

Return to work services

Table of costs and guidelines
Effective from 1 July 2008

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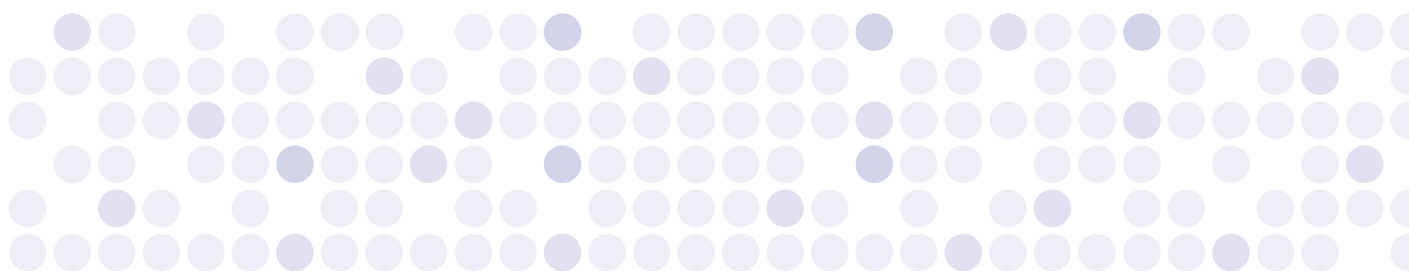


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Section A

1. Introduction

This document outlines the general standards and expectations, procedures and conditions for delivering rehabilitation and return to work, and vocational support services to workers. It also explains and clarifies the use of specific item codes. This information should assist the treating medical practitioner, the employer, the insurer, and you, the provider, by promoting quality service provision and timely, relevant rehabilitation information.

In the majority of cases, the rehabilitation goal is for the worker to return to work. In situations where the injury prevents the worker returning to work, rehabilitation must focus on maximising functional independence.

1.1 Rehabilitation and return to work

Rehabilitation is defined under section 40 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.

1.2 Case management

The insurer must provide case management for the worker's return to work. Sometimes the insurer may recommend external case management if beneficial for effectively managing the worker's return to work.

The insurer may request a rehabilitation provider to provide return to work support services such as a worksite assessment, development of a suitable duties program and vocational guidance.

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1.3 Who is qualified to deliver return to work and vocational rehabilitation services?

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.

Rehabilitation provider services are covered in sections 222 and 223 of the Act. Registered persons provide most of the rehabilitation services and are paid under the relevant tables of costs and guidelines. The insurer may approve payment of fees and costs for rehabilitation services other than those covered in the relevant tables of costs and guidelines.

The following table is a summary of professionals and the services provided.

Provider (Definition)	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
Occupational therapist (A person registered as an occupational therapist with the Queensland Registration Board)	✓	✓	✓	✓	✓	✓*	✓*	✓*	✓*
Physiotherapist (A person registered as a physiotherapist with the Queensland Registration Board)	✓	✓	✓	✓	✓	x	x	x	x
Psychologist (A person registered as a psychologist with the Queensland Registration Board)	✓	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	x	x	x	x	x	✓*	✓*	✓*	✓*

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Provider (Definition)	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
rehabilitation counsellors, the qualifications and experience must be acceptable to the insurer for type of service being undertaken)									
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.

2. Procedures and conditions

Payment for services outlined in this document is subject to the following procedures and conditions.

2.1 Referral

The worker may be referred for rehabilitation services by a registered medical practitioner, the employer or their representative, or the insurer, and must have a **current** medical certificate to cover any rehabilitation service provided.

The insurer must give **prior approval** for services to commence.

For clinical treatment, the worker must be referred by a registered medical practitioner and have a **current** medical certificate to cover any treatment services provided.

Insurers will not pay for general communication such as receiving and reviewing referrals.

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2.2 Assessment

You are 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.

You **may not** invoice for both an initial and subsequent consultation on the same day without **prior** approval from the insurer.

2.3 Service approval

Identify the appropriate service item in the *Return to work services table of costs and guidelines*. The insurer will only consider payment for services for the compensable injury (not other pre-existing conditions).

Where you feel a service is appropriate but it is not covered under the schedule, you must discuss this with the insurer prior to providing the service.

2.4 Service delivery standards

2.4.1 General standards and expectations

When providing a service to a worker with a compensable injury, you should, where appropriate:

- liaise with relevant parties involved in managing the claim to coordinate services for the worker, promoting an early and safe return to work
- advise and liaise with the relevant treating practitioners and insurer at the start of a rehabilitation program for each new claim or re-opening of a claim where it is in the best interest of the worker's ongoing management
- regularly review and document the worker's work capacity and return to work progress in case notes and where appropriate provide timely recommendations about return to work/suitable duties to relevant parties
- ensure that the worker has given their written authority prior to the exchange of information with third parties other than the referrer
- deliver outcome-focused and goal-orientated services, which are focused on achieving maximum function and safely returning the worker to work
- be accountable for the services provided, ensuring those services incurred for the compensable injury are reasonable
- maintain practice competencies relevant to your profession for the delivery of services within the Queensland workers' compensation environment. This includes maintaining currency of skills, knowledge for return to work programs
- keep detailed, appropriate, up-to-date service records and relevant information obtained in the service delivery.

2.5 Change of provider

When a worker changes providers from one practice to another—not within the same practice—the insurer will pay the cost of an initial consultation by the new provider.

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3. Indicators for ending involvement

There are a number of indicators highlighting that rehabilitation is no longer needed or should be stopped. These include:

- the outcome and goals are achieved
- the presenting condition has been resolved
- the worker is not complying and there is lack of progress (you must discuss this with the insurer)
- the worker has achieved maximum function of the injured area, meaning progress has reached a plateau.

4. Payment for services

Payment for services outlined in this document is allowed subject to the relevant conditions of service outlined in section B for the relevant item number.

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 during any period remains a matter between you and the worker or the employer (where services have been requested by the Rehabilitation and Return to Work Coordinator).

Send all invoices to the relevant insurer for payment—check whether the worker is employed by a self-insured employer or an employer insured by WorkCover Queensland. For a current list of insurers visit Q-COMP's website at www.qcomp.com.au or call Q-COMP on 1300 789 881.

Identify the appropriate item in this *Table of costs and guidelines* for services provided. The insurer will only consider payment for services for the compensable injury, not other pre-existing conditions.

4.1 Provider invoice

Insurers will pay for services in accordance with this *Table of costs and guidelines*. To ensure payment, your invoice must contain the following information:

- the words 'Tax Invoice' stated prominently
- your name and practice details
- tax invoice issue date
- your Australian Business Number (ABN)
- worker's name, residential address and date of birth
- worker's claim number (if known)
- referring medical practitioner's name (if applicable)
- date of each attendance
- appropriate table of costs item number/s
- a brief description of each service item supplied, including areas treated
- treatment cost
- name of your staff member who provided the service.

Fees listed in the tables of costs and guidelines **do not include** GST. You are responsible for incorporating any applicable GST on taxable supplies into your invoice.

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Refer to a taxation advisor or the Australian Taxation Office for help on the taxability of certain services.

Self-insurers require **separate tax invoices** for services to individual workers. The self-insurer will return an invoice to you where the services are for more than one injured worker. For a current list of self-insurers, visit Q-COMP's website at www.qcomp.com.au.

WorkCover Queensland will accept billing for more than one worker on a single invoice.

5. Inquiries

5.1 Claims issues

Contact the appropriate insurer for claims issues, including:

- payment of invoices and account inquiries
- claim numbers
- claim status
- rehabilitation status
- approval of *Provider management plan* or *Job seeker plan*.

For a current list of insurers, visit Q-COMP's website at www.qcomp.com.au or call Q-COMP on 1300 789 881.

5.2 General inquiries

For advice about the tables of costs and guidelines, call Q-COMP on 1300 789 881.

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Section B

6. Service type (service codes)

The following service items are for allied health services provided within the practitioner's rooms or at the worker's workplace.

Before providing services under this *Table of costs and guidelines* please ensure that you are approved to provide the service and you understand the service conditions and objectives.

The summary table in section 1.3 provides an overview of eligibility to provide services within this *Table of costs and guidelines*.

6.1 Evaluation/assessment services (300158 & 300160)

Item number	Descriptor
300158	Workplace evaluation service A systematic process using the workplace to estimate work potential and work behaviour.

Service conditions

Prior approval required from the insurer – Yes

Service objectives

Attendance by a registered allied health 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
- assistance to the worker's supervisor and co-workers to understand recommended work restrictions and safe work methods.

Mandatory requirements – the workplace evaluation must be completed by a registered allied health provider as per the table in section 1.3 of these guidelines.

Major components – activities may include:

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

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Item number	Descriptor
300160	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.

Service conditions

Prior approval required from the insurer – Yes

Service objectives

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 to:
- 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. You must obtain **prior approval from the insurer** for assessments **greater than four (4) hours**.

Mandatory requirements – the FCE must be completed by a registered allied health provider as per the summary table in section 1.3.

Indicators – use 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.

Contraindicators – include one or more of the following:

- 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.

Major components

Referral details – the requestor should supply relevant information, including but not limited to:

- medical reports
- current medical certificate
- a job analysis

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- rehabilitation progress reports
- previous FCE
- relevant medical investigations.

Purpose of the FCE – prior to assessment, you or the referrer should explicitly state/clearly define the purpose.

This will be a strong indicator of the level of assessment and time you will require to establish functional abilities—for example when the job/task options are clear, you may only need to direct the assessment towards measuring the worker against specific functional requirements. If the worker's final vocational options or directions are unclear, you may need to conduct a broader assessment of the worker's ability for all functional aspects.

Medical certificate – you must assess the worker within the limitations outlined in their current medical certificate. Where the current medical certificate places limitations on the worker that will limit the value of an FCE, you should discuss this with the medical practitioner to obtain an appropriate clearance to conduct the assessment.

Informed consent – you must inform the worker of the purpose and requirements of the assessment, their obligations, any risk factors and safety obligations, and obtain the worker's written authority prior to the assessment.

Authority to exchange information – you must obtain the worker's written authority prior to exchanging information with third parties other than the referrer.

Subjective (history) – gather relevant information including but not limited to:

- medical history
- rehabilitation progress
- workplace information
- the worker's own perception of their abilities.

Objective measures – the evaluation is a dynamic process in which you make professional, clinical judgments based on data gathered during the evaluation. 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. Your examination should include but not be limited to:

- neuro musculoskeletal examination
- basic measures of range of motion and muscle strength
- 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. Once the worker consistently demonstrates poor or unsafe body mechanics, you should use your professional judgment about whether or not the FCE should be continued.

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6.2 Facilitation of return to work (300164)

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

Service conditions

Prior approval required from the insurer – Yes

Service objectives

The objective of return to work facilitation is to 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.

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6.2 Suitable duties program (300084 & 300080)

Item number	Descriptor
300084	Suitable duties program 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.

Service conditions

Prior approval required from the insurer – Yes

Service objectives

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 you are 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.

You must sign the suitable duties program, along with the worker, rehabilitation and return to work coordinator (if applicable), and the treating medical practitioner (if required).

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.

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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, you must negotiate additional time with the insurer first.

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Item number	Descriptor
300080	<p>Monitoring of suitable duties program Should be purposeful and direct, to assist faster and more effective return to work for the worker.</p> <p>Liaise with key parties—employer, worker, treating practitioner, and insurer—to review the progress of the worker’s suitable duties program.</p>

Service conditions

Prior approval required from the insurer – Yes

Service objective

The objective 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.

Valid monitoring (see exclusions) – monitoring of a suitable duties program involves any of the parties listed:

- the insurer
- the worker’s referring/treating medical practitioner
- the worker’s rehabilitation provider
- the employer
- the worker.

When monitoring suitable duties, you 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.

Exclusions

Calls where the party phoned is unavailable.

Sending email/fax information as attachments, such as suitable duties programs and reports.

Calls/emails/faxes:

- of a general administrative nature
- made during a billable service—these are considered part of the consultation
- for approval/clarification of a suitable duties program
- conveying non-specific information such as ‘worker progressing well’
- made or received from the insurer as part of a quality review process.

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Consultation time – monitoring activities must be more than three (3) minutes in duration to be billable. For extended monitoring, you should be able to provide documentation or communication notes to support the time invoiced.

Invoicing – reasons for contact must be submitted with the account—supporting documentation or communication notes. Identify involved parties.

Note: most communication would be of short duration, only exceeding five (5) to ten (10) minutes in exceptional or unusual circumstances. For extended communication, you should be able to provide documentation or communication notes to support the time invoiced.

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6.3 Vocational assessments services (300162 & 300166)

Item number	Descriptor
300162	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.

Service conditions

Prior approval required from the insurer – Yes

Service objective

The objective of the vocational assessment is to 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. You must obtain **prior approval from the insurer** if an assessment is likely to be greater than five (5) hours.

Mandatory requirements – you must be able to prove that you are appropriately accredited to administer the tests and make recommendations for vocational re-direction.

Assessment indicators – 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
- the worker needs assistance to identify sustainable alternative work options suited to their functional abilities and skills.

Contraindicators for vocational assessment – may include one or more of the following, but is not limited to:

- 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.

Major components

Referral details – the requestor should supply relevant information, including but not limited to:

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- medical reports
- current medical certificate
- a job analysis
- rehabilitation progress reports
- previous functional and vocational assessment
- relevant medical investigations.

Assessment purpose – you must tailor vocational assessments to the specific needs of the worker and referring party.

Informed consent – you 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.

Authority to exchange information – you must obtain the worker's written authority prior to exchanging information with third parties other than the referrer.

Subjective (history) – includes education and work history to identify transferable skills and educational restrictions.

Objective assessment – a dynamic process in which you make 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.

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Item number	Descriptor
300166	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.

Service conditions

Prior approval required from the insurer – Yes

Service objective

The objective of the job seeking skills assessment is to identify transferable skills for the current job market to set realistic work goals.

Generally the initial consultation will take one (1) hour, based on direct contact time with the worker. If an assessment is likely to be **greater than one (1) hour** then **prior approval** must be obtained from the insurer.

Mandatory requirements – you must be able to prove that you are appropriately skilled to assist the worker to identify suitable and realistic vocational goals.

Indicators for assessment – the initial consultation 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
- needs assistance to identify sustainable alternative work options suited to their functional abilities and skills
- needs to undertake a host employment placement and requires initial guidance and preparation.

Contraindicators – include one or more of the following, but are not limited to:

- unclear physical capacity for work
- 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 an initial consultation.

For future provision of job preparation and job placement services, you must complete a *Job seeking initial consultation report* which is approved by the insurer and agreed to by the worker. The report is available from www.qcomp.com.au or by contacting Q-COMP on 1300 789 881.

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Major components include:

- identify transferable skills and abilities
- identify possible barriers to return to work
- marketplace analysis—includes job opportunities in the worker’s residential area and evidence provided via two local options—for example local newspaper and job website
- set realistic return to work goals
- develop an agreed action plan—including timeline—with the worker and signed by both the worker and you.

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6.5 Vocational preparation services (300168)

Item number	Descriptor
300168	Job preparation Based on the needs of the individual worker, this 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.

Service conditions

Prior approval required from the insurer – Yes

Service objective

The objective of job preparation is to assist the worker to return to work by providing them with the necessary skills and support to obtain a job.

Mandatory requirements – you must be able to prove that you are appropriately skilled to assist the worker to prepare for job seeking.

As part of the worker's initial consultation (300166), you must develop a *Job seeker plan* which is approved by the insurer and agreed to by the worker. The plan is available from www.qcomp.com.au or contact Q-COMP on 1300 789 881.

Major components (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
- develop a current resume
- presentation skills for interview—for example 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—for example requiring the worker to complete a job preparation activity diary to demonstrate their commitment to the agreed job preparation goals.

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6.6 Vocational job placement services (300196)

Item number	Descriptor
300196	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.

Service conditions

Prior approval required from the insurer – Yes

Service objectives

The objectives of the job placement service are to help the individual worker find viable employment options within their local job market or to support a worker participating in a host employment placement.

Mandatory requirements – you must be able to prove that you are appropriately skilled to assist the worker to find gainful employment.

As part of the worker's initial consultation (300166), you must develop a *Job seeker plan* which is approved by the insurer and agreed to by the worker. The plan is available from www.qcomp.com.au or contact Q-COMP on 1300 789 881.

Requirements – 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.

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Important note – the worker must always be referred by a registered medical practitioner and have a current medical certificate to cover any services provided.

Service	Descriptor	Insurer prior approval required ¹	Item number ²	Fee GST excluded [#]
Evaluation/assessment services				
Workplace evaluation/assessment	Systematic process using the workplace to estimate work potential and work behaviour.	Yes	300158	\$144.54 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	\$144.54 per hour
Facilitation of return to work				
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 or progressing of the program; does not include general communication relating to suitable duties programs—see item number 300084.	Yes	300164	\$144.54 per hour
Suitable duties programs				
Suitable duties program (SDP)	Indicated when the worker has been in active rehabilitation for six weeks and further treatment is likely.	Yes	300084	\$42.37
Monitoring suitable duties program (SDP)	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. Most communication would be of short duration and would only exceed 5 to 10 minutes in exceptional or unusual circumstances.	Yes	300080	\$12.01 per five minute blocks

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

² Before billing for services please read the *Return to work services table of costs and guidelines* available from Q-COMP's website at www.qcomp.com.au.

[#] Rates do not include GST. If GST is required it is up to the provider to include it in the invoice. For clarification regarding GST contact the Australian Taxation Office.

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Service	Descriptor	Insurer prior approval required ¹	Item number ²	Fee GST excluded [#]
Vocational assessment services				
Vocational assessment	Designed to evaluate a worker's potential through integrated clinical and standardised assessment procedures and instruments to identify realistic vocational options in the current job market; environment. Service includes assessment and report.	Yes	300162	\$144.54 per hour
Job seeking - initial consultation	Identify transferable skills to a new job/career or prior to a host placement; involves the development of a vocational preparation action plan with the worker.	Yes	300166	Fee by prior negotiation
Vocational preparation services				
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	Fee by prior negotiation
Vocational placement services				
Job placement services	Support the worker to actively seek employment/work experience in their new vocational direction; this is the process of actively seeking appropriate employment with the worker.	Yes	300196	Fee by prior negotiation

For details of when and how to use a *Provider management plan* see the *Allied health provider form guidelines* – both available from Q-COMP's at website www.qcomp.com.au or call Q-COMP on 1300 789 881.

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

² Before billing for services please read the *Return to work services table of costs and guidelines* available from Q-COMP's website at www.qcomp.com.au.

[#] Rates do not include GST. If GST is required it is up to the provider to include it in the invoice. For clarification regarding GST contact the Australian Taxation Office.