

Medical Practitioners Workers Compensation Guide

The information provided in this publication has been developed to assist medical practitioners to understand processes within the Northern Territory workers' compensation system.

1. What is the claims process?

- Your patient should return the completed First Medical Certificate to their employer as soon as possible and complete a workers' compensation claim form.
- The employer then has 3 working days to forward these documents to the insurance company.
- The insurer will make a decision on the claim within 10 working days of the employer receiving it and advise your patient if their claim is accepted or rejected. The claim may also be deferred to allow the insurer more time to investigate the claim.
- If the insurer notifies the worker the claim is deferred, your patient will receive up to 8 weeks pay while the insurer further investigates the claim, however, no other benefits such as the provision of health services are paid during this period. There is provision for mandatory rehabilitation for stress claims during the deferral period if required.

2. What is injury management?

Injury management is a recommended framework which describes a co-operative effort by the worker, the employer and treating medical practitioner to help the injured worker stay either at work or return to work following an injury. It is important that injury management starts at the time of injury and that the parties communicate at regular intervals throughout the process.

The Northern Territory's workers' compensation scheme has early return to work as one of its desired outcomes. Therefore, your focus should be one of recognising what an injured worker can do (capacity), rather than what a worker cannot do (incapacity).

3. Is it expected that contact be made with the employer?

Yes. However, ensure you have obtained the worker's consent prior to providing information to the employer/insurer. You can contact the employer at any stage of the return to work process to:

- request or review alternative duties;
- schedule a meeting with the key parties to discuss injury management and return to work options; or
- discuss referral to an approved vocational rehabilitation provider.

4. Can I refer for a second opinion?

Yes. You can refer your patient to a range of specialists, for:

- assistance with difficult long-term workers' compensation cases; or
- a second opinion.

5. How do I refer for vocational rehabilitation?

You can make a recommendation to the employer/insurer to organise a referral to an approved vocational rehabilitation provider by using the tick box provided on the First Medical Certificate and the Progress Medical Certificate.

6. How to arrange payment for medical services?

You may forward all invoices to the employer for payment, even when the claim is in dispute. If the claim is accepted the insurer is required to reimburse reasonable medical and related expenses. If the claim is denied your patient is responsible for all prior and future treatment costs and should forward such accounts to Medicare and where appropriate their private health fund for a rebate. On most occasions the insurer will pay for the First Medical Certificate upon receipt of the claim regardless of the decision as to liability.

7. What fees are available for medical practitioners?

NT WorkSafe does not regulate fees and charges. However, the scheme provides for the payment of a worker's reasonable medical, surgical and rehabilitation expenses.

Checklist

Medical assessment and the First Medical Certificate

- The First Medical Certificate is only valid for up to 14 days.
- Assess and diagnose injury, administer and co-ordinate treatment.
- Establish in your opinion whether the diagnosis does/does not correlate with the cause of injury described to you by the patient.
- Determine if the worker can immediately return to work, or if time off work is required.
- Determine if the worker requires an injury management plan.
- Complete in full the First Medical Certificate: use the tick box to indicate "First and Final Certificate" if it is a minor injury and no further intervention is required.
- Partially completed medical certificates can lead to a worker's claim being deferred, rejected or lead to a delay in payment of benefits, which in turn can cause considerable financial hardship to the worker.

Ongoing medical management

- Monitor the treatment plan.
- Complete Progress Medical Certificates on a regular basis following patient consultations. These certificates have a **recommended** maximum 28 day duration.
- Provide information on return to work (RTW) options and give clear and concise instructions to the worker/employer/insurer.

- Consider a vocational rehabilitation referral when:
 - The worker cannot go back to doing what he/she was doing before the injury.
 - The workplace needs to be modified to assist with RTW.
 - The employer cannot find suitable alternative duties.
 - The worker needs re-training for a totally new role.
 - Other difficulties arise in the case.
- Discuss this referral with the employer and injured worker. Use the tick box on the medical certificate to request referral to an NT WorkSafe approved vocational rehabilitation provider.
- Final Medical Certificates may be issued when medical treatment has been completed.
- If insurers have concerns with respect to causation, diagnosis, investigation, management or prognosis of a workers' compensation claim, they are obliged, in the first instance to seek the opinion of the treating doctor. Where the doctor has not provided an appropriate response within 14 days, they may seek the opinion of another medical practitioner.

Medical practitioners should encourage patients seeking information on the workers' compensation scheme to contact NT WorkSafe on 8999 5585 or 1800 250 713 (Australia wide).