

Necessary and Reasonable Decision Making

Background

To determine the funding of treatment, care or support, the National Injury Insurance Agency, Queensland (NIISQ Agency) must have regard to whether the treatment, care and support received by a participant is evidence-based, reflects community expectations; and provides value for money. Furthermore, the NIISQ Agency, as far as possible, must ensure the National Injury Insurance Scheme, Queensland (NIISQ) is to be managed in a way that ensures its operation is financially sustainable.

To avoid requirements that might be unreasonable in the circumstances on any participant, the NIISQ Agency may waive observance of any part or parts of these Guidelines.

Treatment, care and support

The NIISQ Agency will pay the participant's necessary and reasonable treatment, care and support services related to the eligible motor accident injury. Treatment, care and support is defined under Part 3, section 8 of the *National Injury Insurance Scheme (Queensland) Act 2016* (the Act).

The treatment, care and support needs of a person are the person's need for:

- medical or pharmaceutical treatment;
- dental treatment;
- rehabilitation;
- ambulance transportation;
- respite care;
- attendant care and support services;
- aids and appliances (other than ordinary personal or household items);
- prosthesis;
- education or vocational training;
- home or transport modification.

There may be items that are related to the eligible injury that are necessary and reasonable in the circumstances but are not regarded as treatment, care or support under the scope of the Act or regulations. In this case, the NIISQ Agency will not fund any such services or supports but may work with service providers to facilitate access to such services where there may need to be congruence with treatment, care and support services funded by the NIISQ Agency.

All treatment, care and support services require prior approval in writing from the NIISQ Agency.

The NIISQ Agency will not fund:

- Treatment, care or support services that are not as a result of the eligible motor vehicle accident in respect of which the injured person is a participant in the NIISQ;
- Treatment, care or support that is provided to a person other than a participant;
- Services or expenses that are not treatment, care and support under the Act;
- Treatment, care or support services that are excluded under the Act;
- Treatment, care or support services that are not necessary and reasonable in the circumstances.

The NIISQ Agency

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Necessary and reasonable criteria

The NIISQ Agency will pay the participant's necessary and reasonable treatment, care and support expenses related to the eligible motor accident injury. Each request will be dealt with on a case by case basis, and decided taking into account the "necessary and reasonable" criteria below.

That a specific treatment, service or item of equipment is not the subject of a specific operational guideline does not mean that the NIISQ Agency will not pay the costs of that service or equipment if it is necessary and reasonable in the circumstances and relates to the motor accident injury in respect of which the person is a participant in the NIISQ.

Service providers need to give the NIISQ Agency adequate documentation, outlining the reasons to support their requests for treatment, care and support services. The NIISQ Agency will use this information to make decisions on whether requests are necessary and reasonable.

The following factors must be considered by the NIISQ Agency when determining whether a service is necessary and reasonable in the circumstances:

- whether the treatment, care or support is of benefit to the participant
- the appropriateness of the service
- the appropriateness of the provider
- whether the treatment, care or support is cost effective
- the relationship of the service or request to the injury sustained in the subject accident.

The Agency is not limited to these and may also give consideration to additional matters where necessary.

The following factors must be considered by the NIISQ Agency in determining whether a service is necessary and reasonable in the circumstances.

Benefit to the Participant

The proposed service is likely to benefit the participant:

- There are goal(s), expected duration, and expected outcome(s) for the requested service.
- The proposed service will maximise the participant's independence or assist in managing the injury.
- The outcome of the service will progress or maintain the participant's recovery.
- The proposed service relates directly to the participant's goals and facilitates participation in the community and employment.
- The proposed service will improve or maintain the participant's ability to perform daily activities or participate in the community or employment
- The service has been provided to the participant previously, and resulted in a functional improvement, or assisted in managing their injury.
- The participant agrees that the service will be of benefit to them by maximising their independence, participation in the community and employment or assist in managing their injury.
- There is no adverse outcome or risk from providing the service.

Appropriateness of the Service

The proposed service is appropriate for the participant's injury:

- The requested service is consistent with the participant's current medical or rehabilitation management.
- The proposed service is consistent with the participant's current or planned services.
- The proposed service relates directly to the participant's goals in their Support Plan.
- The service is in keeping with current clinical practice, evidence based practice and/or clinical guidelines (see NIIISQ Operational Guideline: Evidence based interventions).
- There are no risks and/or contraindications of the proposed service.
- A similar service is not currently provided.
- There is good evidence that supports the effectiveness of the service.
- Other services or provision of equipment will not provide an improved or equal outcome.
- There is no other appropriate service available, with other services considered and discounted.

Appropriateness of the Provider

The proposed service provider is appropriate:

- The provider or the providers' staff, are appropriately qualified and experienced to provide the service.
- The provider is registered (if applicable).
- The provider is appropriate considering the participant's location, age, culture, gender and ethnicity.
- The provider is acceptable to the participant.
- There are no conflict of interest issues with the provider.
- The participant can readily access the proposed service provider.
- The participant has expressed a preference for an approved service provider.

Cost-Effectiveness

The proposed service is cost effective:

- Consideration has been given to the long term compared to the short term benefits based on evidence based practice, clinical experience or consensus.
- The long term and short term benefits and expected outcomes of the proposed service have been considered and outweigh the cost.
- The cost of the service is comparable to the cost of the same or similar service provided by other providers and provided to non-compensable clients.
- The service is required because other services or equipment are not available or not appropriate, and it is not feasible to provide other services or equipment more promptly.
- There is not a more cost-effective way to provide the service.
- There are no other services that will achieve comparable outcomes.
- The cost of the treatment, care or support is reasonable considering the period for which it is required.

Relationship to motor accident injury

There is sufficient evidence to demonstrate that the service relates to the injury sustained in the motor accident including exacerbation of pre-existing injuries. Time since injury, subsequent injuries and comorbidities should be considered.

Examples of items that NIISQ will not fund:

- Standard personal items or household items (e.g. mobile phone, computer, standard furniture, linen and whitegoods);
- Rent or bond for rental properties, or any differences in rent amounts;
- Economic loss relating to the motor accident such as lost wages, weekly benefits or other forms of income maintenance or income support;
- Assistance to keep a business open, such as paying for temporary staff to do a participant's job;
- Additional expenses incurred during inpatient or outpatient treatment or rehabilitation such as additional food, laundry, newspapers and magazines;
- Treatment or rehabilitation services not related to the motor accident injury such as visits to a general practitioner, gym memberships or vitamins;
- Items that were lost or damaged in the motor accident; and
- Payments for large capital items such as houses and cars.

The information provided in this document is a guideline only and is for general information purposes and is subject to change and does not constitute legal advice or recommendations. It should not be relied upon as constituting legal advice or a recommendation or as applicable to specific circumstances. Please refer to the *National Injury Insurance Scheme (Queensland) Act 2016 and Regulation 2016* for more details about the National Injury Insurance Scheme Queensland.