

Summary

Objective

Select interventional procedures for persistent pain can be delivered as part of the Client's Care Plan where the Interdisciplinary Team identify these are necessary and clinically appropriate. All interventional procedures available within Pain Management Services need prior approval from ACC via an ACC4246 ARTP (Pain Management ARTP).



Interventional procedures for diagnostics and early treatment can be accessed via the Clinical Services or High-Tech Imaging contract if they are directly related to the covered injury.

Owner Name withheld

Expert

Procedure

1.0 Interventional procedures available through Pain Management services

- a** Interventional procedures are delivered as part of an Interdisciplinary Pain Management programme by a Community Support Service or Tertiary service. For example, where diagnosis is unclear, and an intervention is required for clarification; or an intervention would enable the client to be able to participate in rehabilitation.
- b** Some interventional procedures and injections can be accessed via the Clinical Services or High-Tech Imaging Contracts.
 -  [Clinical Services Overview Service Page](#)
 -  [High-Tech Imaging Services \(HTIS\) Service Page](#)


2.0 Neuromodulation and Spinal Cord Stimulators

- a** If the Interdisciplinary Team recommends neuromodulation and the request is approved by ACC, the Supplier must ensure that it is undertaken in line with the Guidelines for Neuromodulation Treatment with Spinal Cord Stimulators for Pain Management. Neuromodulation is only available under Auckland District Health Board and Canterbury District Health Board Tertiary Delivery Services.
- b** Prior approval is required for each of these procedures:
 - PNS100 - Stage 1 Implantation of Trial Lead
 - PNS101 - Trial Lead (Implant)
 - PNS102 - Removal of Trial SCS Lead (If trial unsuccessful)
 - PNS103 - Stage 2 Implantation of Spinal Cord Stimulator (SCS)
 - PNS104 -Spinal Cord Stimulator (Implant)
 - PNS105 -Change of Battery
 - PNS106 - Battery (Implant)
 - PNS107 - Revision or change of Spinal Cord Stimulator (SCS)
 - PNS108 -Replacement Stimulator (Implant)
 - PNS109 - Revision or change of lead
 - PNS110 - Replacement lead (Implant)
 - PNS120 - Intrathecal Pump Insertion
 - PNS121 - Intrathecal Pump (Implant)
 - PNS122 - Intrathecal Pump Refill
 - PNS123 - Intrathecal Pump Revision/Replacement

PNS111 - Manipulation of Spinal Cord Stimulator

 - Maximum of two treatments of PNS111 (without prior approval). Requests for third and subsequent procedures will require ACC approval.
 - No ARTP required for PNS111
 - Clinical/Specialist letter must be submitted to ACC following the procedure

3.0 Prior approval

- a** The provider sends an ACC4246 Interventional Pain Management Assessment Report and Treatment Plan (ARTP) with supporting documentation to ACC.
 -  [ACC4246 Interventional Pain Management ARTP](#)

- b** The ARTP should include:
 - details of diagnostic tests undertaken
 - the impact of the personal injury on the client's ability to work
 - any pre-existing conditions unrelated to, but having an impact on, the personal injury
 - the recommended treatment
 - expected outcomes.
 - c** Evaluating the ARTP
 - Clinical guidance should be sought on whether to fund the treatment. All Spinal Cord Stimulator/Neuromodulation requests need written advice from a Principal Clinical Advisor.
 - d** From 1 December 2021, Medial Branch blocks have moved from the Pain Management contract to the Clinical Services contract.
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4.0 Interventional Procedure Management Coordination and Interventional Procedure Follow Up

- a** Interventional Procedure Management Coordination:
 - An administration fee that can be used when an interventional procedure is a directly related to an injury covered by ACC and is a necessary and appropriate component of a client's pain management rehabilitation.
 - This is a one-off payment per claim (even if multiple procedures are performed) that does not require approval and is to support the administration and coordination of an interventional procedure.
 - b** Interventional Procedure Follow up Coordination:
 - An administration fee that can be used when a subsequent interventional procedure that is directly related to the same injury covered by ACC, and is a necessary and appropriate component of a client's pain management rehabilitation is required. This does not require approval.
 - Follow up is to occur no earlier than 12 months since the previous procedure, for example follow up radiofrequency neurotomy.
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Proactively released