

Elective Surgery Requests

Fact Sheet for Workers

The WorkSafe Agent can pay the reasonable costs of elective surgery when required as a result of a work-related injury or illness when the service is provided by a registered medical practitioner in accordance with Victorian workers' compensation legislation.

Definition

Elective surgery is clinically necessary, non-emergency surgical treatment (including surgical procedures) performed by a registered medical practitioner. Elective surgeries can have positive and negative impacts on your long term health and wellbeing and on the way your injury or illness recovers.

WorkSafe and their managing Agents take elective surgery requests very seriously and have a thorough assessment processes for reviewing these requests. Outcomes following surgery are not always guaranteed and some types of surgery can have a low success rate or can make your overall condition worse. Therefore before approving a request, WorkSafe wants to be confident that the proposed surgery is the best option for you, taking into consideration the risks and likely benefit.

This fact sheet outlines what happens when an elective surgical procedure request is received by WorkSafe and its Agents.

Significant Elective Surgeries

WorkSafe recognises that all elective surgery requests are individual and unique. Each surgery comes with its own risks and the potential for long term impacts on your health and wellbeing. Some elective surgeries are deemed to be more significant than others. Examples of significant elective surgeries are:

- joint replacements - knee, hip, ankle, shoulder
- joint reconstructive surgeries - knee, ankle, shoulder
- fusion surgeries - spinal and peripheral joints
- internal organ surgery - hernias
- amputations - the removal of the whole or part of an arm, hand, leg or foot

What happens if I require surgery?

If your specialist advises that you require surgery the following steps must occur:

1. Surgeon

The Surgeon/Specialist (also known as your Treating Health Practitioner - THP) must write to your WorkSafe Agent to request approval for the proposed surgery.

The letter must include:

1. a clear diagnosis of your injury or illness
2. a clear statement confirming that your diagnosed injury or illness and the requested surgery are directly related your work place injury
3. confirmation that your consultation with the specialist was in person and that a physical examination was completed
4. the clinical outcomes of this physical examination
5. a full description of the proposed surgery with a detailed clinical rationale and justification for the surgery
6. information about consideration of alternative treatment options
7. expected recovery outcomes, including post-surgery pain levels, medication, treatment and rehabilitation needs
8. details of any anticipated prosthesis or implants that may be required
9. reference & access to the relevant radiology reports (X-rays, CT scans, MRI reports etc) to support the clinical rationale and justification for the request the Medicare Benefits Schedule (MBS) Item Numbers (used for the billing of medical services) they intend to use. The WorkSafe Agent will fund approved surgeries in accordance with the Medicare Benefits Schedule and the WorkSafe fee schedule

Please note, failure to provide all of this information to the Agent may cause delays in the review of this surgery request.

2. The Agent

The Agent makes the decision on whether WorkSafe will pay for the surgery and determines with you if the proposed surgery is the best option for you. Surgery should not go ahead without written approval from the WorkSafe Agent.

The Agent is responsible for:

1. reviewing the information provided by the specialist
2. if required, seeking further information directly from the specialist
3. considering your individual needs and circumstances at the time of the request
4. where necessary, seeking opinions of consultant doctors/specialists in relation to whether the requested surgery is the most appropriate and reasonable treatment option for your particular injury or illness
5. if required, arranging for you to have an Independent Medical Examination (IME) for another medical opinion (this IME may include seeing a pain specialist)
6. making a decision to either approve or deny the surgery request
7. advising you of the outcome

It is important to note:

- not all surgery requests are approved. There are several factors why the request may be denied and this will be explained to you in writing in your outcome letter from the Agent
- if your surgery request is approved, the procedure/s will have an item number/s that have been approved. The item number determines the maximum amount payable for that procedure by the Agent. This amount is taken from the WorkSafe Maximum Fee Schedule (similar to that of the Medicare Benefit Schedule Fee). Your surgeon may ask you to pay a “gap” between what they charge and WorkSafe’s fees. You are able to seek a second surgical opinion to avoid any potential out of pocket expenses

When will I receive a response from the Agent?

- requests for surgery are assessed as a high priority
- it is difficult to put a timeframe on the process from application to outcome because all cases are different. However, if all information is provided to the Agent upfront and they don’t require anything further it would be reasonable to expect an outcome in 28 days
- to speed up the process you are encouraged to provide as much information as possible
- where an IME is required the medical examiner is required to provide a formal written report which can take considerable time
- where further information is sought from third parties by the Agent the time will also increase

What if I don’t want the surgery?

- if WorkSafe approve your surgical request, ultimately the decision to proceed with the proposed surgery is yours
- if you’ve decided that you do not want to have the surgery, or are feeling unsure about it, talk directly with your treating health practitioners involved and/or gain a second opinion
- keep your agent informed along the way so that they are aware of the change to your treatment plan

What about emergency surgery?

If the surgery is an emergency or lifesaving surgery (based on medical evidence provided by the surgeon) the Agent can do a retrospective review following the steps above. However, please keep in mind that if the retrospective review results in the surgery being denied then you may incur out of pocket costs.