

How to request treatment and care services

The **icare** Workers Care Program pays for the reasonably necessary treatment and care services you need as a result of your workplace injury. For more details on what we will pay for, please read our information sheet W04: *What is reasonably necessary treatment and care?*

How do I request treatment and care services?

To make a claim for treatment and care services, discuss your needs with your rehabilitation case manager or your **icare** Workers Care coordinator to make sure it is treatment and care, as defined in the *Workers Compensation Act 1987 and Workplace Injury Management and Workers Compensation Act 1998*

It's important to get approval from us *before* organising any services. You should be involved in preparing the request. To help you when you ask for services, specific forms have been developed. Your Workers Care coordinator can provide the forms to your rehabilitation case manager. These will be submitted by your rehabilitation case manager on behalf of you and your service providers (for example, your occupational therapist, psychologist, physiotherapist and so on).

You are also able to send in your own claim, however having the support of your rehabilitation case manager when preparing a request may make the process easier.

What information should be included?

Each request will include information about:

- Your injury-related needs
- Your current abilities
- The things you want to do and achieve in your life (your goals).
- How the service requested address these goals and meets the reasonably necessary criteria
- Who you have selected to provide the service and why, when, where and how the service will be provided
- How long the service will continue
- Costs associated with the service

If services have already been provided to help you achieve your goals, information is also required on the outcome of these.

Your case manager or service provider will talk to you and provide this information to us.

How is a decision made?

We' review each request on a case-by-case basis to decide if the service or services asked for are related to your workplace injury and meet the reasonably necessary criteria for treatment and care.

How will I be informed of the decision?

We'll send you a written notice, called an approval notice, with our decision within 21 days of receiving the request. An approval notice will include details of approved services and the reasons for the decision. Payment codes, approval numbers and costs are included for use by your service providers.

We'll also send a copy of the approval notice to your rehabilitation case manager, who will send it to your service providers so they know what services are approved.

All approvals and supporting information will be provided to your employer's workers compensation insurance agent.

After careful review, you'll be advised in writing if we decide that Workers Care can't fund the service or item requested because:

- it is not injury-related treatment and care
- and/or is not reasonably necessary.

Your coordinator will also call you to discuss the decision and the reasons for the decision.

What if I disagree with a decision?

If you disagree with a decision, talk to your coordinator in the first instance. They might contact other people involved with you, such as your service provider who requested the treatment. Your coordinator may suggest arranging a meeting to discuss the issues with your service provider and agree on solutions.

If you can't reach a resolution, you can ask us to review our decision by completing the *Reconsideration of Decision* form attached to your decision notice. Your coordinator can provide you with the form if you no longer have a copy.

If you *still* disagree with the decision you can lodge an application for a dispute with the Workers Compensation Commission (www.wcc.nsw.gov.au) or Workers Compensation Independent Review Office (www.wiro.nsw.gov.au).

For more information or to contact the icare Workers Care Program

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