



Service bundles in practice

For ICPMSK suppliers and providers

 Read time: 4 mins

When you've confirmed ICPMSK service is right for the kiritaki, you will need to select the most appropriate service bundle to invoice us for the services you will provide. Here's what you need to consider when selecting services bundles, when and how to transfer to higher service bundles and what to do in those rare cases when the kiritaki needs are exceeding the highest service bundle.

Service Bundle Selection

The ICPMSK service bundles have been structured to support the needs of kiritaki with differing levels of complexity.

When accepting a kiritaki into an integrated care pathway, you must choose the service bundle that enables the kiritaki to achieve an outcome through the pathway.

When selecting the right service bundle, consider the following:

1. **Length of time the recovery may take and if surgery is required** – The medical diagnosis complexity includes indicators for how long the kiritaki is likely to be on your pathway, and if surgery is needed.
2. **How much support does the kiritaki need** – The ICPMSK interdisciplinary team triage assessment and the ICP Complexity tool will help identify the level of resources needed to support the kiritaki throughout the pathway.



ICPMSK Funding

Service Bundle Transfers

The majority of kiritaki should achieve their outcome within the service bundle initially selected, however sometimes you may need to shift to a higher service bundle to fund the new requirements.

Transfer codes to access a higher service bundle are available when:

- there is a significant and unexpected shift in complexity, and
- the level of resources required are higher than initially anticipated.

[ICPMSK Service Schedule and Operational Guidelines Section 10 for more information](#)

How to access transfer codes

A transfer code can be accessed and invoiced for at any point once kiritaki have been accepted on to an integrated care pathway. These must only be used where the kiritaki is still able to progress towards achieving an outcome through an integrated care pathway. Transfer codes can be found in the ICPMSK Service Schedule.

When using a transfer code you must:

1. Document in the notes for the kiritaki that both the IDT and the Clinical Director agree to the use of a transfer code
2. Submit to us an updated ICP Recovery Plan to reflect the change in needs and subsequent treatment and rehabilitation requirements.

Exceptional Funding

Exceptional funding is available where the needs of the kiritaki with an integrated care pathway are exceedingly complex. Use of exceptional funding is monitored as part of the average service charges key performance indicators (KPI). Refer to the ICPMSK Service Schedule for further details.

When to access exceptional funding

It is appropriate to access exceptional funding where the resourcing needed to support the kiritaki is higher than the top service bundle (per bodysite) by more than the midpoint between two bundles.

It may be appropriate to access exceptional funding, but not limited to, where:

- high complexity is discovered at triage
- there is a significant increase in complexity during the pathway
- significant funding has been utilised to attempt a non-surgical pathway but this eventuates in surgery and the completion of post-surgical rehabilitation would require exceptional funding.

For example, to access exceptional funding for a lower back/spine injury, resourcing required must exceed \$10,000 (Service Bundle Lower Back/spine Level 8 plus half the difference between Service Bundle Lower Back/spine Level 7 and Service Bundle Lower Back/spine Level 8).





ICPMSK Funding

Exceptional Funding continued

How to access exceptional funding

To access exceptional funding on a claim, the following must occur:

1. You must have first accessed the top bundle relevant to the injury (for example, Service Bundle Lower Back/spine Level 8 or Service Bundle Shoulder (incl Clavicle) Level 6)
2. The Clinical Director must review the claim and confirm that:
 - The kiritaki continues to be appropriate to receive ICPMSK services (e.g. considering cover and causation)
 - The exceptional funding requested will support the kiritaki in achieving all of their outcomes
3. The Clinical Director must record their review in the clinical notes
4. You must inform ACC that exceptional funding is being accessed. This can be provided through submission of data via your Practice Management System.

Once these steps have been completed, you can then begin to deliver services utilising exceptional funding.

Invoicing for exceptional funding

Exceptional funding can only be invoiced once on a claim.

The amount invoiced for exceptional funding must be based on your costs of the additional services provided to the kiritaki. It must not exceed the exceptional funding price specified in the contract.

Data submission for exceptional funding

Data submission for exceptional funding varies depending on when the need for exceptional funding is identified.

At triage/entry to an integrated care pathway please:

1. Notify ACC through the Accept ICP Referral & Share Triage Outputs information flow in your practice management system (PMS)
2. Provide rationale as to how the exceptional funding will be used to support the kiritaki in achieving an outcome.

Once a kiritaki is already participating in an integrated care pathway please:

1. Notify ACC through the ICP Service bundle changes via your PMS
2. Provide a brief description of the journey for the kiritaki to date and how the exceptional funding is to be used to support the kiritaki in achieving an outcome.
3. Submit to ACC an updated ICP Recovery Plan.
4. Submit to ACC updated PROM and clinical measure data (with observation stage entered as 'ad hoc').

Case conferences and exceptional funding

Our ICP Team will consider whether a case conference is required based on the nature of the complexity the kiritaki is presenting with.

The case conference will be used as an opportunity to collaborate with the provider and understand what further support we may be able to offer to improve the likelihood of the kiritaki achieving their rehabilitation outcomes.

Should a case conference be required, the relevant ICPMSK provider(s) must attend this virtually with the cost of this time being attributed to ICPMSK funding, whether that is the service bundle or exceptional funding.

