

Determining liability for medical treatment

Claim management

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Introduction

In order to claim compensation for medical treatment for their compensable condition, an employee needs to provide medical information from a legally qualified medical practitioner (LQMP) or treating practitioner to support their claim. Comcare may request further information.

Each request for medical treatment is considered on its merits based on the available information. For further guidance refer to the [Decision making under the SRC Act](#) page.

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Considerations when determining liability for medical treatment

When determining liability for medical treatment, you need to be satisfied:

- the employee has a compensable condition
- the treatment is:
 - [medical treatment](#) as defined in the SRC Act
 - obtained in relation to the compensable condition, and
 - reasonable for the employee to obtain in the circumstances.

For further guidance refer to the [What is medical treatment?](#) and [What is reasonable medical treatment?](#) pages.

If any one of these criteria is not met, liability will be declined.

You also need to determine whether the cost is appropriate for the medical treatment. In some cases, Comcare may determine that the full amount claimed is not appropriate but that Comcare will pay up to a lower amount. For further guidance refer to the Scheme Guidance [Appropriate cost of medical treatment](#) and the [What are appropriate costs?](#) *page*

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Procedure to determine medical treatment

The procedure outlined below should be followed for each new recommendation or request for treatment, even if there has been a previous determination for the same type of treatment:

Step 1: Review relevant claim file information.

This includes:

- claim status (open, rejected, suspended etc.)
- work status – check & update
- whether there is a related reconsideration request or Administrative Appeals Tribunal (AAT) appeal
- medical information
- rehabilitation programs
- any previously approved medical treatment,

- claim comments regarding previous medical expenses
- the claim management claim plan.

Important: If the requested treatment is in an approved Claim Plan, the Claims Manager can determine the medical treatment claim. If the requested treatment is not included in the Claim Plan, the request will need approval by an Assistant Director or Director.

Step 2: Determine if there is sufficient information to proceed

- if yes, continue
- if no, consult the Injury Manager and consider whether you need further information from:
 - o a treating health practitioner
 - o the Clinical Panel – for further guidance refer to the [Undertaking a clinical panel review](#)
 - o an [Independent Medical Examination](#) – for further guidance refer to the 'Obtaining an independent medical examination' page.

Step 3: Determine if the employee has a compensable condition

- if yes, continue to Step 4
- if no, follow the procedure for determining no present liability – for further guidance refer to the [No present liability](#).

Note: You will need to ensure the requirements to make a decision under the SRC Act are met and continue to be met. For further guidance refer to the [Decision making under the SRC Act](#) page.

Step 4: Determine if the proposed treatment qualifies as medical treatment under the SRC Act

Medical treatment is defined in section 4 of the SRC Act and includes 'therapeutic treatment' which is also defined in section 4 of the SRC Act. For further guidance refer to the [What is medical treatment?](#)

- if yes, continue to Step 5
- if no, proceed to Step 9 to decline liability.

Step 5: Determine if the medical treatment is for the compensable condition and is reasonable

It is important that the treatment requested is actually for an accepted claim and the compensable condition and not another condition the employee may have. If this is not clear, discuss with the Injury Manager and consider referring to the Clinical Panel or an IME for advice. For further guidance refer to the [Undertaking a clinical panel review](#) or [Obtaining an independent medical examination](#) pages

It is also important that the treatment is reasonable for the employee to obtain for that condition in the circumstances. For further guidance refer to the [What is reasonable medical treatment?](#)

- if yes, continue to Step 6
- if no, proceed to Step 9 to decline liability.

Step 6: Determine if the cost of the medical treatment is appropriate

It is important that the cost of the medical treatment is appropriate. For further guidance refer to the [What are appropriate costs?](#)

- if yes, go to Step 7
- if no, go to Step 7 and approve an amount lower than the claimed amount
- If you are unsure, consult the Injury Manager and / or your Assistant Director.

Step 7: Accepting liability – other considerations

If you are proposing to accept liability, consider whether the employee will have other support needs as a result of the treatment and if so, determine liability for that together with medical treatment (e.g., household or attendant care following

surgery). For further guidance refer to the [Home help and attendant care, Aids and appliances under sections 16 and 39](#) and [Alterations and modifications under section 39](#) pages.

Step 8: Determine if the requested medical treatment and other anticipated supports are in the approved Claim Management Claim Plan

- if yes, the Claims Manager can approve the request
- if no, update the Claim Plan and seek approval from your Assistant Director.

Step 9: Declining liability – other considerations

If you are proposing to decline liability, check if the employee has recently received compensation for the same medical treatment.

- if yes, follow the [No Present Liability](#) procedure which allows 30 days for the employee to submit further medical evidence in support of their claim – for further guidance refer to the [No present liability](#) page.
- if no, the claim can be declined.

Step 10: Update Pracsys

For instructions on processing the invoice in Pracsys, refer to the [Invoice receipt and processing page](#).

Step 11: Communicate the determination to the employee and employer

For further guidance, refer to the **Communicating a medical treatment determination** section below.

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Assessing whether medical treatment is reasonable to obtain

The following outlines how to assess whether medical treatment is reasonable to obtain, and if so, for how long: If the treatment is reasonable to obtain. Liability should only be approved for:

- a reasonable number of sessions (refer below table), or
- up to a date you are satisfied it will be reasonable for the employee to obtain the treatment.

1. To assess what is reasonable, consider:

- the treating practitioner recommendation - if this indicates a review date for the treatment, liability should not be accepted beyond that review date.
- [MD Guidelines](#) about the condition and recommended treatment approach
- The Clinical Framework
- Injury Manager views (and Clinical Panel if necessary).
- the table below which provides guidance on the maximum period of treatment that is reasonable in the circumstances.

If the treatment is...	then accept liability for a reasonable amount of treatment, but no more than...
a one-off treatment (e.g. surgery, a psychiatric hospital stay, medical imaging or pathology)	the specific instance of the treatment recommended.
physiotherapy, psychology or counselling	5 sessions before a treatment notification plan (TNP) is required, following which liability should only be accepted for sessions recommended on a TNP/RTP or agreed to through a clinical panel review.

massage, osteopathy, chiropractic treatment or acupuncture	up to the review date on the medical certificate or 3 months if no review date has been provided.
Exercise	generally gym or pool memberships should only be approved for up to 3 months and no more than 6 supervised exercise sessions should be approved, by which time the employee is expected to be transitioned to independent exercise.
another treatment type (e.g. consultations with a medical practitioner or dentist, pharmaceuticals, or nursing care)	6 months for claims under two years old, or 12 months for claims over two years old.

Communicating the medical treatment determination

General guidance about communicating decisions is in the [Communication Principles](#) and [Communicating a decision](#) guidance.

For medical treatment decisions

1. **Phone the employee.** Your conversation should include:

- Asking about the employee's current health and circumstances including work status;
- The outcome of the request including:
 - details of the specific treatment you are accepting or declining liability for, and
 - the information considered and how you came to your decision, and
- for accept, the date up to, or number of sessions that liability has been approved for.

2. Make a record of your conversation with the employee in Pracsys. Go to 'Manage Claim Comment' (MCOM), select 'Outbound' under Category and "Comcare to Employee' under Comment Code and document the discussion.

3. Send a letter to the employee and a copy to the rehabilitation case manager (RCM) providing a clear and concise explanation of your determination. Ensure that you include copies of any documents used in the determination. Where relevant, return any invoices submitted for a declined medical treatment.

4. Where appropriate, phone the RCM to inform them about the determination and any impact on capacity, rehabilitation and return to work.

5. Make a record of your conversation with the RCM in Pracsys. Go to 'Manage Claim Comment' (MCOM), select 'Outbound' under Category and 'Comcare to Employer' under Comment code and document the discussion.

6. For declined physiotherapy, psychology or counselling - Is there a Treatment Notification Plan (TNP) or Review Treatment Plan (RTP)?

- if no, continue.
- If yes, seek assistance from an Injury Manager. If you agree, phone the treatment provider who completed the TNP/RTP and advise that liability for the treatment has been declined. If the reason for decline is based on information contained in the TNP/RTP (for example it doesn't meet the Clinical Framework principles) then this may be discussed with the provider. However, if the reason is based on other medical or factual evidence then, due to privacy reasons, that other evidence cannot be disclosed to the provider unless you have the employee's consent. In this case, you should inform the provider that, due to privacy, you are not able to discuss the specific reason(s), however the employee may wish to discuss this with the provider.

7. Make a record of your conversation with the employee and RCM in Pracsys.

Go to 'Manage Claim Comment' (MCOM) and document your conversations as outlined below.

For conversations with the employee select 'Outbound' under Category and "Comcare to Employee' under Comment Code and document the discussion

For conversations with the RCM select 'Outbound' under Category and "Comcare to Employer' under Comment Code and document the discussion

Payment for medical treatment

Claims for medical expenses may be submitted by the employee (either a receipt or invoice) or by their provider (an invoice) directly to Comcare. Invoices received for treatment go directly to Claims Administration and Income Support (CAIS) team for processing.

Where invoiced items are not specified in the treatment plan, or fall outside the frequency or timeframe set in the treatment plan, Pracsys will generate an invoice diary to the relevant CM for consideration.

Comcare does not necessarily reimburse the full cost of treatment paid. Comcare specifies rates that are considered appropriate for various services. These are based on the Australian Medical Association (AMA) and allied health rates for each state/territory for the particular type of treatment. Comcare generally issues payment within 30 days of receiving an invoice or receipt.

Medicare and private health funds

It is preferable an employee does not claim through Medicare or their private health fund for treatment relating to their compensable condition.

If Medicare or a private health fund make payment and are then informed the service is related to a workers compensation claim, they can ask Comcare to repay the money they paid to the employee, which can cause delays in the processing of payments and the employee being reimbursed.

Suspensions and payment of medical treatment

Refer to [Suspending claims](#) page.

Treatment plan

The 'Amend Payment Authorisation (Treatment Plan)' (ACTP) function in Pracsys records all medical treatment that has been approved or rejected for that claim.

A treatment plan allows you to see:

- what medical treatment has previously been determined for the employee,
- what treatment Comcare has made payments for,
- how many times the treatment has been extended, and
- the nature, frequency and duration of medical treatment that has been accepted.

Updating the treatment plan is important because it allows for approved treatment to be automatically paid when invoices are entered into Pracsys. If an invoice is received for a treatment that is not accepted in the treatment plan, an invoice diary is generated and the invoice will be sent to you for actioning.

When is a treatment plan created?

The initial treatment plan is created during the initial liability assessment process. During this process, you are asked to enter the date to which liability is accepted for medical treatment and time off work.

After a claim has been accepted, Pracsys automatically allocates a generic treatment plan which consists of general practitioner consultations and pharmaceuticals up to the date entered in iClaim for medical treatment. While Pracsys allocates a generic treatment plan to a newly accepted claim, it does not include other medical treatment received or time off work the employee may have had as a result of their injury.

If liability has been accepted for other medical treatment and/or time off work, you will need to amend the treatment plan to include all appropriate medical treatments and incapacity payments to enable payments to be made.

You should review the treatment plan to ensure it is appropriate and up to date:

When is a treatment plan updated?

A treatment plan in Pracsys is updated when a determination to accept or reject liability for claimed medical treatment is finalised.

What information needs to be entered into the treatment plan?

Whenever you accept, reject or extend liability for medical treatment, you need to ensure that *the 'Amend Payment Authorisation (Treatment Plan)'* (ACTP) in Pracsys is updated.

This table details the information that needs to be entered in a treatment plan when a determination of liability is made:

Field in Pracsys	Information to enter
Treatment Payment Type	<p>Select the appropriate treatment type for the medical treatment that has been accepted or rejected.</p> <p>If the particular treatment is not listed in Pracsys then the payment type <i>'alternative'</i> should be used, and the name of the treatment and associated costs recorded in the <i>'Comment'</i> text box.</p> <p>Vitamins and medicinal supplements are paid under the treatment payment type <i>'Pharmaceuticals'</i>.</p> <p>The <i>'Spec Phys...'</i> treatment types are not limited by statutory rates. These codes are generally used for treatment like surgery where there is no specified rate. Do not use these for consultations with specialists.</p>

Auto Payment	<p>Determination status:</p> <ul style="list-style-type: none"> • Allowed (A) - refers to medical treatment that is automatically assigned by Pracsys based on the injury profile of the claim and medical treatment the CM has approved • Not allowed (N) - automatically applied by Pracsys for medical treatment types that are not usually reasonable based on the injury profile of the claim. The status can be changed from N to A if medical evidence indicates that the medical treatment is reasonable • Rejected (R) - applies when a CM determines that particular medical treatment is not reasonable and must be manually entered on Pracsys. R status can be changed to A where future claims for that medical treatment are accepted or an appeal is successful.
Received date	When the request for medical treatment was received by Comcare.
Determination date	The date the determination is made.
Review date	The date the medical treatment has been approved up to (and including).
Frequency	How often the employee can undertake the medical treatment.
Comments	<p>Any other additional information that may be relevant. If the treatment payment type is <i>'Pharmaceutical'</i>, the following information must be recorded if known:</p> <ul style="list-style-type: none"> • date of comment

- prescriber name
- drug name (or drug type)
- drug dosage
- drug duration, and
- frequency of treatment if it falls outside the automatic frequency fields.

Example: 18/12/12 Dr Smith recommends the following medications as treatment for the compensable condition. Panadeine Forte 10mg 100, Oxycontin 5mg 28, for the next 3 months then review.

Treatment notification plan	Enter in the relevant service provider number for the related treatment line period
Allowed service items	Using </> move the drugs in an out of the approved drugs list

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