rehabilitation program or embarking on a rehabilitation program and there are significant barriers to commencing/progressing the program (does not include general communication relating to suitable duties programs).	Yes	300164	\$154.00 ^ per hour
Suitable duties program (SDP)	Initial suitable duties plan	Yes	300102	\$77.00
	Updated suitable duties plan	Yes	300084	\$52.00
Monitoring suitable duties program (SDP)	Monitoring: less than 10 mins	Yes	300080	\$25.00
	Monitoring: 11 to 20 mins	Yes	300101	\$50.00
	Monitoring of the program should be purposeful and direct, to assist faster and more effective return to work for the worker; liaise with key parties including employer, worker, treating practitioner and insurer to review the progress of the worker's SDP.			
Vocational assessment	Designed to evaluate a worker's potential by integrated clinical and standardised assessment procedures and instruments to identify realistic vocational options in the current job market or environment; includes assessment and report.	Yes	300162	\$154.00 ^ per hour
Job seeking – initial consultation	Identify transferable skills to a new job/career or host placement; involves the development of a vocational preparation action plan with the worker.	Yes	300166	\$154.00 ^ per hour
Job preparation service	Based on the needs of the individual worker; service includes where required, career counselling and job search preparation including interview preparation and practice, job seeking skills and resume writing; to assist the worker to work through barriers to return to work and set realistic and achievable job goals.	Yes	300168	\$154.00 ^ per hour
Job placement services	Support the worker to actively seek employment/work experience in their new vocational direction	Yes	300196	\$154.00 ^ per hour

Please read the item number descriptions contained in this document for service conditions and exclusions. Item numbers for reports, communication and other services can be found in the *Supplementary services table of costs*.

¹ Where prior approval is indicated the practitioner must seek approval from the insurer before providing services.

² Rates do not include GST. Check with the Australian Taxation Office if GST should be included.

^ Hourly rates are to be charged pro-rata.

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Return to work services table of costs

Rehabilitation and return to work

Rehabilitation is defined under s40 of the *Workers' Compensation and Rehabilitation Act 2003* (the Act) as follows:

40 Meaning of rehabilitation

- (1) *Rehabilitation*, of a worker, is a process designed to—
- (a) ensure the worker's earliest possible return to work; or
 - (b) maximise the worker's independent functioning.

Primarily, the purpose of rehabilitation is to return the worker to their pre-injury duties and pre-injury employer.

Sometimes this is not feasible because of the worker's injury and/or medical restrictions and the demands of the pre-injury duties. In this case, the secondary purpose of rehabilitation is to return the worker to other suitable duties with the pre-injury employer. If this is not possible, the worker may be offered suitable duties with a different employer (sometimes described as a host employer).

If the worker has ongoing or predicted impairment and/or medical restrictions, and the demands of the pre-injury duties are beyond the worker's capabilities, the primary purpose of rehabilitation becomes to permanently return the worker to other suitable duties with the pre-injury employer. If this is not feasible, the worker may be returned to work on other suitable duties with a different employer.

If the extent of an injury means return to work is inappropriate, the purpose of rehabilitation is then to maximise the worker's independent functioning.

Q-COMP has developed a set of agreed Rehabilitation Service Standards. These are available at www.qcomp.com.au.

Who can provide return to work services to injured workers?

Specific professional groups, referred to as 'registered persons' under s223(a) of the Act, are qualified to deliver return to work and vocational rehabilitation services. Other 'non-registered' professional groups are also able to provide specific rehabilitation services within this *Table of costs*. Providers require insurer approval for the following services outlined in the table below.

The insurer may approve payment of fees and costs for rehabilitation services other than those covered in the relevant *Tables of costs*.

Return to work services table of costs

The following table is a summary of professionals and the services they are able to provide.

Provider	Workplace evaluation/ assessment	Functional capacity evaluation (FCE)	Return to work facilitation	Suitable duties plan	Monitoring suitable duties	Vocational assessment	Job seeking – initial consultation	Job preparation service	Job placement service
Accredited Exercise Physiologist (A person who is an Accredited Exercise Physiologist (AEP) with Exercise and Sports Science Australia – E.S.S.A)	✓	✓	✓	✓	✓	x	x	x	x
Occupational therapist (A person registered as an occupational therapist with the Queensland Registration Board)	✓	✓	✓	✓	✓	✓*	✓*	✓*	✓*
Physiotherapist (A person registered as a physiotherapist with the Physiotherapy Board of Australia)	✓	✓	✓	✓	✓	x	x	x	x
Psychologist (A person registered as a psychologist with the Psychology Board of Australia)	✓	x	✓	✓	✓	✓*	✓*	✓*	✓*
Rehabilitation counsellor (A person with a tertiary qualification in an accredited rehabilitation counselling course or other recognised counselling course and preferably a member of the Australian Society of Rehabilitation Counsellors –ASORC. Due to the diversity of backgrounds of rehabilitation counsellors, the qualifications and experience must be acceptable to the insurer for type of service being undertaken)	x	x	x	x	x	✓*	✓*	✓*	✓*
Social worker (A person with a tertiary degree in social work)	x	x	x	x	x	✓*	✓*	✓*	✓*
Other (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	✓*	✓*	✓*

* Must be able to provide proof that they have the appropriate skills and demonstrated experience in the area of vocational and job seeking, preparation and placement, and are acceptable to the insurer.

Return to work services table of costs

Service conditions

Services provided to injured workers are subject to the following conditions:

- **Referral** – all workers must have a current workers' compensation certificate signed by a medical practitioner to cover any return to work services provided.
- **Assessment** – the practitioner is expected to assess the needs of the worker against the referral requirements and provide a report or suitable duties program to the insurer as requested.
- **Approval for other services or sessions** – approval must be obtained for any service requiring prior approval from the insurer before commencing treatment.
- **Payment of treatment** – all fees payable are listed in the *Return to work services table of costs*. For services not outlined in the table of costs, prior approval from the insurer is required.
- **End of treatment** – all payment for treatment ends where there is either no further medical certification, the presenting condition has been resolved, the insurer finalises/ceases the claim, the worker is not complying with treatment or the worker has achieved maximum function.

Treatment standards and expectations

When treating a worker with a compensable injury, the practitioner should, where appropriate:

- deliver outcome-focused and goal-orientated services, which are focused on achieving maximum function and safely returning the worker to work
- consider biopsychosocial factors that may influence the injured workers' return to work
- advise and liaise with the relevant treating practitioners and insurer
- keep detailed, appropriate, up-to-date treatment records and any relevant information obtained in the service delivery
- ensure that the worker has given their written authority prior to the exchange of information with third parties other than the referrer
- be accountable for the services provided, ensuring those services incurred for the compensable injury are reasonable
- maintain practice competencies relevant to the practitioner's profession and the delivery of services within the Queensland workers' compensation environment.

Note: long-term maintenance therapy is generally not supported unless sustained improvement in function can be demonstrated.

Payment for services

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 practitioner 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 *Return to work services table of costs* for services or treatment provided. The insurer will only consider payment for services or treatments for the compensable injury, 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 15min consultation/service charge one quarter of the hourly rate. All invoices must include the time taken for the service as well as the fee.

Return to work services table of costs

Fees listed in the *Return to work services table of costs* do not include GST. The practitioner 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 billing for more than one worker on a single invoice.

Accounts for treatment must be sent to the insurer promptly, and within two (2) months after the treatment is 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 name
- date of each service
- item number/s and treatment cost
- a brief description of each service item supplied, including areas treated
- name of the practitioner who provided the service.

Item number descriptions and conditions

Evaluation/assessment services

Item number	Descriptor
300158	Workplace evaluation/assessment A systematic process using the workplace to estimate work potential and work behaviour. Prior approval is required by the insurer

Attendance by a registered allied health provider or a non registered approved provider at the worker's workplace to provide one or all of the following:

- an overview of the workplace and availability of suitable duties
- 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.

Major components/activities may include:

- workplace setup evaluation
- work practice review and/or modification
- job analysis/job redesign
- ergonomic assessment
- suitable duties identification and/or program negotiation with relevant parties.

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. Item numbers for reports can be found in the *Supplementary services table of costs*.

Return to work services table of costs

Item number	Descriptor
300160	<p>Functional capacity evaluation (FCE) A 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. This service includes assessment and report.</p> <p>Prior approval is required by the insurer</p>

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 practitioner must obtain prior approval from the insurer for assessments greater than four (4) hours.

A 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.

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 a 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.
- **Medical certificate** – the provider must assess the worker within the limitations outlined on their current medical certificate. Where the current medical 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 medical 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 FCE should be the prevention of further injury. Functional abilities should be the workers' 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.

Return to work services table of costs

Return to work facilitation

Item number	Descriptor
300164	<p>Return to work facilitation Between the worker and key players in the workplace. This item is to be used only when a worker is participating in a rehabilitation program or embarking on a rehabilitation program and there are significant barriers to commencing/ progressing the program.</p> <p>This item does not include general communication about suitable duties programs—this has a specific item number (300080).</p> <p>Prior approval is required by the insurer</p>

Return to work facilitation should assist the worker to return to the workplace where there are barriers preventing smooth return to work. This is accomplished by:

- 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.

Suitable duties program

Item number	Descriptor
300102 300084	<p>Suitable duties program (SDP) Initial suitable duties plan Updated suitable duties plan</p> <p>Documentation of suitable duties for a worker, detailing specific information necessary for a safe and effective return to the workplace. Suitable duties programs are usually not more than two (2) to four (4) weeks duration. On occasion it may be clinically appropriate and more efficient for all parties for the suitable duties program to span longer than four (4) weeks.</p> <p>Prior approval is required by the insurer</p>
300080 300101	<p>Monitoring of suitable duties program (SDP) Monitoring: less than 10 mins Monitoring: 11 to 20 mins</p> <p>Should be purposeful and direct, to assist faster and more effective return to work for the worker. Liaise with key parties—employer, worker, treating practitioner, and insurer—to review the progress of the worker's suitable duties program.</p> <p>Prior approval is required by the insurer</p>

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.

Return to work services table of costs

Prerequisite – where the practitioner 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 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.

Complex 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.

Monitoring suitable duties programs – the purpose of monitoring the suitable duties program is to communicate with relevant stakeholders about progress or issues related to the program, where shared understanding is important to the process. The communication should be relevant to the compensable injury and program and assist the insurer and employer to support the return to work process.

When monitoring suitable duties, the practitioner 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.

The provider communicates with the worker, insurer, the worker's referring/treating medical practitioner, the worker's rehabilitation provider, the employer or the worker when monitoring a suitable duties program.

Communication time – each call, fax/email preparation must be more than three (3) minutes in duration to be billable. Supporting documentation is required for any invoices that include extended communication. The communication item is not intended to cover normal consultation that forms part of the usual best practice process of ongoing treatment.

Invoices – must include the reason for contact, names of involved parties and will only be paid once regardless of the number of recipients of the email/fax.

Return to work services table of costs

Valid monitoring (see exclusions) – relates to treatment or rehabilitation of a specific worker involving any of the following:

- the insurer
- the worker (in regards to the suitable duties plan)
- the worker's referring/treating medical practitioner
- the worker's rehabilitation provider
- the worker's employer.

Exclusions

The insurer will not pay for the following calls/emails/faxes:

- where the party phoned is unavailable
- to and from the worker (for general administrative purposes)
- from employer representatives for guidance on case management (they should be referred to the insurer)
- about the referral eg acceptance and basic acknowledgement of accepting referrals
- of a general administrative nature
- made during the duration of a billable service—these are considered part of the consultation
- for approval/clarification of a *Provider management plan* by the insurer
- conveying non-specific information such as 'worker progressing well'
- made or received from the insurer as part of a quality review process
- calls about job seeking, job placement and job preparation
- forwarding email/fax information as an attachment e.g. Suitable duties program, report or *Provider management plan*

Vocational assessment services

Item number	Descriptor
300162	<p>Vocational assessment Designed to evaluate a worker's potential by integrated clinical and standardised assessment procedures and instruments; to identify realistic vocational options in the current job market environment. This service includes assessment and report.</p> <p>Prior approval is required by the insurer</p>
300166	<p>Job seeking skills assessment: initial consultation Identification of transferable skills to a new job/career or host placement. Involves the development of a vocational preparation action plan with the worker.</p> <p>Prior approval is required by the insurer</p>

Services must be provided by a person who has appropriate skills and experience in this area.

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.

Return to work services table of costs

Assessment indicators – a vocational assessment/job seeking skills 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
- the worker needs assistance to identify sustainable alternative work options suited to their functional abilities and skills
- the worker needs to undertake a host employment placement and requires initial guidance and preparation.

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
- communication barriers or concerns that prevent instructions being understood and reactions being interpreted during a vocational assessment.

Components of the vocational assessment include:

- **Purpose** – the 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.

A job seeking skills assessment should identify transferable skills for the current job market to set realistic work goals for the worker. 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.

The assessment may involve:

- identification transferable skills and abilities and possible barriers to return to work
- marketplace analysis (e.g. job opportunities in the worker's residential area)
- setting realistic return to work goals
- develop an agreed action plan—including timeline—with the worker and signed by both the worker and the provider.

For future provision of job preparation and job placement services, the provider must complete a *Job seeking initial consultation report* which is approved by the insurer and agreed to by the worker. The report template is available from www.qcomp.com.au.

Return to work services table of costs

Vocational preparation and placement services

Item number	Descriptor
300168	<p>Job preparation service Based on the needs of the individual worker, this service where required will include, career counselling and job search preparation including interview preparation and practice, job seeking skills and resume writing. To assist the worker to work through barriers to return to work and set realistic and achievable job goals.</p> <p>Prior approval is required by the insurer</p>
300196	<p>Job placement service Supporting the worker to actively seek employment/work experience in their new vocational direction—the process of actively seeking appropriate employment with the worker.</p> <p>Prior approval is required by the insurer</p>

Services must be provided by a person who has appropriate skills and experience in this area.

A job preparation service includes (where appropriate):

- 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
- development of a current resume
- 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
- intensive job search activities with guidance, practical one-on-one assistance and support evidence of worker participation e.g. requiring the worker to complete a job preparation activity diary to demonstrate their commitment to the agreed job preparation goals.
- a *Job seeker plan* should be developed by the provider to outlines goals and agreed actions approved by the insurer and agreed to by the worker.

A job placement service either assists the individual worker find viable employment options within their local job market or supports a worker participating in a host employment placement.

This service may include support, employer liaison, job application and coaching of the worker to assist them to return to gainful employment. 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.

Fee is charged at an hourly rate with the number of hours negotiated with the insurer prior to providing the report.

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*.

For a current list of insurers or general advice about the tables of costs visit www.qcomp.com.au or call 1300 789 881.