

# FREQUENTLY ASKED QUESTIONS

## Eligibility and Determinations

We encourage you to use this resource as an accessory to our **Work Injury Guide for Medical Practitioners**.

### 1. My patient has suffered an injury and wants to lodge a claim. What do they need to do?

Your patient should report their injury to their employer as soon as they can and then contact their employer's claims agent to lodge a claim, either over the phone or via a claim form. They'll be asked to outline to the best of their knowledge

- the day on which the injury occurred; and
- the place at which the injury occurred; and
- the nature of the injury; and
- the cause of the injury.

### 2. What do I need to do to support the claim process?

You should assess the injury consistent with best clinical practice and complete a Work Capacity Certificate (WCC) outlining to the best your ability:

- the 'nature of the injury'; and
- the probable 'cause of the injury'; and
- if your patient is incapacitated for work; and
- your patient's current and likely future capacity.

### 3. Why am I being asked to write a medical report if I've already provided a WCC?

You may be asked to write a medical report when more detailed information is needed to satisfy the four eligibility outlined in question 4. Usually, the claims agent is seeking further information on:

- a more specific diagnosis
- the connection with employment,
- the mechanism of injury.

Reports are required to be provided within 10 business days. This is to ensure that claim determinations are made promptly, and compensation paid to the worker without delay.

### 4. How is my patient's claim determined?

There are four eligibility questions that the claims agent must answer to [determine a claim](#):

1. Is your patient a "worker" as per the *Return to Work Act 2014*?
2. Is there an injury or illness that has been diagnosed? Symptoms of an injury will not suffice (e.g. stress, shoulder pain, numbness in the right hand)
3. Is there a connection to employment? For physical injuries, employment must be **a** significant contributing cause of the diagnosed injury; for psychological injuries, employment must be **the** significant contributing cause of the diagnosed injury.
4. Do any exclusions apply? This relates to exclusions specifically stated within Section 7 of the *Return to Work Act 2014*.

### 5. Who determines the 'connection to employment'?

It is the claims agent responsibility to assess the injury's 'connection to employment'. Your opinion of what led to your patient's injury is essential to this process. When assessing your patient, it's important to consider and document:

- your patient's occupation and the nature of their duties at the time of their injury,
- the mechanism and circumstances surrounding their injury,
- any other relevant medical history which may impact the diagnosis or causation of symptoms.

## 6. My patient has aggravated an underlying/pre-existing condition at work. Is this covered?

An aggravation of underlying or pre-existing condition can be accepted for the extent and duration of the aggravation, rather than for the underlying condition. This means that the claim will cease once the aggravation/exacerbation no longer affects their ability to work. To support the determination process, you can:

- Understand your patient's level of activity, symptoms and function prior to their work injury/aggravation.
- Review any previous imaging and provide this to the claims agent.
- Detail the specific nature of the injury as an 'aggravation' on your WCC.

## 7. How long will it take for my patient's claim to be determined?

85% of claims are determined within 10 business days. If the required eligibility questions can't be answered within 10 days, further information will be sought. If sufficient information to determine the claim is not available, your patient will be offered interim payments to cover any lost income and/or medical expenses they incur during this period. If the claim is rejected, these payments are recoverable from your patient. This is why it's important to provide supporting medical information as soon as possible.

## 8. I'm short of time, is there any way to submit the information required without writing a report?

The following options are available to you if you're unable to complete a report within 10 business days:

- Call the claims agent to discuss what they need over the phone – use the code WMG24 to charge for your time.
- Invite the claims agent to attend a case conference – WMG09, or a third party consult - WMG14 (meeting without your patient), where you can charge for your time, print off any supporting documents and answer their questions.
- Clarify your diagnosis and specific link to employment on the next WCC, referring to any other supporting evidence you may have relied upon in your opinion e.g. imaging or diagnostic testing.

## 9. What if my diagnosis changes?

The diagnosis can be reviewed and changed if the claims agent is provided with new evidence that satisfies the causal link to employment. You can inform the claims agent of the change in diagnosis by:

- updating the diagnosis section of the WCC,
- a case conference,
- a medical report.

## 10. My patient's claim has been rejected, what do I do?

You can treat the patient's injury as necessary using the Medicare Benefits Scheme. We encourage you to support your patient to connect with the workplace, where medically appropriate.

The claims agent will discuss the reason why the claim hasn't been accepted with both your patient and their employer. The claims agent will explain what alternate options may be available. They will also send a determination letter with detailed information about the reasons why the claim was rejected; which your patient may choose to share with you.

## Where can I find further information?

For further information about determination of a claim, please contact your patient's Claims Agent.

**EML:** 08 8127 1100 Toll free: 1300 365 105  
**Gallagher Bassett:** 08 8177 8450

For information about clinical support services or queries around the Fee Schedule, please contact the Scheme Support Team.

Phone: **08 8238 5757**  
Email: [providers@rtwsa.com](mailto:providers@rtwsa.com)

Scan the QR code to access the **Work Injury Guide for Medical Practitioner**

