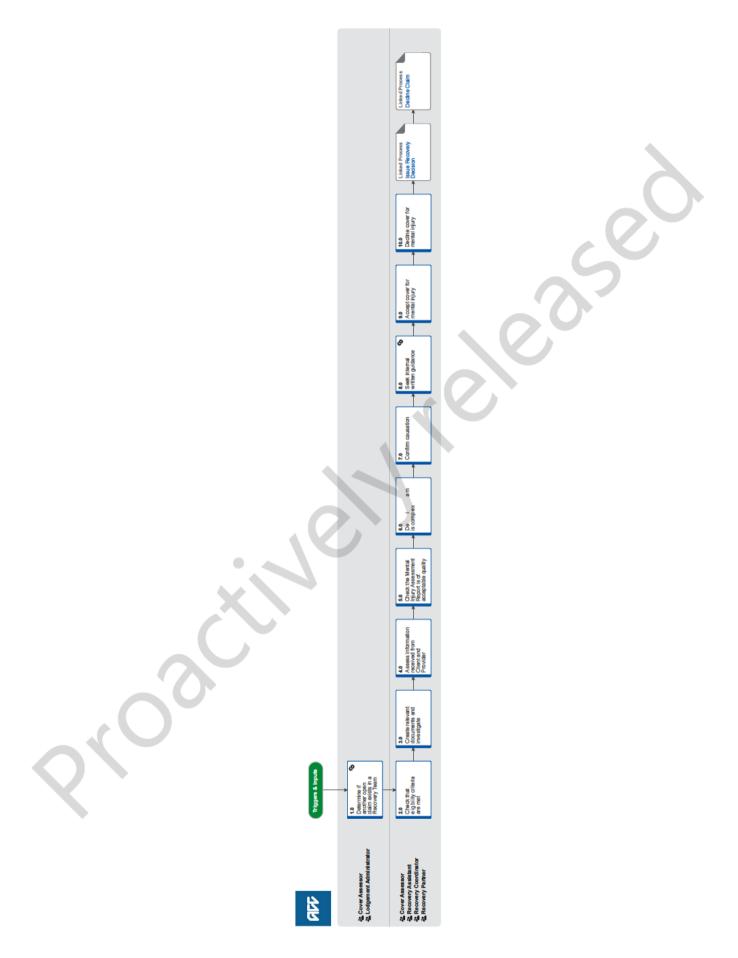
Make Cover Decisions for Mental Injury Caused by Physical Injury v25.0



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Summary

Objective

To enable recovery team members to make cover decisions on some new claims for mental injury caused by physical injury (MICPI) without having to access Recovery Support/Clinical Services teams.

Background

A proportion of claims that come to Clinical Services for advice regarding cover for Mental Injury Caused by Physical Injury (MICPI) will be dealt with quicker and more consistently if recovery team members follow this process. Some cover decisions could be made without any input from Clinical Services.

Owner [Name withheld]

Expert [Name withheld]

Procedure

1.0 Determine if another open claim exists in a Recovery Team

Cover Assessor, Lodgement Administrator

- a In Eos, check for any open claiims.
 - NOTE How do you check there is an active managed claim? The vellow indicator on the General Screen

shows the client has an active managed claim.

NOTE What is there is an existing open managed claim?

Go to (NGCM) Match Claim to Recovery Team

End of Process.

PROCESS Match Claim to Recovery Team

2.0 Check that eligibility criteria are met

Cover Assessor, Recovery Assistant, R covery Coordinator, Recovery Partner

- a Check that there is a covered physical injury. The related physical injury may already be covered on an earlier claim or being diagnosed now along with the mental injury.
- b Check the date of injury is co rect. The date on which a person suffers me tal injury because of physical injuries suffered by t e person is the date on which the physical injuries are s ffered.
 - Co r Criteria for Personal Injury
- c Che k the r levant claim documents (eg ACC45, ACC18 (available to GP/hospital only), letter from GP or provider re uesting cover for mental injury, ACC54 application form for Independence Allowance/Lump Sum), medical records to establish if the injury meets mental injury criteria, using the Mental injury Because of a Physical Injury Policy and Mental Injuries Policy
 - Mental Injury Because of a Physical Injury Policy
 - Mental Injuries Policy
 - ACC45 ACC Injury claim.pdf
 - ACC54 Independence Allowance Lump Sum application

- NOTE What if there is no physical injury diagnosis provided by the lodging provider? Contact the provider to obtain the diagnosis of the physical injury by phone or email asking for the diagnosis of the physical injury.
- NOTE What if the GP advises there was no physical injury to client as a result of the accident event? This process ends. Go to Decline Claim, issue the CVR999 Cover Decline letter, using letter option 15 - MENTAL INJURY - No phy ical injury.
- NOTE What if you are unsure whether injury meets the criteria for mental injury? Seek Internal Guidance.
- NOTE If physical injury cover can be established either from an ear er lo ged claim for this accident event or tha the physical injury being diagnosed now meets the criteria for cover go to step 3.0.

3.0 Create relevant documents and investigate Cover Assess r, Recovery Assistant, Recovery Coordin tor, Recovery Partner

- NOTE NGCM Request for clinical records. What if you are a Recovery Team Member? Follow the Request Clinical Records process, ensuring that you provide the applicable information from task (d) below to the Recovery Administrator to action the request to the GP. PROCESS Request Clinical Records
- a Determine if a decision can be made in the statutory timeframes. If not, you will need to extend the timeframes, please see the 'extend decision timeframe' process for more detail.
 - NOTE Go to 'extend cover decision timeframes' process

PROCESS Extend Cover Decision Timeframe

- b Contact client to confirm eligibility of claim using criteria set out in Mental injury Because of a Physical Injury Policy. Advise the client what information will need to be collected, including medical or clinical notes relating to all mental health records and all relevant GP records predating the injury by two to five years (or a longer period if there is a known mental health history over an extended period of time), and that this information will be shared with the selected provider who will be carrying out the required assessment once all information has been obtained. Advise that we also require client to complete the ACC4244 and ACC6300.
- c Generate the following client documents in EOS CVR13 letter, PSYIS02 form,ACC4244 form and ACC6300 form and send to client. (The CVR13 and ACC4244 will require editing to fit the claim type as these documents are use for both MICPI and WRMI claims). Set a task for 2 weeks time for follow-up of the return of this information.

d Ask the lodging provider to complete an ACC4245 form and relevant medical records by creating a Purchase Approval for service code MEDR and utilising the CVR14 letter within the purchase order and attaching the ACC4245 form. Ensuring the CVR14 letter clearly advises the period of time we are requesting medical and mental health records for 2 or 5 years ,or more if applicable. An ACC6300 is not required to request this information from the lodging provider as the claim form signed by the GP and client is sufficient for this purpose. If you are requesting this information from a provider who is not the lodging provider, an ACC6300 form signed by client will be required. Set a task for 1 weeks time to follow-up on the return of this information.

ACC4245 Mental Injury Report

e Search all electronic and physical claim files for information relevant to the mental injury investigation.

NOTE What information is relevant?

- All information about the covered physical injury
 All psychiatric or psychological information in reports such as:
- pain assessment reports

 vocational information and assessments conducted by psychologists

- counselling reports
- information pertaining to any sensitive claims
- **f** Ensure all relevant documentation on any physical files is copied and scanned to the managed claim file but do not include any sensitive claim information on the physical injury claim.

4.0 Assess information received from Client and Provider

Cover Assessor, Recovery Assistant, Recovery Cordinator, Recovery Partner

- a Confirm the client ACC4244 is complete and the ACC6300 is signed by the client. If there is information missing from the ACC4244 form, call the client to obtain this information. Use the signed ACC6300 to equest any additional information from any oth r providers that the client has advised of on the ACC4244
- **b** Confirm the ACC4245 is comple e and a medical records requested have been provided. If there is missing information, contact the provider to ask this be provided.
 - **NOTE** If all the relevant i formation is received from the client and II rel vant providers, proceed to Arrange Men a Injury Assessment for Cover proces.

PROCESS Arrange Mental Injury Assessment for Cover

5.0 Check the Mental Injury Assessment Report is of acceptable quality

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Check that the report is clear, logical and complete.

NOTE What report checks should you complete?

- All sections of the report have been completed.
- Client is considered competent to give consent.
- Injury, client, and provider details are correct.
- Diagnosis is clearly stated.

 There is a causal formulation that makes sense (ie an explanation for development of symptoms and causal link to injury event).

• There are clear, logical and practical treatment recommendations.

- **b** Check the assessor has considered whether there are any specific cultural issues that require attention or that may affect how the claim is handled, including diagnosis and treatment.
- **c** Check that there are no significant discrepa cies in the information available.
 - NOTE What discrepancies should y u c eck or? Examples of significant dis repancies would include:
 - Different diagnoses at differe t imes.

 Different reports of h physical and/or mental symptoms experienced following the physical injury.

• Any symptom validity issues highlighted in the assessment epo to elsewhere.

6.0 Determine if claim is complex

Cover Assessor, Recovery Assistant, Recovery Coordinator Recovery Partner

a Determi if the claim is complex.

NOTE What is a complex claim?

- A complex claim is one in which:
- the claim has gone or is going to review
 the client is suicidal, dangerous, has significant conduct issues, has a forensic history of significant sexual or violent offences, and/or is currently in prison

 there are other mental injury claims on the client's record (eg mental injury caused by sexual abuse, mental injury caused by physical injury, work-related mental injury, or treatment injury mental injury); and/or

• there is a history of significant pre-existing or concurrent concerns with mental health or substance abuse, in addition to the purported mental injury.

Clients in Prison Policy

- **b** Check that this is a single claim or has earlier claims all related to the same event with no other mental injury claims.
- **c** Check that the assessor has made reference to the relevant background and collateral information.

NOTE If the claim is determined to be complex, address the details of the complexity in the written guidance referral to be completed in step 8.0

7.0 Confirm causation

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Confirm that the assessor has stated that one or both of the diagnosed conditions was caused by the physical injury, or that the physical injury materially contributed to the development of the condition. NOTE What if the assessor states that there is more than one cause of the mental injury? The physical injury needs to be one of the causes of the diagnosed disorders but does not need to be the only one. Terms such as 'causally contributed', 'materially contributed' are acceptable terms to indicate a causal link.

NOTE What if the assessor indicates that the mental injury was caused by the event and not the physical injury or its consequences? The physical injury must represent at least one significant causative factor. If it appears that the injury was negligible and that the event was the cause of the mental injury, go to step 8.0

NOTE What if the diagnosis was post-traumatic stress disorder (PTSD)?

In the case of PTSD, to attract cover for mental injury caused by physical injury the physical injury need not be serious if the injury was also accompanied by the threat of serious injury or death. In some cases the physical injury may be minor but may be part of a causal nexus, for example post-traumatic stress disorder caused by the trauma of violent assault during which only a minor physical injury was sustained. In these cases the event (or its direct consequences) must be sufficiently traumatic in nature such that the combination of the event and injuries was sufficient to cause a mental injury.

Mental Injury Because of a Physical Injury Policy

NOTE What if the assessor says that the disorders were not caused by, but were 'exacerbated' or 'maintained' by the injury event? Go to step 8.0

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8.0 Seek internal written guidance

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Cover Assessor, Recovery Assistant, Recovery Coor dinator, Recovery Partner

- a Generate a referral for written clinical guidanc (and technical, if applicable) in Salesforce and complete this form based on the information on file ind the information provided in the assessor's repor
 - NOTE Who do I seek written gu dance from? Utilising Salesforce the Psych logy Advisor provides written guidance for mental injury claims. The Psychology Advi or may also recommend seeking add tional guidance from Technical Services or the Complex Mental Injury Panel. Consider the Delegations Framework when seeking guidance.

PROCESS Seek Internal Guidance

N TE Recovery Team Members must also seek Written Guidance from a Technical Specialist in all cases (accept or decline) as per NGCM Delegations

NGCM Delegations (Te Whāriki)

9.0 Accept cover for mental injury

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Add the accepted injury diagnosis to the claim, including any physical injury diagnosis that has been identified and has not already been accepted for cover.

NOTE What if a READ code is not specified for the accepted diagnosis? Search for the Read code that matches the accepted diagnosis.

List of all the READ codes https://www.google.co.nz/url?sa=t&rct=j&q=&esrc=s&

b Issue the appropriate decision letter.

NOTE What decision letter do you use? Go to the Issue Recovery Decision process and utilise letter CVR51 Claim approve - mental injury - client PROCESS Issue Recovery Decision

10.0 Decline cover for mental injury Cover Assessor, Recovery Assistant R cov ry Coordinator, Recovery Partner

- a What if the mental injury is declined
 - NOTE Issue decline cove deci ion utilising letter CVR999, using the approp iate option within the letter for the d cline reason.

PROCESS De line Claim

PROCESS

Issue Recovery Decision

Cov r Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

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PROCESS

Decline Claim Cover Assessor, Recovery Assistant,

Recovery Coordinator, Recovery Partner