Elective Surgery Funding Requests with No Prior Approval Policy v7.0

Summary

Objective
ACC is not liable to pay the costs of a client's elective surgery unless we've given prior approval.

We can consider funding elective surgery without prior approval under the extended discretion provisions of the AC Act 2001, Section 68(3).

Owner Name withheld

Expert Name withheld

Policy

1.0 Rules

a Clients (often through their treatment provider / surgeon) must get prior approval before undergoing any elective surgery for a covered injury.

If the client doesn't have prior approval, we'll decline the request for funding for elective surgery.

We may consider the request under the extended discretion provisions, provided cover has been established and the requested surgery is needed because of the covered injury. The extended discretion provisions give ACC the ability to use it's discretion to provide support where the legislation states that ACC is not required to do so.

Clients cannot request a review of decisions made by ACC under the extended discretion provisions. Decisions must be made by the Treatment and Support Team

NOTE **Are there any Elective Surgeries that do not need prior approval?**
Providers no longer need to complete or submit ARTPs for the affected codes listed in the Elective Surgery non prior approval procedures list which could result in some clients calling to understand what entitlements may be available to them.

These clients will not have an ARTP you can refer to, so you may need to provide advice based on clinical notes from the specialist. Also refer to the Elective Surgery Operational Guidelines.

Elective Surgery non prior approval procedures

2.0 Approving funding under extended discretion

a The Treatment and Support Assessor may consider approving funding for elective surgery under the AC Act 2001 Section 68 (3) (extended discretion), where:
- ACC has caused unreasonable delays in the process, ie we failed to make a decision in a timely manner
- it cannot be established that the client knew about the requirement for prior approval
- the provider meets the contractual criteria for retrospective reimbursement
- the claim for cover is lodged after the surgery is performed
- the claim for cover is initially declined but is accepted at review or appeal after the surgery has taken place
- no prior approval was requested because the condition was only found to be related to an accepted claim once surgery had been performed
- the provider is found to have not followed due process.

3.0 How much can we pay?

a Under extended discretion we'll generally pay the agreed contracted amount. We may meet the full cost of the surgery when:

- an eligibility or cover decision is overturned at review, as the client or provider could not have obtained prior approval

- a funding request is received for a treatment injury where a cover decision is pending. We could consider payment under the extended discretion criteria once cover is accepted

- the client was told, either by the surgeon or ACC, that reimbursement would be in full.

The Treatment and Support Team may consider reimbursing the full amount in other situations on a case-by-case basis.

4.0 Who we can pay

a The Treatment and Support Team is able to consider reimbursement to both clients and third parties, where there has been a true cost incurred by the client.