

INCREASED MEDICAL, HOSPITAL AND AMBULANCE EXPENSES

Purpose of this operational instruction

This operational instruction outlines the procedure for proposing that WorkCover increase the amount for which an Employer is liable to pay for medical or related treatment, hospital treatment and ambulance services under Division 3, Part 3 of the *Workers Compensation Act 1987*, where there are no proceedings before the Workers Compensation Commission in relation to medical and related treatment expenses of a Worker's Claim.

When to propose an increase

The Scheme Agent is to propose to WorkCover in instances where it is likely that for the same Injury sustained by an injured Worker:

- a. cumulative reasonably necessary medical or related treatment costs will exceed \$50,000 (or a previously approved maximum amount);
- b. cumulative reasonably necessary hospital costs will exceed \$50,000 (or a previously approved maximum amount);
- c. cumulative reasonably necessary ambulance costs will exceed \$10,000 (or a previously approved maximum amount)

Medical and related treatment, hospital treatment and ambulance service are defined in s.59 of the *Workers Compensation Act 1987*.

If domestic assistance is included, the requirements set out in *Operational Instruction 1.8–Domestic Assistance* are also to be met.

Proposals are to be made in advance of payments beyond the maximum amount being made.

What type of increases may be proposed?

Two types of increases may be proposed:

Type A: For an additional specified amount over a specified period of time, with an end date

for example, \$250,000 from July 06 to June 07. At the end date a further proposal

may need to be provided after review of the Claim.

Type B: For a specified amount where the cost of an individual item exceeds \$50,000;

examples include vehicle purchase and modifications more than \$50,000, home

modifications more than \$50,000.

There may be circumstances where both types of increases are proposed. For example, where a proposed increase of \$300,000 for a 2 year period includes expenditure of \$55,000 for surgery.

Document name: Operational Instruction 1.18	Prepared by: Provider and Injury Management Services
Version: 2.0	Issue date: April 2008
Revision: 0	Review date: February 2009
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How to propose an increase in the maximum amount

The Scheme Agent is to:

- complete the proposal form in Appendix 1 with sign off by an authorised officer of the Scheme Agent
- attach copies of the supporting documentation listed in Appendix 2
- forward to Provider and Injury Management Services using the contact details provided on proposal form.

WorkCover will provide written advice of endorsement of the proposal to increase the maximum amount within 7 days of receipt of a completed proposal that is supported by the required supporting Documentation and sound reasons that the proposed medical and related treatment is reasonably necessary.

Attachments

Appendix 1. Proposal form



"2008 - OI 1.18 Stat Max form.doc"

Appendix 2. Supporting Documentation list



"Appendix 2.doc"

References

Workers Compensation Act 1987

Operational Instruction 1.8 – Domestic Assistance

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