

Working in the NSW CTP Scheme

Invoicing information for NSW Health doctors



A new compulsory third party (CTP) Green Slip scheme started on 1 December 2017. The scheme focuses on early support and recovery, to better support people injured in NSW motor accidents.

This information:

- explains how to invoice patients who have been injured on NSW roads
- is provided by the State Insurance Regulatory Authority (SIRA) in consultation with NSW Health, the Australian Medical Association - NSW (AMA) and the Australian Salaried Medical Officers' Federation of NSW
- applies to admitted and non-admitted patients who are injured in NSW motor accidents on or after 1 December 2017.

What does the 2017 scheme mean for public hospital patients?

Almost all people injured in motor accidents in NSW can receive statutory benefits (including for reasonable and necessary treatment and care) for the first 26 weeks from the date of the motor accident, regardless of fault. Payment of treatment and care benefits may continue beyond 26 weeks for as long as needed if the patient was not at fault for the accident, has injuries which are not assessed as 'minor injuries', or if they were 16 or under at the time of the accident.

A purchasing agreement between SIRA and NSW Health covers almost all people injured in motor accidents in NSW, regardless of fault and whether they make a CTP claim or not, for:¹

- Emergency Department care
- acute inpatient services
- subacute and other non-acute inpatient services
- mental health services
- non-inpatient care and other ambulatory care services
- ambulance transport services (other than between Local Health Districts).

The purchasing agreement enables doctors to exercise their rights of private practice.

Important information if your patient is a CTP claimant

Time to lodge a claim

The patient has 3 months from the time of the accident to lodge a claim.² If the patient wants to also claim for 'back pay' for lost earnings from the date of the accident they must lodge the claim within 28 days of the date of the accident.

¹ A small number of patients are not covered by the purchasing agreement (also known as the bulk billing agreement or BBA) as they are not compensable as defined by the National Health Reform Agreement. These include people charged with a serious driving offence in relation to the motor accident, and at fault drivers knowingly driving uninsured vehicles. These patients may be entitled to Medicare benefits for health care services they receive. People injured in motor accidents in the course of their work may need to be compensated under the Workers Compensation system before they can access benefits under the CTP scheme.

² In limited circumstances, insurers may accept late claims.

Reasonable and necessary care

Under the *Motor Accident Injuries Act 2017*, the CTP insurer is obliged to pay for treatment and care (including rehabilitation) that is 'reasonable and necessary' on an accepted claim. What is 'reasonable and necessary' in one case may not be reasonable and necessary in another.

Insurers need relevant medical information and time to make decisions about what is reasonable and necessary, including for transfers to rehabilitation or other facilities. Insurers may therefore request clinical notes and other relevant medical information.

For transfers, the patient may also need written medical clearance from a doctor for partial weight bearing in order to participate in rehabilitation.

Insurers are required to advise the claimant and health service provider in writing of a decision regarding treatment and care (including transfers) as soon as possible but within 10 calendar days of receipt of a request, and if approved, state the costs the insurer has agreed to meet.

Payment of invoices by insurers

Insurers are required to pay accounts as soon as possible but within 20 calendar days of receipt of an invoice.

Disagreements with an insurer decision

If you, as a treating doctor, disagree with an insurer's decision, discuss it with the insurer claims officer or rehabilitation advisor. If the situation remains unresolved, you can ask the insurer to escalate the issue as a complaint.

Your patient can also ask the insurer to conduct an internal review of the decision and use SIRA's Dispute Resolution Service to further escalate disputes with insurers if needed.

How to invoice a patient injured in a motor accident

Documentation of professional attendances should be in accordance with advice provided in the most current [Medicare Benefits Schedule](#).

Patient CTP claim status	Billing information
Patient has made a CTP claim and knows their claim number	Bill the CTP insurer directly, using AMA rates, including: <ul style="list-style-type: none">claim numberrelevant AMA item number/spatient's namedate of accidentyour ABN³, address and GST (if applicable).
Patient has made a CTP claim but does not know their claim number or Patient intends to make a CTP claim	Bill the patient, include the information above (as for those who know their claim number) and add clear instructions to the patient to forward the invoice to the insurer. <ul style="list-style-type: none">To confirm if the patient has made a claim, or if not, whether they intend to make a claim, revenue staff at the facility/LHD should attempt to contact the patient or family members prior to discharge or a minimum of two weeks after admission. If required, they should attempt to make further contact 28 days after the admission date.Any change in financial classification should be communicated to the treating physician/s.If the rooms of a Visiting Medical Officer (VMO) are advised that the patient does not intend to claim, practice staff should inform the relevant staff at the facility/LHD to ensure correct classification of the patient occurs.

³ Not applicable to Staff Specialists

Patient CTP claim status	Billing information
Patient has stated they do not intend to make a CTP claim	<p>A senior revenue officer at the facility/LHD will change the financial classification to one of the No Claim options.</p> <p>VMOs will have the option to submit a claim through the normal claiming processes for treating public patients (or to a private health insurer or the Department of Veterans' Affairs, should they accept the claim).</p>
Patient is not a compensable patient (for example, charged with serious driving offence or knowingly drove an uninsured vehicle)	<p>In the event of the hospital becoming aware that the patient is not compensable, a senior revenue officer will reclassify the patient to an appropriate financial classification.</p> <p>If the patient is still admitted they may elect to be either a public or private patient in a public hospital.</p> <p>If the VMO's rooms become aware that the patient is not eligible, practice staff should inform the hospital so a valid election can be made and the patient reclassified.</p>

Resources for you and your patient

For you

Treatment guidelines and information for health professionals: <https://www.sira.nsw.gov.au/for-service-providers/treatment-advice-centre>

Insurers' responsibilities for treatment and care: Part 4 of the Motor Accident Guidelines: <https://www.sira.nsw.gov.au/resources-library/motor-accident-resources/publications/for-professionals/motor-accident-guidelines>

Working in the CTP scheme: <https://www.sira.nsw.gov.au/for-service-providers/A-Z-of-service-providers/doctors-and-medical-specialists>

Minor injury: information for General Practitioners (GPs) in the NSW CTP scheme: <https://www.sira.nsw.gov.au/resources-library/motor-accident-resources/publications/for-professionals/minor-injury-information-for-general-practitioners-working-in-the-NSW-CTP-scheme>

For your patient

Guide for people injured on NSW roads: <https://www.sira.nsw.gov.au/resources-library/motor-accident-resources/publications/injury-advice-centre/guide-for-people-injured-in-motor-accidents-in-nsw>

Recovery advice for injured people: <https://www.sira.nsw.gov.au/theres-been-an-injury/injury-advice-centre>

Understanding minor injury: <https://www.sira.nsw.gov.au/claiming-compensation/motor-accidents-injury-claims/from-1-december-2017/understanding-minor-injury>

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