

Private Treatment

Version 5.0
August 2017

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Policy

1. Purpose

- 1.1 The purpose of this document is to provide guidance for administering eligibility for private treatment under the Veterans' Support Act 2014 (the Act). The paper should be read together with the separate papers on:
- *Treatment*
 - *Temporary Increase in Payment of Disablement Pension*
 - *Travel for Treatment and Rehabilitation.*

2. Legislative Reference

- 2.1 The relevant legislation is the Act, sections 51, 107 to 111, and the Veterans' Support Regulations 2014, regulations 64 to 70.

3. General treatment provisions

- 3.1 Go to sections 3, 4, 5 and 5 of separate paper on *Treatment* for general provisions on eligibility, making applications for and approving treatment.
- 3.2 Prior approval from Veterans' Affairs is required for private treatment and will be granted on a case by case basis as set out below.

4. Approval and reimbursement of private treatment costs

- 4.1 Veterans' Affairs will not fund private treatment in the case of an injury arising from an accident as this will be covered by ACC.
- 4.2 In the consideration of any private treatment Veterans' Affairs will consider the criteria set out in sections 107 and 108 of the Act.

Referral to a private specialist

- 4.3 Referral to a private specialist requires pre-approval. The **veteran** should contact his or her Case Manager in advance of referral.

Ongoing private specialist treatment

- 4.4 For ongoing specialist treatment, a maximum of 12 months specialist treatment or 12 sessions (whichever is the less) may be approved at any one time (see also paragraph 12.1 of the separate *Treatment* policy). A cost assessment of private specialist treatment must be obtained.

Private hospital surgery

- 4.5 If the outcome of a specialist referral is that surgery is required, the veteran's GP should indicate in the veteran's application what the average local DHB waiting times for treatment of the **accepted disability** are.
- 4.6 The veteran can request Veterans' Affairs funding for private hospital treatment if:
- the treatment cannot be arranged within six months within the publicly funded health care system, either because the waiting list is too long or the veteran cannot get enough points to get on the waiting list, or
 - the GP indicates on the application form that waiting would result in adverse consequences for the veteran's health.
- 4.7 Veterans' Affairs will only approve funding for standard costs of private hospital treatment which include:
- surgeon's fees
 - theatre fee
 - anaesthetist's fee
 - medical supplies and consumables which are part of the surgery, e.g. compression stockings
 - x-rays
 - scans
 - accommodation (hospital stay)
 - any implant connected with a joint replacement
 - related post-operative care as required, e.g. physiotherapy and home help.
- 4.8 Veterans' Affairs will not reimburse the costs of a single room supplement, television hire, newspapers or other similar services.
- 4.9 See paragraph 6.3 of the separate paper on *Treatment* for policy on emergency treatment.

Private insurance

- 4.10 The Case Manager should check whether the veteran has private health insurance. If the veteran does not have or does not choose to use private insurance, or if the private insurance policy does not cover his/her accepted disability, and Veterans' Affairs funding is approved, Veterans' Affairs will advise what costs it will contribute towards.
- 4.11 Where the veteran has, and chooses to use, private insurance, Veterans' Affairs may consider paying the excess on the claim.
- 4.12 If a veteran chooses to use his/her private health insurance to obtain private hospital treatment, but the insurer refuses to pay because the condition is not covered by the policy, Veterans' Affairs will handle the veteran's claim the same way as any other veteran without private health insurance claiming for private hospital treatment.

5. Second opinion

5.1 Go to section 22 of separate paper on Treatment.

6. Veterans living overseas

6.1 Go to section 20 of separate paper on Treatment.

7. Veterans travelling overseas

7.1 Go to section 21 of the separate paper on Treatment.

8. Reviews, appeals and complaints

8.1 If a veteran disagrees about a decision concerning eligibility for an entitlement or service **go to separate policies on Reviews and Appeals**. If a veteran is concerned about Veterans' Affairs' administration of an entitlement or service **go to separate policy on Complaints**.

9. Transitional arrangements

9.1 Go to section 24 of the separate paper on Treatment.

Glossary

accepted disability [policy definition]

Means an injury, illness or condition that Veterans' Affairs accepts as being service-related.

veteran [section 7]

Means:

- (a) a member of the armed forces who took part in qualifying operational service at the direction of the New Zealand Government; or
- (b) a person:
 - (i) who has been:
 - (A) appointed as an employee of the Defence Force under section 61A of the Defence Act 1990; or
 - (B) seconded to the Defence Force with the permission of the Chief of Defence Force; and
 - (ii) who took part in qualifying operational service at the direction of the New Zealand Government; or
- (c) a person who, immediately before the commencement of Part 3 of this Act, is eligible for a pension under the following provisions of the War Pensions Act 1954:
 - (i) section 19 (but only if the person was a member of the forces);
 - (ii) section 55 or 56;
 - (iii) Parts 4 and 5