

Surgery

Claim management

- ✓ Claim reviews

- ✓ Medical treatment and other support

- ✓ Rehabilitation and return to work

- ✓ Incapacity calculation and payment

- ✓ Reimbursement and other payments

- ✓ Overpayments and recoveries

- ✓ Work related death

- ✓ New or changed conditions

- ✓ Permanent impairment

- ✓ Miscellaneous

Jump to:

Introduction

Surgery Costs

Confirmation of approval requests from hospitals

Urgent requests for surgery

Procedure for assessing and determining liability for...

After surgery

Introduction

Liability for surgery comes under section 16 of the SRC Act. Surgery may vary in complexity from the relatively simple (e.g. repairing a fractured finger) to the very complex (e.g. cardiac/cardiovascular surgery). The potential complications of surgery and post surgical rehabilitation and recovery can also vary significantly. Determining liability for surgery where there is degenerative or constitutional overlay (e.g., joint replacement surgery) can add additional complexity to these decisions.

Requests for complex or major surgery must be referred to the [Clinical Panel for review](#). This includes (but is not limited to) back surgery, cardiac pacemaker insertion, joint replacement, joint surgery and joint replacement revisions. You should also consult Injury Managers when considering requests for surgery.

[Return to top of page](#) | [Return to top of section](#)

Surgery costs

Costs for requested surgery should be in line with the AMA rates. These rates are set in Pracsys, but you can determine to vary the amount paid in exceptional circumstances after discussion with Injury Managers and your Assistant Director and the Clinical Panel. Comcare also has standards on payment of fees for other parties involved in the surgery (such as Anaesthesiologists and surgical assistants) as well as hospital costs.

Information on current AMA rates may be provided by the Clinical Panel. Hospital room costs are limited to a shared room, and Comcare does not pay for television or telephone expenses.

For more guidance on appropriate costs refer to the [What are appropriate costs?](#) page

In cases where multiple surgeries are to be performed at the same time, the fees quoted need to comply with MBS multiple operation rules. The Clinical Panel can provide advice on this.

[Return to top of page](#) | [Return to top of section](#)

Confirmation of approval requests from hospitals

Hospitals may request a signature on a form or contract to authorise them to admit an employee to hospital and/or confirm that Comcare will pay for costs. In these circumstances you can advise the hospital of your determination to accept liability for the surgery and related costs. No further information about the claim should be released to the hospital without the employee's permission.

Comcare staff should not sign forms or contracts from hospitals authorising admission or medical treatment on an employee's behalf as, there is a risk this could make Comcare liable for costs if the employee fails to attend a scheduled admission or treatment.

[Return to top of page](#) | [Return to top of section](#)

Urgent requests for surgery

You may receive requests for approval of urgent surgery. Requests for surgery are considered urgent if the need for surgery is a medical emergency posing an immediate risk to the employee's life or long-term health.

Liability for surgery should not be accepted just because the need for the surgery is urgent. Where the need for surgery is urgent, it is expected that healthcare providers and employees will proceed with the necessary surgery, while a determination is made as to whether Comcare is liable for the costs.

This applies to requests for surgery that are advised as being urgent but where there is no immediate risk to the employee's life or long-term health. If you need assistance in relation to an urgent surgery request, speak with an Injury Manager or contact the Clinical Panel.

Procedure for assessing and determining liability for surgery

To assess and determine liability for surgery, please follow the process below:

Step 1: Gather the information needed.

Before determining liability, you should obtain the following information from the surgeon:

- the proposed date for the procedure
- details of the hospital or day surgery facility where the procedure will be undertaken
- the anatomical site of the proposed procedure
- a quote containing the AMA item numbers, description of the procedure(s), proposed fees, including any other expected costs (such as imaging, laboratory, anaesthesia, any prostheses, consumables and expected length of hospital stay)
- clinical justification for the procedure, including how the requirement for the procedure relates to the employee's compensable condition and what has led to the need for the procedure at this point in time
- any radiology reports
- what other treatment options have already been explored/tried
- the procedure's measurable benefit to the employee's compensable condition (evidence to demonstrate the reasonableness of the request and expected outcome)
- any preoperative requirements and expected rehabilitation or treatment needs of the employee following the procedure
- the timeframes in which the employee is expected to be able to return to work and health following the procedure

- any other claim specific information needed to determine whether the specific surgery request is reasonable in the circumstances.

If further information is required, or all of this information has not been provided, request the required information from the surgeon using the Pracsys letter template - 'Section 14/16: Medical Report/Clinical notes req - Letter template 876'. For further guidance refer to the [Obtaining a medical report or clinical notes](#) page.

Step 2: Consult with the Injury Manager

Once all necessary information is received, consult with the Injury Manager to determine whether a referral to the Clinical Panel is required (see below) or whether a determination can be made at that point.

Following consultation with the Injury Manager, for surgical procedures not requiring Clinical Panel review, you can make the determination. You should also discuss with the Injury Manager likely post-surgical requirements to assist with planning for the post-surgery phase.

Step 3: Refer to the Clinical Panel (where needed)

All claims for major surgery should be referred to the Clinical Panel after the above information has been obtained. For further guidance refer to the [Undertaking a clinical panel review](#) page. These decisions are likely to be complex from a liability and clinical perspective. Many of these requests will occur against a background of degenerative or constitutional conditions. These constitutional conditions not only make the liability determination more complex but can also impact on the outcome of the surgery in terms of complications.

The Clinical Panel can also provide advice on the reasonableness of the quote obtained from the surgeon, especially those related to hospital costs, consumables and prostheses. In addition, the Clinical Panel can assist with reviewing whether proposed fees are in line with the AMA fee rates and MBS rules.

When referring to the Clinical Panel, you should advise of the priority/timeframe required for the review and employees should be kept informed of the progress of a determination. The Clinical Panel's recommendations are to be considered when making a determination to accept or reject liability for the surgery.

Step 4: Make a determination

Acceptance of a request for surgery requires the surgery to be:

- obtained in relation to a compensable condition
- likely to result in a measurable benefit assisting the employee's return to work and health
- reasonable in the circumstances
- the appropriate cost
- undertaken only once other treatment options, including non-surgical options, been tried or considered.

If accepting the request:

- refer to the *Determining liability for medical treatment procedure* set out on the [Determining liability for medical treatment](#) page
- set an action plan diary to remind you to request a post-operative report if it is not received within six weeks of the date of surgery.

Your determination should state that Comcare will pay for the surgery only after the post-operative report with the item numbers performed has been provided to Comcare. This is to verify what item numbers were performed as they may differ from the initial quote. If rejecting a claim for surgery, refer to the **Determining liability for medical treatment procedure** set out on the [Determining liability for medical treatment](#) page.

[Return to top of page](#) | [Return to top of section](#)

After surgery

Post-operative reports and processing invoice items related to surgery

“Following surgery, you should obtain a copy of the surgeon's post-operative report. **Please note that receipt of the post-operative report by Comcare is a requirement prior to payment of the surgical invoice being considered.** This is to ensure that Comcare has a record of the surgical intervention undertaken (which may comprise different elements to what was originally proposed) and to provide a document which can be cross-referenced against the surgical invoice.

Once the post-operative report is on file, payment for surgery should be made on receipt of the invoice and in line with the amount Comcare accepted to pay pre-operatively. If there are additional charges or any charges that appear excessive, the invoice(s) should be placed on hold and referred to the Clinical Panel for review. For further guidance refer to the [Undertaking a clinical panel review](#) page.”

Further medical treatment and household assistance following surgery

Review of post-surgical requirements should be discussed with Injury Management either in a claim review meeting and/or in a separately scheduled meeting (when requirements are likely to be complex).

If an employee will benefit from a Rehabilitation Program to assist them to return to work following surgery, you should contact the employee's RCM to discuss the necessary requirements.

The employee may require further medical treatment and/or aids or appliances , recommended by the surgeon to achieve an optimal level of function following surgery. For further guidance refer to the [Aids and appliances under sections 16 and 39](#) and [Reasonable costs for aids, appliances, alterations and modifications](#) and [Determining liability for aids, appliances and modifications](#) pages.

The employee may also require household assistance and/or attendant care for a period of time following surgery. You should discuss these with the employee prior to the surgery and again afterwards to ensure they receive the assistance they require. For further guidance refer to the [Home help and attendant care](#) page.

[Return to top of page](#) | [Return to top of section](#)