



When a CTP Insurer Says No to Treatment: Your Options Explained

In South Australia, if you have an accepted motor vehicle accident claim, the Compulsory Third Party (CTP) insurer is required to pay for your reasonable and necessary treatment, care and support expenses that arise as a consequence of your injuries.

Your treating medical provider will be required to submit an Allied Health Management Plan (AHMP) to the CTP insurer setting out the treatment you require, the number of sessions, expected duration and therapeutic goals. You can find out more about AHMPs [here](#).

While the CTP insurers generally approve initial treatment, it is not uncommon for them to refuse funding months or years later, even when ongoing treatment has been recommended by a medical practitioner. If the CTP insurer has refused to fund treatment, then it is likely because they consider that the type of treatment is not appropriate or that they do not expect ongoing treatment to provide substantial benefit to assist you with your recovery.

A refusal of treatment funding can cause difficulty, particularly when an injured person may not be working because of their injuries and so they have limited financial means to fund their own treatment. If a CTP insurer refuses to fund treatment, there are 4 steps that can be taken to challenge that refusal and seek to have treatment funding approved:

Obtain updated medical evidence from treating medical practitioners supporting the need for treatment and its relationship to the accident. This includes medical evidence from general

practitioners, medical specialists and psychologists/psychiatrists.

Provide updated medical evidence to the CTP insurer and request an internal review. The CTP insurer is required to attempt resolution within 10 business days and to provide a final written response within 30 days.

If the CTP insurer still refuses funding, then you can request to **take part in Internal Dispute Resolution**. A team from the CTP insurer, who is not involved in your claim, will review the decision. They will either agree with or change the insurer's initial decision.

Request the CTP insurer to conciliate the dispute. A request to conciliate must be made within 30 business days of the CTP insurer's decision refusing treatment funding. If a request to conciliate is made, then the CTP insurer must arrange a conciliation with a conciliator within 30 business days of the request being made. The CTP insurer pays for the cost of the conciliation conference, including the costs of the conciliator.

The decision from a CTP insurer to refuse treatment funding is distressing for people who are often already experiencing difficulties managing their injuries. Experienced CTP solicitors will know what sort of evidence CTP insurers are looking for to improve the likelihood that treatment funding requests will be approved.

If you or anyone you know has a claim and wants to make a request for treatment funding or is having difficulties with a CTP insurer about treatment funding, then we recommend obtaining legal advice to discuss how to best navigate the process based on your personal circumstances.

At Andersons, we offer a first free, no obligation 30-minute consultation with a qualified personal injury solicitor to discuss how we can assist you with navigating the claim process to achieve the best outcome for your claim.