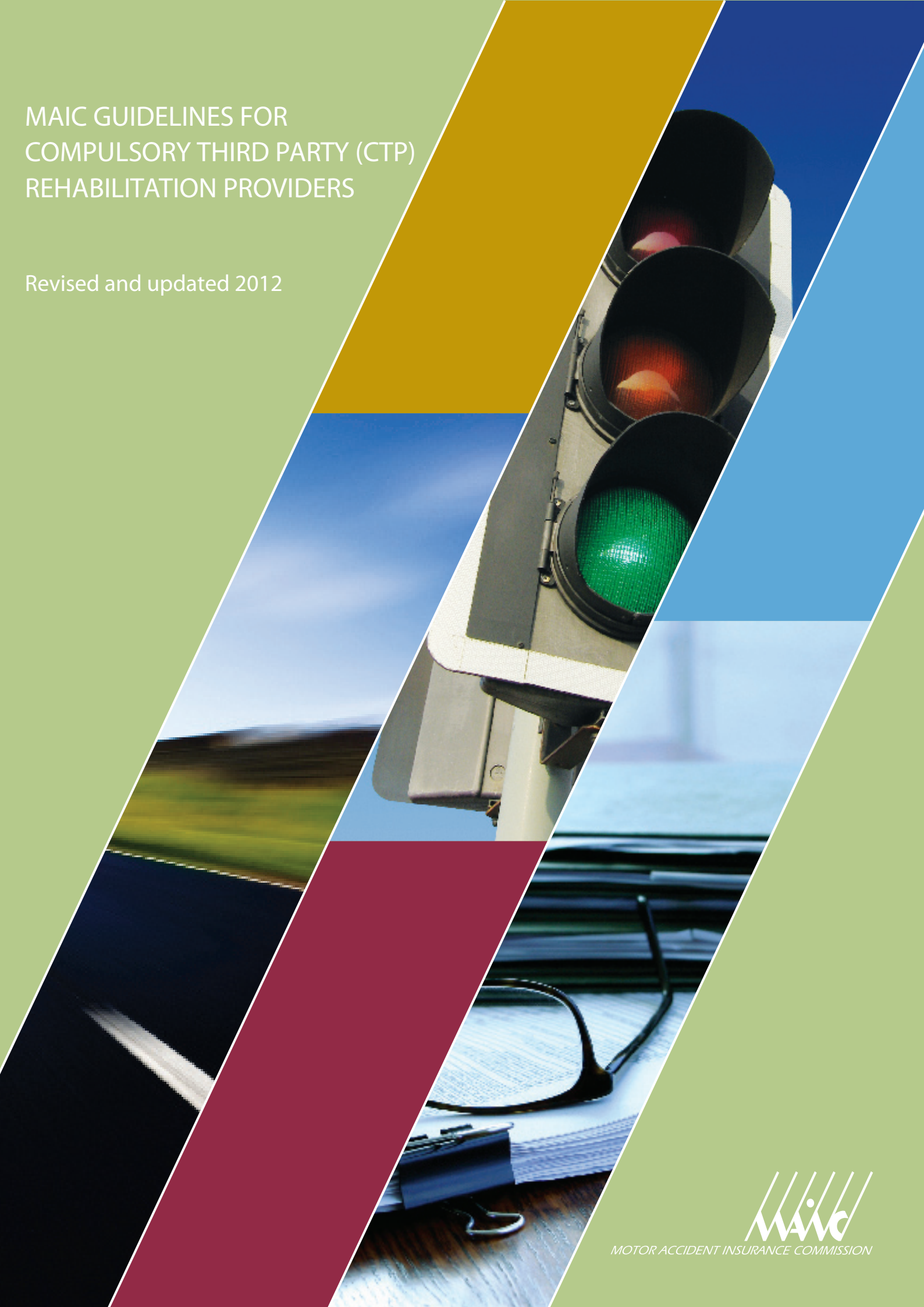


MAIC GUIDELINES FOR COMPULSORY THIRD PARTY (CTP) REHABILITATION PROVIDERS

Revised and updated 2012



MOTOR ACCIDENT INSURANCE COMMISSION

MOTOR ACCIDENT INSURANCE COMMISSION (MAIC)
GUIDELINES FOR
COMPULSORY THIRD PARTY (CTP) REHABILITATION PROVIDERS

REVIEWED & UPDATED 2012

Enquiries regarding the use of these guidelines may be directed to the:

Motor Accident Insurance Commission

Phone: 1800 CTP QLD (1800 287 753)

Fax: (07) 3220 6689

Email: maic@maic.qld.gov.au

Address: 275 George St Brisbane QLD 4001

Postal address: GPO Box 2203 Brisbane QLD 4001

Website: www.maic.qld.gov.au

TABLE OF CONTENTS

PART I - BACKGROUND	1
PART II - CLAIMS PROCESS	2
The Queensland CTP Scheme	2
Submitting a claim form	2
Determining liability for a claim	3
PART III - REHABILITATION	4
Defining Rehabilitation.....	4
Rehabilitation Services	4
Responsibilities of the Insurers, Claimants and Providers.....	5
The Insurer.....	5
The Claimant.....	5
The Provider	5
Responsibilities of Providers.....	6
1. Notification of referral for treatment/rehabilitation	6
2. Reasonable and appropriate evidence based services.....	6
3. Fees and Invoices	7
4. Rehabilitation Process Guidelines	7
4.1. Initial rehabilitation assessment procedures	7
4.2 Submission of a rehabilitation plan.....	8
4.3 Approval of rehabilitation plan	8
4.4 Submission of reports	9
4.5 Notification of discharge / program completion	9
5. Guidelines for specific services.....	10
5.1 Physical and Psychological Treatment Services.....	10
5.2 Vocational rehabilitation programs	11
5.3 Aids, equipment, home & vehicle modifications	11
5.4 Prosthetics	12
5.5 Treatment and rehabilitation by a public hospital in Queensland.....	12
6. More Information	12
7. Useful Links.....	12
PART IV – SAMPLE FORMS	13
FORM A - Example ‘Initial Rehabilitation Plan’	14
FORM B - Example ‘Rehabilitation Progress Report’	16
FORM C - Example ‘Case Closure Summary’	17
FORM D - Example ‘Equipment / Prosthesis Request’	18
FORM E - Provider Treatment Plan – Physical.....	19
FORM F - Quick Guide’ – Physical.....	20
FORM G - Provider Treatment Plan – Psychological.....	21
FORM H - Quick Guide - Psychological	23

PART I - BACKGROUND

These guidelines are designed to assist rehabilitation providers to understand the Queensland Compulsory Third Party (CTP) scheme and facilitate appropriate communication between rehabilitation providers and the Queensland CTP insurers concerning the rehabilitation of people who have compensation entitlements under the *Motor Accident Insurance Act 1994* (MAI Act). They are designed to cover rehabilitation activities of CTP claimants where the costs are not covered by the Hospital and Emergency Services Levy.

By providing guidelines for providers, the rehabilitation process is facilitated which results in benefits for the claimant. The guidelines seek to achieve these benefits by:

- explaining the claims process and how rehabilitation is provided within the context of the Qld CTP scheme,
- encouraging early submission of the rehabilitation plan to the insurer,
- encouraging providers to supply appropriate information to insurers to allow for timely decisions and
- explaining the importance of appropriate communication between the providers and insurers to facilitate the best functional outcome for the claimant.

Other reference material which may be useful to read in conjunction with this guide is:

- [Road to Recovery](#): A brochure for claimants on rehabilitation in the Qld CTP scheme.
- [Clinical Framework for the Delivery of Health Services](#): Widely endorsed by Australian allied health professional associations and compensable bodies including MAIC, this clinical framework outlines principles to guide the delivery of allied health services.
- [Rehabilitation Standards for CTP Insurers](#): This document aims to ensure claimants receive timely, appropriate and reasonable rehabilitation, regardless of which CTP insurer is involved.
- [Rehabilitation Decision Making Tool](#): This tool has been developed as a guide to assist insurers in making decisions on funding reasonable and appropriate rehabilitation.

The users of these guidelines include public and private providers, claimants (and their representatives) and CTP insurers licensed in Queensland. The names and contact numbers of the [CTP insurers](#) are located on the MAIC website under licensed insurers. The MAIC website is www.maic.qld.gov.au

PART II - CLAIMS PROCESS

The Queensland CTP Scheme

Queensland operates a common law fault-based scheme providing motor vehicle owners with an insurance policy that covers their liability for personal injury caused by, through or in connection with the use of the insured motor vehicle in incidents to which the MAI Act applies. A fundamental principle of common law is that an injured person needs to establish that their injuries were caused by the negligence of another person.

Submitting a claim form

To assist the overall management of a CTP personal injury claim, the insurer requires notification of the occurrence of the injury as early as possible. Early notification gives the insurer time to investigate the claim and determine liability and to consider the rehabilitation needs of the claimant. When liability has been admitted, the insurer is obliged to pay reasonably and appropriately incurred medical and rehabilitation expenses that are related to the effects of the accident.

The injured person claims compensation from the CTP insurer of the vehicle allegedly at fault. It is therefore necessary to identify the CTP insurer of that vehicle.

To make a claim the claimant must:

- obtain the registration number of the vehicle that caused the accident
- ensure the accident has been reported to the police
- obtain and complete a [Notice of Accident Claim Form](#) available from any CTP insurer or from the [MAIC website](#). This form includes a statutory declaration authorising the insurer to obtain information pertinent to the Motor Vehicle Accident (MVA) from treating medical practitioners, health providers and others
- have their **registered medical practitioner** complete the **Medical Certificate** that is part of the form
- send the completed form and any relevant reports, documents and accounts to the CTP insurer of the allegedly at fault vehicle as soon as possible as timeframes for claims lodgement apply

The claimant can contact the CTP Helpline on 1800 CTP QLD (1800 287 753) to find the CTP insurer and to obtain general information on the CTP scheme. The helpline however does not provide legal advice on any aspect of the claim.

The claimant may choose to negotiate directly with the insurer or be legally represented at any stage in the life of the claim. It may be in the claimant's best interest to seek legal advice if the claim is complex or disputed.

If the claimant retains a solicitor, the claim form must be submitted to the insurer within one month of their first consultation with their solicitor. If the claimant does not retain a solicitor, the claimant has nine months after the date of the accident or the first appearance of symptoms of the injury (whichever is the earlier), to lodge a claim. If the claim is to be lodged with the Nominal Defendant because the motor vehicle allegedly at fault cannot be identified, then this must be done within three months after the motor vehicle accident.

Determining liability for a claim

When a claim form is submitted to the insurer, the claimant will be given a CTP claim number. Providers should not assume the insurer will fund treatment because the claimant has a claim number. Within fourteen days of receipt of the claim form, the insurer will advise the claimant or their legal representative of their preparedness to fund the claimant's reasonable and appropriate rehabilitation. The insurer may be prepared to pay for treatment and rehabilitation services whilst determining liability. In these instances the insurer must first give approval.

The insurer will generally endeavour to make a decision on liability as soon as possible. However, the insurer has up to six months from receipt of a claim form in which to make this decision. For liability to be accepted, negligence must be established against another person. By accepting liability, the insurer agrees that the vehicle insured by them was at fault for the accident. If liability is denied and the matter is in dispute and cannot be resolved at a compulsory conference, the claimant may have to take the matter to a Court for resolution.

The claimant should contact the insurer for further information. The claimant may also call the CTP Helpline on 1800 CTP QLD (1800 287 753) for any further information or assistance in relation to the claims process.

PART III - REHABILITATION

Defining Rehabilitation

The term “rehabilitation” in the context of the CTP scheme is used in the broadest sense. Under the MAI Act, rehabilitation means *the use of medical, psychological, physical, social, educational and vocational measures (individually or in combination) -*

- a to restore, as far as reasonably possible, physical or mental functions lost or impaired through personal injury; and*
- b to optimise, as far as reasonably possible, the quality of life of a person who suffers the loss or impairment of physical or mental functions through personal injury.*

Rehabilitation Services

Not all claimants will require treatment or rehabilitation. The need for rehabilitation will depend on the nature and severity of the injury and other factors such as personal, social and employment circumstances. Rehabilitation may include one or more of the following services:

- Physical treatments such as physiotherapy (including in rooms treatment, hydrotherapy, and home programs), chiropractic and exercise physiology services
- Psychological treatment including counselling/cognitive behavioural therapy, neuropsychological assessments
- Occupational therapy including work site visits, ergonomic assessments, functional capacity evaluations, driving assessments and home assessments
- Return to work assistance such as vocational assessments, work trial programs, job placement assistance and retraining assistance
- Pain management intervention or programs
- Multi-disciplinary programs
- Aids and equipment to improve the claimant’s independence
- Home/vehicle modifications
- Domestic or carer assistance

Responsibilities of the Insurers, Claimants and Providers

The Insurer

The rehabilitation responsibilities of the CTP insurers are stated in Section 51 of the MAI Act and in the [Rehabilitation Standards for CTP Insurers](#). Under the MAI Act, when liability has been accepted, the insurer must at the claimant's request, ensure that reasonable and appropriate rehabilitation services are made available to the claimant for accident related injuries. The insurer may also make funding of rehabilitation services available on its own initiative, even if liability is still being decided. The insurer considers many factors when deciding if a rehabilitation request is reasonable and appropriate (see [CTP Insurer Decision Making Tool](#)). The insurer responds in writing to the claimant and provider regarding rehabilitation requests within 10 days of receipt, stating whether they are approved, not approved, partially approved or further information is required to consider the requests. If the insurer declines funding for a treatment or rehabilitation request, a written explanation is provided to the provider and the claimant.

The Claimant

Under the MAI Act, the claimant also has obligations in relation to rehabilitation including taking reasonable steps to mitigate damages by making a real attempt to recover from their injuries. Examples of this are participating fully in recommended rehabilitation and treatment, resuming appropriate work and home duties as soon as possible under the guidance of their provider and seeking appropriate alternate employment if they have lost their job.

Benefits will be reduced for a failure to do so. The claimant is also obligated to cooperate with the insurer to determine rehabilitation needs. Claimants are also required by law to advise the insurer of any significant change in their medical condition or in other circumstances which may affect the extent of their claim for example ceasing work or reducing duties / hours.

The Provider

The rehabilitation responsibilities of the provider relate to:

1. Notification of referral for treatment / rehabilitation
2. Provision of reasonable and appropriate services that are evidence based
3. Negotiation of reasonable fees for their services with the insurer
4. Adherence to the rehabilitation service process guidelines for service delivery
5. Adherence to guidelines for specific services

Responsibilities of Providers

1. Notification of referral for treatment/rehabilitation

Notification of the claimant's referral or admission to the rehabilitation service should be directed to the identified CTP insurer as early as possible. This may be done in writing or by phone call to the insurer. A copy of any referrals should be sent to the insurer. The claimant has signed a statutory declaration on the claim form authorising the insurer to obtain information which may affect their claim (including information on pre-accident circumstances) from treatment and rehabilitation providers, doctors and hospitals. Providers may wish to request a copy of this authority or obtain their own consent from claimants.

2. Reasonable and appropriate evidence based services

Under the MAI Act, the insurer is only obligated to fund reasonable and appropriate medical and rehabilitation treatment for accident related injuries once liability is accepted. Factors that insurers consider when determining whether services are reasonable and appropriate are detailed in the [CTP Insurer Rehabilitation Decision Making Tool](#).

The provider should set functional goals, have measurable outcomes, be able to demonstrate an objective rationale for instituting and continuing treatment and have a time frame for achieving goals. Intervention should also reflect current research findings, any relevant clinical guidelines and encourage self-management strategies. In particular, it has been shown that persons who continue at work, even in a reduced capacity initially and those who maintain a healthy active routine (appropriate for their injury) have a better recovery after their injury.

From time to time the insurer may need to obtain independent advice about the appropriateness and benefits of a particular rehabilitation intervention. At other times, the insurer or solicitor may arrange an independent assessment for claims purposes such as quantifying the level of permanent impairment sustained by the claimant as a result of the MVA. When reviewing medical reports, the provider should consider whether the report is for rehabilitation or claims purposes.

3. Fees and Invoices

Whilst there is no schedule of fees within the CTP Scheme, CTP insurers will undertake to pay reasonable fees, for example, a reasonable fee would be that which a member of the public (non claimant) would be charged for the same service. Fees should be negotiated and agreed upon prior to rehabilitation services being provided. Fees should reflect normal market place rates bearing in mind that the costs are ultimately borne by motor vehicle owners.

To facilitate payment of invoices, details should accord with services indicated on approved rehabilitation plans. In the case of long-term clients, monthly billing is appropriate. Accounts for short-term patients should be rendered upon discharge / program completion.

All invoices should include the following information:

- Claimant's name
- CTP claim number
- Date on which service was provided (detail each separate service)
- Details of service provided
- Hours of service

Invoices for private hospital services should include:

- Dates on which approved in-patient services have been provided (i.e. dates covered by an approved rehabilitation plan or letter of approval from the insurer).
- Dates on which any approved services not covered by the daily bed rate have been provided (e.g. aids and equipment, home and vehicle modifications).

4. Rehabilitation Process Guidelines

4.1. Initial rehabilitation assessment procedures

A referral by the insurer for an initial rehabilitation assessment assumes automatic approval to undertake the initial assessment up to the development and submission of a rehabilitation plan or as otherwise specified in the referral.

Wherever possible, medical documents will be released by the CTP insurer to the rehabilitation service provider for the purpose of assisting in rehabilitation planning. If the provider wishes to release these documents to other parties, including the claimant, the provider must discuss the request with the insurer.

To be confident of payment when a referral is received by the provider from another source other than the insurer (e.g. doctor, solicitor) the provider should notify the insurer to discuss the referral and obtain funding approval from the insurer prior to undertaking an initial assessment.

The provider should always confine their discussions to matters directly related to rehabilitation when dealing with claimants and related parties.

4.2 Submission of a rehabilitation plan

Once a referral has been sent to the provider, the provider should conduct an initial interview and assessment and formulate a rehabilitation plan. The rehabilitation plan should be submitted to the insurer within 14 working days of referral (or as requested by the insurer). A suggested initial rehabilitation plan for return to work or case management is Form A. Each plan, including an amended plan should be numbered consecutively.

The rehabilitation plan assists the insurer in assessing and planning for the needs of the claimant. By submitting the rehabilitation plan in advance and obtaining insurer approval to proceed, the rehabilitation provider can be confident of payment for their service.

4.3 Approval of a rehabilitation plan

The insurer will respond to the rehabilitation plan within 10 calendar days of receipt of the plan, indicating in writing whether the plan is approved, not approved, partially approved or further information is required to consider the plan. While liability is still being investigated and determined, an insurer may consider funding the rehabilitation plan.

The provider should not take submission of a plan as automatic approval. To be confident of payment, the provider should ensure they receive documented approval from the insurer before proceeding with the provision of services.

If an insurer is of the view that it is likely to deny liability or that it is unable to approve the plan for another reason, the insurer should inform the provider and claimant with a written explanation within 10 calendar days.

When either provider or insurer has questions, or an unexpected event arises, telephone contact should be made as soon as possible to alert the other party.

4.4 Submission of reports

The insurer requires regular reports on the claimant's progress in relation to the attainment of the initial set goals. The frequency and format of the progress reports should be negotiated between the provider and the insurer on a case-by-case basis. A suggested progress report format is shown in Form B.

For inpatients with a hospital stay longer than 3 months, submission of progress reports and the discharge plan will be required. Relevant assessment reports should be provided to the insurer (e.g. rehabilitation, medical specialist, neuropsychology, initial rehabilitation evaluation).

Under the MAI Act, both the claimant and the insurer are required to forward copies of reports in their possession to the other party within one month of receiving them. To avoid duplication of reports and costs associated with the production of reports, providers who receive requests for reports from sources other than the insurer should contact the insurer.

4.5 Notification of discharge / program completion

To ensure that the claimant's ongoing needs are met, the insurer requires notification of discharge in advance of the event. This will enable the insurer to liaise with the claimant or family and the rehabilitation team to ensure equipment, modifications and services (if required) are in place prior to discharge.

When further services are required, notification of discharge should be submitted to the insurer as soon as possible prior to discharge. Notification to the insurer should be in writing and include details of:

- anticipated date of discharge/program completion
- summary of intervention
- claimant's level of function
- recommended transfer (i.e. accommodation) options if applicable
- the nature of further services required
- the nature of personal care required

A suggested format for the case closure report is shown as Form C.

5. Guidelines for specific services

5.1 Physical and Psychological Treatment Services

Physical and Psychological treatment providers are often the first point of contact for claimants. It is important that these providers have an understanding of the claims process and where to direct the claimant if they have any questions. Providers receive referrals from sources other than the insurer (e.g. medical practitioner or claimant self-referral). When this occurs, it is advisable to contact the insurer for funding approval of the service. **Providers cannot be guaranteed of payment if approval for treatment has not been given by the insurer.**

The submission of a treatment plan is a general requirement by insurers. These treatment plans and associated quick guides are available on the [MAIC website](#) and are included at the end of this guide:

Physical Treatment Providers

- Provider treatment plan – Physical – Form E
- Quick guide – Physical – Form F

Psychological Treatment Providers

- Provider treatment plan – Psychological – Form G
- Quick guide – Psychological – Form H

The treatment plans can be printed and completed by hand or you can use the interactive version on the MAIC website. Intervention proposed in treatment plans should be aimed at functional goals such as return to work and should reflect current research findings, be consistent with available clinical guidelines and encourage self-management. The provider should also forward to the insurer any documentation supporting treatment. This may include copies of medical referrals and outcome measures used by the provider to evaluate the claimant's progress. Examples of commonly used [outcome measures](#) for physical treatment providers are on the MAIC website.

5.2 Vocational rehabilitation programs

Vocational rehabilitation programs are tailored to the individual claimant's needs and may include worksite assessments, functional capacity assessments, monitoring of suitable duties programs, vocational assessments and retraining assistance.

A suggested format for the initial assessment / rehabilitation plan is shown in Form A. If rehabilitation services which have not been proposed in the original plan are required, a subsequent plan should be submitted for approval. Each plan, including an amended plan, must be numbered consecutively. If needed, the CTP insurer will request further information from the vocational rehabilitation provider.

Regular communication between all involved parties assists with achieving the set goals. If the claimant is not progressing as anticipated or a problem arises, providers should contact the CTP insurer as appropriate to discuss the situation.

A work trial with a host employer may form part of the claimant's rehabilitation plan. The work trial is an agreement between an employer, a claimant, a rehabilitation provider and the CTP insurer. Refer to the [Work Training Guidelines](#) for CTP rehabilitation providers, for more detailed information about the terms and conditions for work training and suggested reporting formats to obtain insurance coverage via MAIC.

5.3 Aids, equipment, home & vehicle modifications

To ensure that the claimant receives aids, equipment and any home and / or vehicle modifications when needed, it is essential that requests are submitted to the insurer for consideration as early as possible. Funding requests for aids and equipment should include a description of the item and details of the supplier, the quantity, cost, clinical need for the item, its features, compatibility with the claimant's environment and supporting medical documentation. Requests should include details of all equipment trialled and their appropriateness or otherwise. See suggested format, Form D.

Funding requests for home or vehicle modifications should detail modifications required along with supporting rationale and the impact that the modification will have on the claimant's functional level. Alternatives or lower cost modifications that have been considered should also be included with details of their appropriateness or otherwise.

When prescribing aids and equipment, or home or vehicle modifications the provider should consider the most cost-effective options available to maximise function. Requests should include any supporting documents e.g. home visit report or driving assessment. Once approved, the insurer will accept accounts direct from the supplier, manufacturer or tradesperson for approved items and services.

5.4 Prosthetics

Requests for prosthetics should include details of the prosthesis including all components required, details of the supplier, cost (including component cost and labour costs) and supporting medical documentation. When prescribing prosthetics, the provider should consider the most cost-effective options available to maximise function. Requests should include details of all prosthetics trialled or considered (including costs) and their appropriateness or otherwise. See suggested format, Form D.

5.5 Treatment and rehabilitation by a public hospital in Queensland

If treatment or rehabilitation is provided by a public hospital in Queensland, the services are covered by the Hospital and Emergency Services levy collected as a part of the CTP premium and the claimant and CTP insurer should not be billed.

6. More Information

www.maic.qld.gov.au

Email: maic@maic.qld.gov.au MAIC CTP

Helpline: 1800 CTP QLD (1800 287 753)

7. Useful Links

- [CTP Insurer Contact Details](#)
- [Rehabilitation Standards for CTP Insurers](#)
- [CTP Insurer Decision Making Tool](#)
- [Work Training Guidelines](#)
- [Road to Recovery - brochure for CTP claimants](#)
- [Clinical Framework for the Delivery of Health Services](#)
- [SIRA guidelines for the Management of Acute Whiplash Associated Disorder](#)
- [TRACsa clinical guidelines for the Best Practice Management of Acute and Chronic Whiplash Associated Disorders](#)
- [Whiplash Injury Recovery: a self-help guide](#)
- [Recover Injury Research Centre website](#)

PART IV – SAMPLE FORMS

Suggested formats for communication between the service providers and insurers follow:

1. Form A – Initial Rehabilitation Plan
2. Form B – Rehabilitation Progress Report
3. Form C – Case Closure Summary
4. Form D – Equipment and Prosthetic Request
5. Form E – Treatment Provider Plan – Physical
6. Form F – Quick Guide - Physical
7. Form G – Treatment Provider Plan – Psychological
8. Form H – Quick Guide - Psychological

FORM A - Example 'Initial Rehabilitation Plan'

**REHABILITATION SERVICE'S LETTER HEAD
INITIAL REHABILITATION PLAN**

Plan No _____ Initial/Amended/Subsequent (Please Circle) Date Plan Completed _____

Claimant's Name _____ Claimant's DOB _____

CTP Claim No _____

Insurer _____

Insurer Contact _____ Tel _____

Fax _____

Date of Injury _____ Date Referred _____

Admitted _____

Diagnosis _____

Treating Doctor _____ Tel _____ Fax _____

Case Co-ordinator _____

Tel: _____ Fax: _____

Pre-accident status (including work status) / relevant past medical history

Current status (Please include a copy of assessments if available)

Inpatient / Outpatient Rehabilitation Program/ Intervention to Date

Goals _____

End Goal of Rehabilitation

Program / Plan to achieve the above goals _____

Ongoing Rehabilitation Anticipated (i.e. beyond plan period) No /Yes

Anticipated Date of Completion _____

Note: Each plan including amended plans must be numbered consecutively.

Initial Rehabilitation report continued

Claimant's Name _____

Claimant's CTP Number _____

Objective	Service Type	Estimated Duration	Estimated Hours	Estimated Cost	GST

Services to be billed directly to insurers (for example Xray / MRI, Medical review)

Service	Provided by	Estimated Duration	GST	Estimated cost

Overall costing of this plan _____

Recommended review date _____

Plan proposed by _____ Title _____

Signature _____ Date _____

Rehabilitation plan number _____ **or Rehabilitation plan period** / / to / /

Claimant's Name _____ **Claim Number** _____

Insurer Use Only

Date report received _____

Plan approved yes no partially

Insurer's comments

Name _____ Position _____

Signature _____ Date _____

FORM B - Example 'Rehabilitation Progress Report'

REHABILITATION SERVICE LETTERHEAD

REHABILITATION PROGRESS REPORT

Progress report date _____

Claimant's Name _____

Claim No. _____

Relates to Plan approved on _____

Goal/s

Objectives Attained (Attached assessment if available and include date on outcomes / current status and the need for further intervention)

Any Objective Not Able to be Achieved Yes No

If Yes, details and reason

Next review date / /

Anticipated discharge / completion date _____ (if known)

Case co-ordinator / Case manager _____ Title _____

Signature _____ Date _____

Note:

- ***If further intervention that was not proposed in the original plan is required, a subsequent plan must be submitted for approval.***
- ***Each plan including amended plans must be numbered consecutively.***

FORM C - Example 'Case Closure Summary'

**REHABILITATION SERVICE LETTERHEAD
CASE CLOSURE SUMMARY**

Claimant's Name _____

Claim No _____

Insurer _____

Date of Referral / /

Date Rehabilitation Plan Commenced / /

Total Cost of Rehabilitation _____

Was Rehabilitation Program Completed Yes No

If no, reason

Summary of Intervention

Objectives achieved	Comments

Any objectives not able to be Achieved Yes No

Objectives not achieved	Comments

Claimant Status on Program Completion

Provider's Signature _____

Name _____

Title _____

Date _____

FORM D - Example 'Equipment / Prosthesis Request'

**(REHABILITATION SERVICE LETTERHEAD)
EQUIPMENT / PROSTHESIS REQUEST**

Claimant's Name _____
Claim No _____
Insurer _____
Injury _____

Item	Supplier	Cost (separate item, component and any labour costs)	Clinical need for equipment, Impact on functional level, Compatibility with claimant's environment
Other equipment or prosthesis components trialled or investigated			
Item	Supplier	Cost	Details of trial or investigation of other options, Appropriateness or otherwise of equipment or prosthesis.

Requested by _____
Title _____
Signature _____
Date _____

❖ Please attach supporting documentation

Provider Treatment Plan – Physical

☐ Initial plan ☐ Subsequent plan Treatment plan number Date / /
DD/MM/YYYY

MAiC supports the Clinical Framework for the Delivery of Health Services. Visit maic.qld.gov.au to access the framework and for a guide to completing treatment plans. Funding of proposed treatment is not guaranteed without prior approval by the CTP insurer.

Compulsory Third Party (CTP) insurer details

CTP Insurer

☐ Allianz ☐ Nominal Defendant ☐ QBE ☐ RACQ ☐ Suncorp

CTP claim number

Injured person

Name

Date of accident

 / /
DD/MM/YYYY

Date of initial consultation

 / /
DD/MM/YYYY

Number of sessions to date

Number of unpaid previous sessions

Occupation

Pre-accident work hours/week

Current work hours/week

Current work duties

☐ Normal duties ☐ Modified duties ☐ Not applicable

Referrer

Referrer telephone

 ()

Reason for referral

Current assessment

Details of any relevant pre-existing conditions or treatment prior to the motor vehicle accident

Current subjective/objective assessment

Provisional diagnosis

Functional ability (include test scores from relevant outcome measures)

Factors affecting recovery (include risk factors that may pose barriers to return to social and occupational roles)

Treatment progress to date (if applicable)

Target problem	Treatment goals (incl. function goals)	Treatment method	Progress to goal attainment

Proposed treatment

Details of treatment proposed (treatment goals should be SMART)

Target problem	Treatment goals (incl. function goals)	Treatment method	Measures to be used	Review date
				/ /
				/ /
				/ /

Self-management strategies recommended

Proposed treatment

sessions over weeks at \$ per session.

Other details of proposed treatment (if applicable)

Provider name

Qualifications

Practice name

AHPRA registration number (if applicable)

Practice address (include unit number (if applicable), street number and street name)

	Street type	
Suburb/town	State	Postcode

Email address

Telephone

Signature

Date

DD/MM/YYYY

CTP insurer contact details

Please forward the completed treatment plan and copies of medical referrals, correspondence and outcome measures to the relevant CTP insurer.

Allianz: qldctpclaims@allianz.com.au

Nominal Defendant: nd@maic.qld.gov.au au

QBE: myctpclaim@qbe.com

RACQ: ctpclaims@racq.com.au

Suncorp: qldctpclaims@suncorp.com.au

Insurer use only

Funding approved ☐ Yes ☐ No[†] ☐ Partial[†]

Date

DD/MM/YYYY

Details/comments

Insurer representative name

Signature

[†] Insurer will provide written explanation if plan is partially/not approved

Obtain your client's CTP claim number and the name of the insurance company.



Complete and submit a provider treatment plan. All sections must be completed.



The insurer will communicate a decision in writing within ten calendar days of receipt. The insurer will provide an explanation if the plan is declined in part or in full.



Account for pre-approved treatment expenses should be processed within 10 calendar days of the insurer receiving a valid tax invoice.



Contact the insurer if you have any questions or concerns regarding your client's rehabilitation.

Resources

- [MAiC guidelines for CTP rehabilitation providers](#)
- [Road to Recovery brochure](#)
- [Whiplash Injury Recovery booklet](#)
- [Outcome measures for treatment providers](#)
- [Insurer decision making tool](#)
- [Rehabilitation standards for CTP insurers](#)

Current subjective/objective assessment

Include specific range of motion, PBU readings and other relevant objective measures.

Provisional diagnosis

Your provisional diagnosis is based on your own assessment findings. Comment on relationship of the condition to the MVA.

Functional ability

Include details of the client's abilities and limitations in relation to undertaking daily tasks and provide outcome measure results if appropriate.

Factors affecting recovery

Note risk factors that are likely to be barriers to your client's return to social and occupational roles. Barriers may include those related to your client's physical, cultural and environmental situation. Note appropriate treatment strategies relevant to the claim.

Treatment progress

To be completed if treatment has commenced prior to submission of initial plan. Detail progress to date in terms of the treatment goals. What target problems and associated goals were agreed with the claimant? What treatment has been provided and what progress has been made in terms of goal attainment?

Details of treatment proposed

Include concise details of the target problems and associated treatment goals which have been agreed with the client, and how these goals will be achieved (the treatment method). Treatment goals should be SMART: Specific, Measurable, Achievable, Realistic and Timely. Include the timeframes for these goals to be achieved and how outcomes will be measured.

Self-management strategies recommended

Include details of self-management strategies recommended to your client to assist with their recovery at home.

Proposed treatment

Duration of the treatment plan during acute and sub-acute stages should be generally less than twelve weeks. Beyond twelve weeks, or in complex cases, it is appropriate to reassess progress and prepare a subsequent treatment plan. Other details of proposed treatment could include aids or medication.

January 2020

Provider Treatment Plan – Mental Health

☐ Initial plan ☐ Subsequent plan Treatment plan number Date / /
DD/MM/YYYY

MAIC supports the Clinical Framework for the Delivery of Health Services. Visit **maic.qld.gov.au** to access the framework and for a guide to completing treatment plans. Funding of proposed treatment is not guaranteed without prior approval by the CTP insurer.

Compulsory Third Party (CTP) insurer details

CTP Insurer ☐ Allianz ☐ Nominal Defendant ☐ QBE ☐ RACQ ☐ Suncorp CTP claim number

Injured person

Name Date of accident / / Date of initial consultation / /
DD/MM/YYYY DD/MM/YYYY

Number of sessions to date Number of unpaid previous sessions

Occupation Pre-accident work hours/week Current work hours/week

Current work duties ☐ Normal duties ☐ Modified duties ☐ Not applicable

Referrer Referrer telephone ()

Reason for referral

Current assessment

Details of any relevant mental health history prior to the motor vehicle accident (include relevant medications and dosages)

Current clinical findings (including symptoms, frequency of occurrence and effect on function)

Test results/outcome measure results (for baseline and comparative purposes)

Date	Psychological tests	Test scores and summary analysis
/ /		
/ /		
/ /		
/ /		

Factors affecting recovery (include risk factors that may pose barriers to return to social and occupational roles)

--

Current diagnosis (reference to DSM-5)

If this is a subsequent plan, has the current diagnosis changed since previous plan? ☐ Yes ☐ No ☐ N/A

Assessment categories	Mental disorder diagnostic and functional information	Approximate date of onset	Relationship to accident: 1. Causally related 2. Unrelated 3. Exacerbation of pre-existing condition 4. Late onset
Clinical diagnosis (incl. personality disorder/ intellectual impairment)		/ /	
General medical conditions impacting on management of the mental disorder		/ /	
Psychosocial and environmental issues (ICD to Z codes)			
Disability (e.g. WHODAS score)			

Additional comments regarding diagnosis (e.g. is a diagnosis provisional or is there a differential diagnosis?)

--

Treatment progress to date (if applicable)

Target problem	Treatment goals (incl. function goals)	Treatment method	Progress to goal attainment

Proposed treatment

Details of treatment proposed (treatment goals should be SMART)

Target problem	Treatment goals (incl. function goals)	Treatment method	Measures to be used	Review date
				/ /
				/ /
				/ /
				/ /

Self-management strategies recommended

--

Proposed treatment

sessions over weeks at \$ per session

Other details of proposed treatment (if applicable)

--

Provider name

--

Qualifications

--

Practice name

--

AHPRA registration number (if applicable)

--

Practice address (include unit number (if applicable), street number and street name)

	Street type	
Suburb/town	State	Postcode

Email address

--

Telephone

()

Signature

--

Date

/ /

DD/MM/YYYY

CTP insurer contact details

Please forward the completed treatment plan and copies of medical referrals, correspondence and outcome measures to the relevant CTP insurer.

Allianz: qldctpclaims@allianz.com.au

Nominal Defendant: nd@maic.qld.gov.au

QBE: myctpclaim@qbe.com

RACQ: ctpclaims@racq.com.au

Suncorp: qldctpclaims@suncorp.com.au

Insurer use only

Funding approved ☐ Yes ☐ No[†] ☐ Partial[†]

Date

/ /

DD/MM/YYYY

Details/comments

--

Insurer representative name

--

Signature

--

[†] Insurer will provide written explanation if plan is partially/not approved

Obtain your client's CTP claim number and the name of the insurance company.



Complete and submit a provider treatment plan. All sections must be completed.



The insurer will communicate a decision in writing within ten calendar days of receipt. The insurer will provide an explanation if the plan is declined in part or in full.



Account for pre-approved treatment expenses should be processed within 10 calendar days of the insurer receiving a valid tax invoice.



Contact the insurer if you have any questions or concerns regarding your client's rehabilitation.

Resources

- [MAiC guidelines for CTP rehabilitation providers](#)
- [Road to Recovery brochure](#)
- [Outcome measures for treatment providers](#)
- [Insurer decision making tool](#)
- [Rehabilitation standards for CTP insurers](#)

Current clinical findings

List the problems that are currently preventing your client from participating in their normal activities (e.g. family, paid work, social). Include key indicators, signs and symptoms associated with the problem.

Test results/outcome measure results

List relevant psychological tests performed along with up to date test scores and summary analyses.

Factors affecting recovery

Note risk factors that are likely to be barriers to your client's return to social and occupational roles. Barriers may include those related to your client's physical, cultural and environmental situation. Note appropriate treatment strategies relevant to the claim.

Current diagnosis

Indicate diagnoses and the relationship to the motor vehicle accident (report diagnoses utilising the DSM-5 multiaxial classification). Please indicate with 'N/A' next to each axis where no diagnosis is present.

Treatment progress

To be completed if treatment has commenced prior to submission of initial plan. Detail progress to date in terms of the treatment goals. What target problems and associated goals were agreed with the claimant? What treatment has been provided and what progress has been made in terms of goal attainment?

Details of treatment proposed

Include concise details of the target problems and associated treatment goals which have been agreed with the client, and how these goals will be achieved (the treatment method). Treatment goals should be SMART: Specific, Measurable, Achievable, Realistic and Timely. Include the timeframes for these goals to be achieved and how outcomes will be measured.

Self-management strategies recommended

Include details of self-management strategies recommended to your client to assist with their recovery at home.

Proposed treatment

Duration of the treatment plan during acute and sub-acute stages should be generally less than twelve weeks. Beyond twelve weeks, or in complex cases, it is appropriate to reassess progress and prepare a subsequent treatment plan. Other details of proposed treatment could include aids or medication.

January 2020