



SERVICE SCHEDULE FOR ALLIED HEALTH SERVICES

CONTRACT NO: _____

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING ALLIED HEALTH SERVICES

- 1.1 The Term for the provision of Allied Health Services is the period from 1 November 2021 (“Start Date”) until 31 October 2024 (“End Date”) or such earlier date upon which the Term is lawfully terminated or cancelled.
- 1.2 Prior to the End Date, the parties may agree in writing to extend the Term of this Service Schedule for one further term of one year. Any decision to extend the Term of this Service Schedule will be based on:
 - 1.2.1 the parties agreeing on the extension, in writing prior to the End Date; and
 - 1.2.2 ACC being satisfied with the Supplier's performance and delivery of the Services; and
 - 1.2.3 all other provisions of this Service Schedule either continuing to apply during such extended Term(s) or being renegotiated to the satisfaction of both parties.
- 1.3 There is no obligation on the part of ACC to extend the Term of this Service Schedule, even if the Supplier has satisfactorily performed all the Services.
- 1.4 Clause 20.1 of the Standard Terms and Conditions is amended by replacing the words "three calendar months" with "six calendar months" as the notice period for the termination of this Service Schedule.

2. CLINICAL DIRECTOR (PART B, CLAUSE 12)

The following Service Provider(s) have been named as the Clinical Director(s) under this Service Schedule.

Note: A Clinical Director is required for each of the relevant service discipline/s the Supplier intends to provide under this Service Schedule.

Clinical Director Physiotherapy

Name:	«Physio_Clinical_Director_Name»
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Clinical Director Hand Therapy

Name:	«Hand_Therapy_Clinical_Director_Name»
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Clinical Director Podiatry

Name:	«Podiatry_Clinical_Director_Name»
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3. NAMED PHYSIOTHERAPY SPECIALIST (PART C)

Applicable only if the Supplier is contracted to provide Part C Services

Physiotherapy Specialist Services may only be carried out by the providers specified below ("Named Provider").

Name:	«Physiotherapist_Specialist»
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4. SPECIFIED AREA AND SERVICE LOCATION (PART B, CLAUSE 4 AND/OR PART C CLAUSE 4 IF APPLICABLE)

Services may be delivered at sites listed on the Accreditation Certificate for:

Supplier Name:	«Supplier_Name_Legal» «Supplier_Name_Trade»
Main Site Address:	«Main_Site_Address»
Satellite Site Address/es:	«Satellite_Site_Addresses»

Site for delivery of Physiotherapy Specialist services:

Site Address:	«Site_Address_Physio_Specialist»
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5. SERVICE ITEMS AND PRICES (PART B, CLAUSE 16)

Table 1 – Physiotherapy Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
PT01	Initial consultation	Initial consultation – assessment, treatment and completion of documentation, in accordance with Part B, clause 6.1.3.2.	\$61.44	Per Consultation
PT02	Follow up consultation	Follow-up consultation in accordance with Part B, clause 6.1.3.3.	\$46.07	Per Consultation
PTCG	Group Consult Rate (Elective Surgery Clients)	Follow-up group exercise consultation in accordance with Part B, clause 6.1.8.	\$28.94	Per Participant Per Consultation
PT1T	Telehealth Initial	Initial telehealth consultation-assessment, treatment and completion of documentation, in accordance with Part B, clause 6.1.3.2. and Part B, clause 7.	\$61.44	Per Consultation
PT2T	Telehealth Follow up	Follow up telehealth consultation in accordance with Part B, clause 6.1.3.3. and Part B, clause 7.	\$46.07	Per Consultation
PT21	Offsite Initial	Offsite initial consultation– assessment, treatment and completion of documentation, in accordance with Part B, clause 6.1.3.2.	\$43.40	Per Consultation
PT22	Offsite Follow up	Offsite follow-up consultation in accordance with Part B, clause 6.1.3.3.	\$28.94	Per Consultation
PTE1	Crutches Hire	Crutches hire in accordance with Part B, clause 6.2.2.1.	Hire up to \$22.00	Maximum Contribution, one pair per claim
PTE2	Moon Boot	Moon boot prescription and supply in accordance with Part B, clause 6.2.1.2.	Actual and reasonable cost up to \$109.98	Maximum Contribution, one item per claim

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
PTE3	Knee Brace	Knee brace prescription and supply in accordance with Part B, clause 6.2.1.1.	Actual and reasonable cost up to \$109.98	Maximum Contribution, one item per claim
PT14	Written Report and Liaison	Case review and written report in accordance with Part B, clause 12.10.	\$61.44	Per Report

Note: Items PT01, PT02, PTCG, PT1T, PT2T, PT21, and PT22 cannot be invoiced concurrently. PT01, PT02, PT1T, and PT2T are not for use by DHBs.

Table 2 – DHB Physiotherapy Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
PT31	Initial consultation DHB	Initial consultation – assessment, treatment and completion of documentation, in accordance with Part B, clause 6.1.3.2.	\$78.72	Per Consultation
PT32	Follow up consultation DHB	Follow-up consultation in accordance with Part B, clause 6.1.3.3.	\$55.57	Per Consultation
PT31T	Initial telehealth consultation DHB	Initial consultation- assessment, treatment and completion of documentation in accordance with Part B, clause 6.1.3.2. and Part B, clause 7.	\$78.72	Per Consultation
PT32T	Follow up telehealth consultation DHB	Follow-up consultation in accordance with Part B, clause 6.1.3.3. and Part B, clause 7.	\$55.57	Per Consultation
PT34	Written Report and Liaison	Case review and written report in accordance with Part B, clause 12.10.	\$78.72	Per Report

Note: Items PT31, PT32, PTCG, PT31T, PT32T, PT21, and PT22 cannot be invoiced concurrently.

Table 3 – Physiotherapy Specialist Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
PTS1	Initial consultation	Initial consultation – assessment, treatment and completion of documentation, in accordance with Part C, clause 5.2.2.	\$458.02	Per Consultation
PTS2	Follow up consultation	Follow up consultation in accordance with Part C, clause 5.2.3. and 5.2.4.	\$229.01	Per Consultation
PTS1T	Initial telehealth consultation	Initial consultation – assessment, treatment and completion of documentation, in accordance with Part C, clause 5.2.2. and Part B, clause 7.	\$458.02	Per Consultation
PTS2T	Follow up telehealth consultation	Follow up consultation in accordance with Part C, clause 5.2.3. and 5.2.4. and Part B, clause 7.	\$229.01	Per Consultation

Note: Items PT01, PT02, PTS1, PTS2, PTS1T and PTS2T cannot be invoiced concurrently.

Table 4 – Hand Therapy Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
HT01	Initial Hand Therapy Consultation	Initial consultation-assessment, treatment and completion of documentation, in accordance with Part B, clause 6.1.3.2.	\$103.30	Per Consultation
HT02	Follow Up Consultation	Follow-up consultation in accordance with Part B, clause 6.1.3.3.	\$77.45	Per Consultation
HT03	Splinting/wound dressing Fee	Splinting/wound dressing in accordance with Part B, clause 6.2.3.	\$328.75	Maximum Cost per Client
HT04	Splinting/wound dressing Requested by ACC32	Splinting/wound dressing Requested by ACC32. Refer to Part B, clause 10.	Up to the amount approved by ACC.	

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
HT13	Splinting/wound dressing Fee Post Surgery	Splinting/wound dressing fee post-surgery. Splinting/wound dressing in accordance with Part B, clause 6.2.3.	\$328.75	Maximum Cost per Client
HT1T	Initial Telehealth Consultation	Initial consultation-assessment, treatment and completion of documentation, in accordance with Part B, clause 6.1.3.2. and Part B, clause 7.	\$103.30	Per Consultation
HT2T	Follow Up Telehealth Consultation	Follow up consultation in accordance with Part B, clause 6.1.3.3. and Part B, clause 7.	\$77.45	Per Consultation
HT14	Written Report and Liaison	Case review and written report in accordance with Part B, clause 12.10.	\$103.30	Per Report

Note: Items HT01, HT02, HT1T, HT2T cannot be invoiced concurrently.

Table 5 - Podiatry Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
POD21	Initial Consultation	Initial Consultation – assessment, treatment and completion of documentation, in accordance with Part B, clause 6.1.3.2.	\$61.44	Per Consultation
POD22	Follow up Consultation	Follow-up consultation in accordance with Part B, clause 6.1.3.3.	\$46.07	Per Consultation
POD21T	Telehealth initial consultation	Initial Telehealth consultation - assessment, treatment and completion of documentations, in accordance with Part B, clause 6.1.3.2. and Part B, clause 7.	\$61.44	Per Consultation
POD22T	Telehealth follow up consultation	Follow up telehealth consultation in accordance with Part B, clause 6.1.3.3. and Part B, clause 7.	\$46.07	Per consultation

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
POD11	Treatment	Abscess or haematoma: drainage with incision (with or without local anaesthetic agent).	\$39.44	Per treatment
POD12	Treatment	Nail, simple removal.	\$31.58	Per treatment
POD13	Treatment	Nail, removal or wedge resection requiring the use of digital anaesthesia.	\$131.43	Per treatment
POD14	Written Report and Liaison	Case review and written report in accordance with Part B, clause 12.10.	\$61.44	Per report
PODMB	Moon Boot	Moon boot prescription and supply in accordance with Part B, clause 6.2.1.2.	Actual and reasonable cost up to \$109.98	Maximum contribution.
PODFS	Footwear supports	Orthotics – Footwear supports in accordance with Part B, clause 6.2.4.	Actual and reasonable cost up to \$161.75	Maximum Contribution, one pair per claim
PODFS1	Footwear supports prior approval	Orthotics- Footwear supports Over \$161.75 in accordance with Part B, clause 6.2.4.	Actual and reasonable cost	Prior approval required
PODLL	Lower Limb Orthotics	Orthotics – Lower limb in accordance with Part B, clause 6.2.4.	Actual and reasonable cost up to \$161.75	Maximum contribution
PODLL1	Lower Limb Orthotics	Orthotics- Lower Limb over \$161.75 in accordance with Part B, clause 6.2.4.	Actual and reasonable cost	Prior approval required

Note: Items POD21, POD22 and POD21T, POD22T, cannot be invoiced concurrently. POD21, POD22, POD21T, and POD22T are not for use by DHBs.

Table 6 – DHB Podiatry Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
POD31	Initial consultation DHB	Initial consultation – assessment, treatment and completion of documentation, in accordance with Part B, clause 6.1.3.2. and Part B, clause 7.	\$78.72	Per Consultation
POD32	Follow up consultation DHB	Follow-up consultation in accordance with Part B, clause 6.1.3.3.	\$55.57	Per Consultation
POD31T	Initial telehealth consultation DHB	Initial consultation – assessment, treatment and completion of documentation, in accordance with Part B, clause 6.1.3.2. and Part B, clause 7.	\$78.72	Per Consultation
POD32T	Follow up telehealth consultation DHB	Follow-up consultation in accordance with Part B, clause 6.1.3.3. and Part B, clause 7.	\$55.57	Per Consultation
POD34	Written Report and Liaison	Case review and written report in accordance with Part B, clause 12.10.	\$78.72	Per Report

Note: Items POD31, POD32 and POD31T, POD32T cannot be invoiced concurrently.

Table 7. Pelvic Physio for Maternal Birth Injury Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
PTP1	Level A Consult for MBI 0-40 minutes	Pelvic Physiotherapy assessment, treatment and documentation in accordance with Part B, clause 6 and clause 7	\$77.15	Per Consultation
PTP2	Level B Consult for MBI 41-60 minutes	Pelvic Physiotherapy assessment, treatment and documentation in accordance with Part B, clause 6 and clause 7	\$115.72	Per Consultation
PTP3	Level C Consult for MBI 61 minutes and longer	Pelvic Physiotherapy assessment, treatment and documentation in accordance with Part B, clause 6 and clause 7	\$154.29	Per Consultation
PTP4	Internal Exam Procedure Physio	Consumables for Internal Examination	\$9.29	Per Consultation
PP1T	Level A Consult for MBI 0-40 minutes Tele health	Pelvic Physiotherapy assessment, treatment and documentation in accordance with Part B, clause 6 and clause 7.	\$77.15	Per Consultation
PP2T	Level B Consult for MBI 41-60 minutes Tele health	Pelvic Physiotherapy assessment, treatment and documentation in accordance with Part B, clause 6 and clause 7.	\$115.72	Per Consultation
PTP5	Written Report and Liaison	Case review and written report in accordance with Part B, clause 12.10.	\$102.10	Per Report

Note: With the exception of PTP4 and PTP5 items in table 7 cannot be invoiced concurrently or with other items from Tables 1-6.

Price Review

ACC will review pricing when, at ACC's sole discretion, it considers that a review is necessary. The factors that ACC may take into account during a review include, but are not limited to:

- (a) general inflation
- (b) changes in service component costs
- (c) substantial changes in the market

If ACC finds that the factors it took into account have not had a significant impact on price, the prices will remain unchanged.

If ACC finds that the factors it took into account have had an impact on price, then ACC may request that this Service Schedule be amended to reflect a price increase. This Service Schedule will only be amended if the Supplier accepts those changes in writing.

6. RELATIONSHIP MANAGEMENT

Table 8 - Relationship Management

Level	ACC	Supplier
Client	Recovery Team/Recovery Team Member	Individual staff or operational contact
Relationship and performance management	Engagement & Performance Manager	Operational contact/National Manager
Service Management	Portfolio Team or equivalent	National Manager

7. ADDRESSES FOR NOTICES (STANDARD TERMS AND CONDITIONS, CLAUSE 23)

NOTICES FOR ACC TO:

ACC Health Procurement
Justice Centre (for deliveries)
19 Aitken Street
Wellington 6011
P O Box 242 (for mail)
Wellington 6140
Marked: Attention: Procurement Specialist
Phone: 0800 400 503
Email: health.procurement@acc.co.nz

NOTICES FOR SUPPLIER TO:

_____ (for deliveries)

_____ (for mail)

Marked: Attention: _____, _____
Phone: _____
Mobile: _____
Email: _____

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B. SERVICE SCHEDULE FOR PHYSIOTHERAPY, HAND THERAPY AND PODIATRY SERVICES

1. SERVICE PHILOSOPHIES

- 1.1. The primary focus of physiotherapy, hand therapy, and podiatry services is to restore a client's health to the maximum extent practicable.
- 1.2. Treatment must be necessary and appropriate, match the quality required, be given the appropriate number of times at the appropriate time and place and be within the scope of the practitioner.
- 1.3. Treatment effectiveness is measured using outcome measures that are reliable, valid, responsive to change, related to the functional goals of treatment and relevant to the client's injury.
- 1.4. Hand Therapy Only
 - 1.4.1. The provision of clinically necessary Hand Therapy services to clients for the purpose of treating all relevant pathologies of the distal upper limb up to, and inclusive of, the elbow joint, as well as any shoulder problems related to primary hand pathology (e.g.: neural conditions arising from the brachial region i.e.: Radial Nerve Palsy secondary to humeral fracture, brachial plexus lesions etc) for the purpose of restoring the client's health to the maximum extent practicable.
- 1.5. Podiatry Only
 - 1.5.1. The provision of clinically necessary Podiatry services to clients for the purpose of treating all relevant pathologies affecting the feet and lower limbs for the purpose of restoring the client's health to the maximum extent practicable.

2. SERVICE OBJECTIVES

- 2.1. The objective of the Services provided under the Allied Health Service Schedule is to provide clients with timely access to quality services that facilitate a client's prompt, cost-effective and sustainable return to independence and/or work or education.
- 2.2. The key objectives of these Services include:
 - 2.2.1. providing accurate diagnosis and assessment of injury related functional limitations;
 - 2.2.2. providing timely, clinically appropriate and effective, evidence-based treatment;
 - 2.2.3. applying and assessing orthoses to meet injury related need;

- 2.2.4. providing education that empowers the client to manage their injury;
- 2.2.5. achieving the outcomes as agreed in the client's assessment and treatment plan including their return to work, function and independence.

3. QUALITY STANDARDS AND PRACTICE CERTIFICATION

- 3.1. ACC is committed to purchasing services from Suppliers who, through their Service Providers, can provide and demonstrate a quality service. The Supplier must ensure that a Service Provider always works in accordance with the requirements of the NZS 8171:2005 Allied Health Services Sector Standard, or ACC Requirements for Physiotherapy, Hand therapy and Podiatry Services or in the case of a DHB the requirements of NZS8134:2008 New Zealand Health and Disabilities Services [Core] Standard.
- 3.2. The Supplier will:
 - 3.2.1. Provide Services through a practice that:
 - 3.2.1.1. is certified by a Conformity Assessment Body approved by ACC; and
 - 3.2.1.2. is and remains certified against NZS8171:2005; or
 - 3.2.1.3. in the case of a DHB, is and remains certified against NZS8134:2008 New Zealand Health and Disabilities Services [Core] Standard; or
 - 3.2.1.4. is and remains certified against the ACC Requirements for Physiotherapy, Hand Therapy and Podiatry Services.
 - 3.2.2. notify ACC of any change in certification status within 5 Business Days of receipt of notice from the Conformity Assessment Body or change in certification status.
- 3.3. Suppliers who are providing Podiatry Services under this Service Schedule must work towards meeting the requirements outlined in Part B, clause 3.2. Those Suppliers will have until 1 November 2022 to meet the requirements outlined in Part B, clause 3.2.
- 3.4. Suppliers who are providing Hand Therapy Services must provide evidence that at least one Service Provider has a Registered Membership status with Hand Therapy New Zealand. For the avoidance of doubt this does not include Associate or Affiliate Membership.

4. SERVICE LOCATION

- 4.1. The Supplier will ensure that the Services are provided at the location(s) specified in Part A, clause 4 ("Service Location"). The Supplier will ensure that the Services provided at those locations are certified as specified in Part B, clause 3.

- 4.2. The Supplier may provide onsite Services at the following locations in addition to the Service Location(s) where the locations meet the Facility and Equipment requirements of the NZS8171:2005 Allied Health Services Sector Standard or ACC Requirements for Physiotherapy, Hand Therapy and Podiatry Services:
 - 4.2.1. the client's home where the client is unable to attend a Service Location due to their covered injury;
 - 4.2.1.1. the home podiatry service for serious injury clients is provided outside of this Service Schedule
 - 4.2.2. the client's workplace where a client is unable to attend a Service Location due to their covered injury and there are appropriate facilities at the workplace to provide a consultation;
 - 4.2.3. via Telehealth where the client is unable to attend a Service Location and the Service meets the requirements outlined in Part B, clause 8.
- 4.3. The Supplier must ensure that both the client receiving the Service, and the Service Provider delivering the Service, are physically present in New Zealand at the time the Service is provided.
- 4.4. Service providers sub-contracted to provide case reviews will undertake the reviews at the location(s) specified in Part A, clause 4 ("Specified Area and Service Location") or, alternatively, may undertake the reviews at another location provided that the data (including client information) is transferred to the sub-contractor in an encrypted form.
- 4.5. Setting up a new site
 - 4.5.1. The Supplier must obtain accreditation for any new site through a Conformity Assessment Body.
 - 4.5.2. If the Supplier commences services prior to achieving certification, the Supplier can provide ACC evidence to confirm the engagement of a Conformity Assessment Body:
 - 4.5.2.1. The Supplier may charge at the onsite consultation fees, if the Conformity Assessment Body confirms the new site services are the same as the services provided by the main site specified in Part A, clause 4 ("Service Location").
 - 4.5.2.2. The Supplier must provide a copy of the accreditation certificate from the Conformity Assessment Body to ACC, once the accreditation has been completed.
 - 4.5.2.3. The Supplier must charge at the offsite consultation fees if the Conformity Assessment Body states there are substantial differences in the services provided between the new site and the main site specified in Part A, clause 4 ("Service Location").

4.5.2.4. The Supplier must provide a copy of the accreditation certificate from the Conformity Assessment Body to ACC, once the accreditation has been completed. ACC will confirm acceptance of this, and onsite consultation fees may then be charged.

4.6. Physiotherapy Only

4.6.1. Additional physiotherapy offsite services may be provided at a site not specified in Part A, clause 4 of this Service Schedule, however, this can only be remunerated at the rate outlined in Part A, clause 5 - offsite initial and offsite follow up rates.

5. SERVICE COMMENCEMENT

5.1. Eligibility for Service

5.1.1. This Service description outlines Services to be provided for clients with a Personal Injury. A client is entitled to Services under this Service Schedule if:

5.1.1.1. the client has suffered a personal injury in terms of the Accident Compensation Act 2001 for which a claim for cover has been accepted, or is likely in the Service Provider's experience to be accepted (in which case the client will not be entitled to Services if the claim for cover is declined) ("Personal Injury"); and

5.1.1.2. the Services are required in respect of that Personal Injury.

5.1.2. Under the Accident Compensation Act 2001, a person may only receive entitlements if that person has cover for a Personal Injury and is eligible for entitlements in respect of that Personal Injury. ACC is not liable to pay for Services to treat non-injury related conditions and/or pre-existing health related conditions. The Supplier will ensure that all Services provided and invoiced to ACC are in accordance with the Accident Compensation Act 2001 for the purposes of directly treating the client's covered Personal Injury.

5.2. ACC will not pay the Supplier for time spent by a Service Provider with a client who does not fulfil the criteria listed in Part B, clause 5.1 above.

5.3. Timeframe

5.3.1. Unless exceptional circumstances apply, treatment must commence within 5 business days after the Supplier has accepted the referral. The referral may come from:

5.3.1.1. the client directly contacting the Service Provider (by phone or in person); or

5.3.1.2. another Treatment Provider.

6. SERVICE REQUIREMENTS

6.1. For Service Providers

6.1.1. The Supplier will ensure that clinically necessary Services (as per Part B, clause 6.1.2.) are only carried out by Service Providers who:

- 6.1.1.1. hold a current Annual Practising Certificate issued by the relevant registration body (Physiotherapy Board of New Zealand, Occupational Therapy Board of New Zealand, or Podiatrists Board of New Zealand); and
- 6.1.1.2. are a current member of the relevant professional association (Physiotherapy New Zealand, Hand Therapy New Zealand, or Podiatry New Zealand,); and
- 6.1.1.3. normally provide treatment of that type; and
- 6.1.1.4. are registered with ACC to provide the relevant Services; and
- 6.1.1.5. provide services in accordance with the practitioner's scope of practice as defined in the Health Practitioners Competence Assurance Act 2003, relevant guidelines and ethical standards of the appropriate professional bodies.

6.1.2. For Physiotherapy, Hand Therapy, Podiatry Services:

6.1.2.1. The Supplier will ensure that all Services provided under this Service Schedule:

- 6.1.2.1.1. are provided by Service Providers who ensure that all Services provided under this Service Schedule are necessary, appropriate, timely, of the required quality, and not excessive in number or duration, and follow evidence based guidelines (or current accepted best practice where evidence based guidelines are unavailable or insufficient), and that clinical records will demonstrate this; and
- 6.1.2.1.2. are provided by Service Providers using modalities which fall within their scope of practice as defined by the relevant registration body (Physiotherapy Board of New Zealand, Occupational Therapy Board of New Zealand, or Podiatrists Board of New Zealand).

- 6.1.2.2. The Supplier may allow students studying towards a Bachelor of Health Sciences in Physiotherapy or Occupational Therapy or Podiatry, a Bachelor of Physiotherapy, or a Bachelor of Occupational Therapy to provide treatment within the scope they are studying to clients as specified within the Operational Guidelines.
- 6.1.3. The Supplier must ensure that Services provided under this Service Schedule include:
 - 6.1.3.1. arranging any necessary appointments with the client; and
 - 6.1.3.2. an Initial Consultation (including initial offsite consultation for physiotherapists) which includes:
 - 6.1.3.2.1. a full assessment and accurate diagnosis;
 - 6.1.3.2.2. completion of clinical records;
 - 6.1.3.2.3. development and documentation of a treatment plan that includes the assessing and fitting of orthoses (where applicable), anticipated number of visits, goals and objectives of treatment, timeframes;
 - 6.1.3.2.4. recording baselines and outcomes from treatment delivered using an evidence-based outcome measure;
 - 6.1.3.2.5. ensuring that there is clinical evidence that the treatment directly relates to the covered Personal Injury,
 - 6.1.3.2.6. client education on self-management of the injury and injury prevention (including use of ACC's injury prevention resources where appropriate);
 - 6.1.3.2.7. documentation of clinical records;
 - 6.1.3.2.8. referring the client to other services where clinically necessary and appropriate, including seeking ACC's prior approval for such referrals when prior approval is required;
 - 6.1.3.2.9. education of the client in the use and care of the Orthosis;
 - 6.1.3.2.10. ensuring there is clinical evidence that the requirement for an Orthosis directly relates to the covered Personal Injury; and

- 6.1.3.2.11. ensuring that any Orthoses recommended:
 - 6.1.3.2.11.1. are suitable for their intended purpose;
 - 6.1.3.2.11.2. represent the most effective solution to meet the identified injury related need; and
 - 6.1.3.2.11.3. are documented in clinical records.
- 6.1.3.3. providing follow-up consultations in accordance with the treatment plan developed at the Initial Consultation. This includes:
 - 6.1.3.3.1. ensuring that there is clinical evidence that the treatment directly relates to the covered Personal Injury;
 - 6.1.3.3.2. recording outcomes from treatment delivered using an evidence-based outcome measure;
 - 6.1.3.3.3. referring the client to other services where clinically necessary and appropriate, including seeking ACC's prior approval for such referrals if prior approval is required;
 - 6.1.3.3.4. when applicable, submitting a Request for Prior Approval of Further Treatment form (as published on the ACC website) for treatment beyond the applicable Treatment Limit;
 - 6.1.3.3.5. documentation of clinical records;
 - 6.1.3.3.6. provision and fitting of an Orthosis (including a trial fitting, where applicable);
 - 6.1.3.3.7. education of the client in the use and care of the Orthosis;
 - 6.1.3.3.8. reviewing the fit and function of a previously supplied Orthosis; and
 - 6.1.3.3.9. representing the most cost-effective solution to meet the identified injury related need.
- 6.1.4. The Supplier will advise ACC if the client needs to be referred to other services where clinically necessary and appropriate.
- 6.1.5. The Supplier will provide the Services in accordance with the Operational Guidelines for Allied Health Services, which are available on the ACC website.

- 6.1.6. ACC may update the Operational Guidelines from time to time.
- 6.1.7. If there is a conflict between the Operational Guidelines and this Service Schedule, the provisions of this Service Schedule take precedence.
- 6.1.8. In relation to Physiotherapy Services, Group consultations may be:
 - 6.1.8.1. provided to clients who are receiving post-surgical physiotherapy treatment for a covered Personal Injury.
 - 6.1.8.2. undertaken in accordance with the treatment plan. This includes:
 - 6.1.8.2.1. Ensuring that there is clinical evidence that the group treatment directly relates to the covered Personal Injury and is personalised where needed.
 - 6.1.8.2.2. Recording outcomes from treatment delivered using evidence-based outcome measures; and
 - 6.1.8.2.3. Referring the client to other services where clinically necessary and appropriate, including seeking ACC's prior approval for such referrals if prior approval is required; and
 - 6.1.8.2.4. When applicable, submitting a Request for Prior Approval of Further Treatment form (as published on the ACC website) for treatment beyond the applicable Treatment Limit; and
 - 6.1.8.2.5. Documentation of clinical records.
- 6.1.9. In addition to the requirements for physiotherapists above, Pelvic Health Physiotherapy Services the provider must also:
 - 6.1.9.1. be able to demonstrate they have appropriate and current training, knowledge, and competencies to work safely within the field of pelvic health physiotherapy.
 - 6.1.9.2. be a member of the Physiotherapy New Zealand Pelvic Women's and Men's Health special interest group.
 - 6.1.9.3. be registered with ACC to provide pelvic health physiotherapy services.

6.2. Equipment and Orthotics

6.2.1. In relation to Physiotherapy and Podiatry only, the Supplier must ensure that the following equipment and Orthotics are provided as follows:

6.2.1.1. Knee Braces:

6.2.1.1.1. only providing a knee brace where it is identified that the need directly relates to the covered personal injury; and

6.2.1.1.2. ensuring that the client is assessed and fitted with a knee brace that is in accordance with the manufacturer's specifications and is in accordance with best practice guidelines.

6.2.1.2. Moon Boots:

6.2.1.2.1. only providing a moon boot where it is identified that the need directly relates to the covered personal injury; and

6.2.1.2.2. ensuring that the client is assessed and fitted with a moon boot that is in accordance with the manufacturer's specifications and is in accordance with best practice guidelines.

6.2.2. In relation to Physiotherapy only, the Supplier must ensure that the following equipment is provided as follows:

6.2.2.1. Crutches Hire:

6.2.2.1.1. only providing crutches where it is identified that their need directly relates to the covered Personal Injury;

6.2.2.1.2. ensuring that the crutches are regularly assessed and maintained to a safe standard;

6.2.2.1.3. ensuring that the client is assessed and fitted for these in accordance with their specifications and best practice guidelines; and

6.2.2.1.4. ensuring that the client is educated on the safe use.

6.2.3. In relation to Hand Therapy only, the Supplier must ensure that the following equipment is invoiced as follows:

6.2.3.1. Splinting and Wound Dressing:

6.2.3.1.1. ACC defines a splint as an external appliance (rigid construction) or garment (soft construction) used to immobilise, support and/or enhance mobility of the underlying tissues. These may be custom made to fit the individual or issued from pre-made stock items. ACC defines a wound dressing as a product to cover wounds/developing wound sites, protect vulnerable skin/tissue which generally needs to be fixed in place. This is considered appropriate where a dressing needs to be changed to allow for a splint to be correctly fitted, allow for improved mobility or post operative dressing change.

6.2.3.1.2. When the Supplier is invoicing ACC for a splinting/wound dressing fee, the splinting/wound dressing fee should include only the actual cost of materials used by the Supplier.

6.2.3.1.3. The time the Supplier spends with the client during a consultation attending to construction/fitting of splints/wound dressings, is included in the applicable Service Item Code HT01 or HT02.

6.2.3.1.4. Splinting/wound dressing costs may be invoiced to ACC using codes HT03, HT04 or HT13 – see Part A, Clause 5 Table 4.

6.2.4. Podiatry Only

6.2.4.1. Price of Orthoses

6.2.4.1.1. The Supplier may only invoice ACC for the cost of Orthoses as follows:

6.2.4.1.1.1. Assessing a client's existing Orthosis for repairs or replacement.

6.2.4.1.1.2. Customisation or fabrication of an Orthosis is not included in the consultation price.

6.2.4.1.1.3. Customisation and fabrication of Orthoses may be undertaken by the Supplier or subcontracted to a specialist orthotic fabrication service.

6.2.4.1.1.4. The time that the Supplier spends with the client fitting the Orthosis is included in the consultation price.

6.2.4.2. Prior Approval for Orthoses

6.2.4.2.1. The cost of Orthoses up to the limits specified in Part A, clause 5 (Service Items and Prices) will be funded by ACC without prior approval.

6.2.4.2.2. Where a prior approval for Orthoses is required, the Supplier will submit a request for funding approval to the Treatment Assessment Centre (HnOrthotic@acc.co.nz) using the template supplied by ACC.

6.2.4.2.3. The prior approval request must include a clinical rationale to support the Orthoses required.

6.2.4.2.4. ACC will provide notice in writing to the Supplier and the client of its decision to accept or decline (at ACC's sole discretion) the request for funding approval.

7. TELEHEALTH

7.1. Service Description

7.1.1. Services can be delivered by Telehealth, where clinically appropriate. The Supplier must ensure that Services delivered by Telehealth:

7.1.1.1. have client or authorised representative consent (recorded in the clinical notes), and with the option of an in-person meeting if the client prefers;

7.1.1.2. be preceded by an initial risk assessment to ensure client safety;

7.1.1.3. meet the same required standards of care provided through an in-person consultation;

7.1.1.4. have clinical records that meet ACC and professional body requirements; and

- 7.1.1.5. meet the requirements outlined in the relevant standards/guidelines of the ACC8331 ACC Telehealth Guide and Allied Health Aotearoa New Zealand;
 - 7.1.1.6. are only provided if a client receiving the Telehealth service, and the Service Provider delivering the Telehealth service, are physically present in New Zealand at the time the Service is provided; and
 - 7.1.1.7. are only provided if a client is residing in an area where they would ordinarily attend the Service Location specified in Part A, clause 4.
- 7.1.2. If there is a difference between the regulatory body statements and what is stated in this Service Schedule, then this Service Schedule takes precedence.
- 7.2. Service Requirements
- 7.2.1. The Supplier will provide all equipment and technology necessary to deliver the Services by Telehealth and manage their own technical issues.

8. SERVICE EXCLUSIONS

- 8.1. The following services are not to be provided or paid for under this Service Schedule (but may be provided and paid for under other service contracts with ACC, or under regulations if required and applicable):
- 8.1.1. public health acute services as defined in regulation 4 of the Injury Prevention, Rehabilitation, and Compensation (Public Health Acute Services) Regulations 2002;
 - 8.1.2. Orthotics provided within 6 weeks after the day of discharge from services provided as part of an acute admission, or services provided as part of an emergency department presentation, and any subsequent services provided by the emergency department within 7 days after that presentation;
 - 8.1.3. inpatient treatment, if such treatment is available under an Elective Surgery contract with ACC;
 - 8.1.4. if the client requires outpatient Allied Health treatment following Elective Services surgical treatment, this may be provided and paid for under this Service Schedule from the date of discharge;
 - 8.1.5. Orthotics required for up to six weeks post discharge date from Elective Services;
 - 8.1.6. Urgent Care Clinic services;

- 8.1.7. Rural General Practice services;
- 8.1.8. Clinical services;
- 8.1.9. minor foot surgery performed within the scope of practise of a podiatric surgeon or podiatrist as defined by the New Zealand Podiatrists Board;
- 8.1.10. treatment that is not specified in Part B, clause 1, Part B, clause 5, Part C clause 2 and Part C clause 3; and
- 8.1.11. treatment that is provided to a client that is part of another ACC contracted service the client is receiving.

9. MULTIPLE SERVICES

- 9.1. Where the Supplier provides multiple service types under this Service Schedule, the Supplier must ensure that the Services are provided by a Service Provider that meets the Service Philosophies specified of the relevant treatment type being provided. Treatment may be provided and paid for in accordance with the type of treatment that is being provided.
 - 9.1.1. Multiple treatments in one day from one or more Service Provider is considered an exceptional response for most self-limiting musculoskeletal injuries. ACC's expectations are outlined in the position statement on Same Day Allied Health treatment.
 - 9.1.2. ACC does not expect that a client would need more clinically appropriate treatments than they would receive from a single allied health provider for the covered injury.

10. ACC32 PRIOR APPROVAL OF FURTHER TREATMENT

- 10.1. Suppliers must submit a Request for Prior Approval of Further Treatment form to ACC (as published on the ACC website) and have ACC's prior approval for treatment beyond the applicable Treatment Limit for a Personal Injury.
- 10.2. All requests for additional treatment must be submitted to ACC electronically via the ACC web form or through a Practice Management System.
- 10.3. ACC will not pay for treatment provided without prior approval beyond the applicable Treatment Limit.
- 10.4. Where:
 - 10.4.1. prior approval for treatment is required; and
 - 10.4.2. the Supplier provides treatment and invoices ACC for such treatment without prior approval; and

- 10.4.3. ACC pays the Supplier for such treatment, ACC may recover that payment from the Supplier by deducting the amount overpaid from any future payment owing to the Supplier by ACC.
- 10.5. On request in writing from ACC, the Supplier will provide to ACC in respect of a client:
 - 10.5.1. the clinical records and the Request for Prior Approval of Further Treatment form electronically to ACC using the form prescribed by ACC; and/or
 - 10.5.2. the electronic Referral form prescribed by ACC; and/or
 - 10.5.3. any other electronic forms as prescribed by ACC.
- 10.6. The Supplier will ensure that all clinical records are completed on a practice management software system.
- 10.7. DHBs are exempt from the requirement outlined in Part B, clause 10.6.

11. SERVICE EXIT

- 11.1. The Service is completed for a client when:
 - 11.1.1. the client has been discharged from care; or
 - 11.1.2. the client has been referred to another treatment provider to continue the client's care or the client moves away from the Service Provider's geographical area.
- 11.2. At the completion of Services, the Supplier must ensure that a discharge summary including outcome measures, as specified within the Operational Guidelines, is completed. If requested by ACC, the Supplier must supply to ACC the discharge summary, and any other information requested by ACC.
- 11.3. A summary of discharge must be provided to any referring provider at the completion of the Services.

12. CLINICAL DIRECTOR

- 12.1. Unless clause 12.3 applies, the Supplier must appoint a Clinical Director who is named at Part A, clause 2 and ensure that a Clinical Director is always in place. If the Supplier appoints a new Clinical Director before the End Date, the Supplier must give ACC notice in writing of the new Clinical Director as soon as practicable after the appointment.

- 12.2. The named Clinical Director will have a minimum of 5 years of experience in the area of clinical practice, and will hold a current Annual Practising Certificate. For Hand Therapists, the Clinical Director will have attained Registered Membership status with Hand Therapy New Zealand. For Podiatrists and Physiotherapists, the named Clinical Director must hold, or attain by 31 December 2024, a post-graduate certificate in an area relevant to their clinic's practice.
- 12.3. Where the Clinical Director is not named at Part A, clause 2, the Supplier will have until 31 December 2024 to meet the requirements outlined in Part B, clause 12, and must ensure that a Clinical Director is always in place from that date. The Supplier must give ACC notice in writing before 31 December 2024 of the Clinical Director that the Supplier has appointed, and must give ACC notice in writing of any changes to that appointment.
- 12.4. The Clinical Director will:
 - 12.4.1. conduct internal audits of the quality of clinical record keeping against the requirements outlined in the relevant Service standards, code of ethics and practice thresholds; and
 - 12.4.2. provide clinical oversight, assist with diagnosis, and assist with the establishment of causation and treatment planning where required for Service Providers providing Services under this Service Schedule;
 - 12.4.3. ensure that all Service Providers are competent, appropriately experienced, trained and qualified to provide the relevant Services;
 - 12.4.4. check the clinical records and provide a clinical review in accordance with Part B, clause 12.10 prior to the 16th consultation for each client. This review will include a review of the diagnosis, treatment plan and opinion regarding causation. Documentation of the review is required in accordance with the template outlined in the Operational Guidelines and will form a part of the client's comprehensive clinical record;
 - 12.4.5. an exemption to Part B, clause 12.4.4. is permitted where there is specialist oversight of the client's treatment and/or the client is receiving specialist input as part of their treatment;
 - 12.4.6. ensure that ACC's specific induction and orientation is provided to all staff at the Supplier's clinic before they commence independent practice or, in the case of administration staff, before they work unsupervised;
 - 12.4.7. induct and assess each Service Provider on the quality and safety of their practice;
 - 12.4.8. ensure that all Service Providers have read the ACC Partnership Agreement and a signed copy of the declaration is kept on file at the Service Provider's clinic;
 - 12.4.9. ensure that in-service training requirements are undertaken by all Service Providers and administrative staff as they are made available by ACC;

- 12.4.10. work with ACC to resolve any clinical performance concerns that are identified.
- 12.5. Clinical Directors who are Hand Therapists must ensure that Associate members of Hand Therapy New Zealand are subject to regular peer review measures conducted by a registered member of Hand Therapy New Zealand. This includes ensuring that Hand Therapists with Associate Membership status, achieve Registered Membership status within 5 years.
- 12.6. The Clinical Director may delegate the activities listed in Part B, clauses 12.4.4.-12.4.10. above to a suitably qualified staff member who meets the education and experience criteria listed in Part B, clause 12.2 above.
- 12.7. The Clinical Director cannot complete the activity described in clause 12.4.4. and 12.5 on claims for which they are the treating Service Provider.
- 12.8. The Clinical Director may subcontract the activity described in clause 12.4.4. and 12.10 (clinical reviews) to an external Service Provider who meets the education and experience criteria set out in clause 12.2, provided that the Clinical Director is either a sole operator or does not have a staff member that meets the requirements in clause 12.2. Clients must be notified if their clinical records will be reviewed by a subcontracted external Service Provider before the transfer of their records to that Service Provider takes place. To avoid doubt, clause 16 of the Standard Terms and Conditions applies to any subcontracting arrangement.
- 12.9. The Clinical Director must request permission from ACC before subcontracting the activity described in clause 12.4.4. and will confirm to ACC that the external Service Provider meets the criteria set out in clause 12.2. The Clinical Director and the subcontractor will comply with any requirements specified by ACC in relation to the subcontracting.
- 12.10. Written Report and Liaison
- 12.10.1. Where additional oversight is identified as being required, a review of the claim may be completed and reported in the client's comprehensive clinical record.
- 12.10.2. A review of the claim must be undertaken prior to the 16th visit except in the case where there is specialist oversight of the client's treatment.
- 12.10.3. The report under Part B, clause 12.10 must contain the following:
- 12.10.3.1. a review of the Mechanism of Injury;
- 12.10.3.2. a review of the injury and clinical diagnosis;
- 12.10.3.3. a statement on causation considering (a) and (b) above;
- 12.10.3.4. a review of the current treatment plan;

- 12.10.3.5. documentation of any recommendations and actions that the treatment provider will need to consider. (including changes to the treatment plan, onward referral or investigation); and
- 12.10.3.6. expected outcome with consideration of any recommended changes;
- 12.10.4. It is expected that the Clinical Director is available to discuss the findings with the treating Service Provider.

13. REPORTING

- 13.1. As set out in clause 12 of the Standard Terms and Conditions, when ACC makes a reasonable request for information about the Services, the Supplier must give ACC that information. The Supplier must provide all information in a format that ACC can use, and within a reasonable time. For example, ACC may ask you to provide reports/notes/letters or summarised comprehensive letters following a consultation that has been performed under this Service Schedule.
- 13.2. The Supplier must ensure that, if ACC requests information from the Supplier that is held by a Service Provider, the Service Provider must provide the requested information in the form and manner specified by ACC, including, but not limited to, through the Service Provider's Practice Management System.
- 13.3. ACC may request information pertaining to, but not limited to, the following information:
 - 13.3.1. the functional objectives of the proposed Physiotherapy, Hand Therapy or Podiatry treatment;
 - 13.3.2. what the initial treatment(s) has achieved to date;
 - 13.3.3. the clinical rationale to justify why further treatment is necessary;
 - 13.3.4. the proposed treatment plan and goals;
 - 13.3.5. the recommended number of further treatment(s);
 - 13.3.6. expected time frames for further treatment(s);
 - 13.3.7. the outcome of treatment with or without the recommended treatment;
 - 13.3.8. outcome measures as specified within the Operational Guidelines and any other recorded outcome measures;
 - 13.3.9. Return to Work plan including advice given, duties able to be performed, recommended number of hours per day and likely progression of the return to work plan; and
 - 13.3.10. a discharge summary of the client's case.
- 13.4. The Supplier may not charge ACC any fee for providing any requested information, as per clause 13, to ACC.

14. PERFORMANCE AND SERVICE EVALUATION

- 14.1. In addition to the requirements in clause 13 of the Standard Terms and Conditions, the Supplier will make themselves available and participate in any performance meetings which ACC arranges.
- 14.2. ACC may conduct audits of clinical notes and reports generated under this Service Schedule and may provide feedback reports at Supplier, clinic, and/or Service Provider level on a regular basis.
- 14.3. If ACC requests the Supplier to provide clinical notes to ACC, the Supplier must provide that information to ACC no later than 10 working days after the request.

15. COMMUNICATION

- 15.1. Unless otherwise specified in this Service Schedule, all communications between ACC and the Supplier in respect of the Services will, in the first instance, be conducted through the Clinical Director listed in Part A, clause 2 of this Service Schedule.
- 15.2. Where a Supplier does not have a Clinical Director in place prior to 31 December 2024, if clause 12.3 applies, communications will be conducted through Key Personnel listed in Part A, clause 4.
- 15.3. The Provider will advise the Client's Recovery Team Member, where applicable, as soon as possible of any non-attendance, non-compliance or complications with a client's treatment plan not progressing as expected.

16. PAYMENT AND INVOICING

- 16.1. Service prices are defined for this Service in Part A, clause 5.
- 16.2. The invoice must be submitted to ACC electronically.
- 16.3. The Supplier must invoice ACC through one Vendor ID per contract.
- 16.4. Payment for treatments is for the direct treatment of the individual client. The direct treatment is the time during which a Service Provider is directly applying his or her expertise to a client's treatment.
- 16.5. ACC agrees to pay the prices set out in Part A, clause 5 for Services provided in accordance with this Agreement.
- 16.6. Services outlined in Part A, clause 5, Tables 2 and 6 are only available if the Supplier is a DHB.
- 16.7. In addition to the invoicing requirements outlined in clause 10 of the Standard Terms and Conditions, the Supplier must provide an invoice that:
 - 16.7.1. is provided on an applicable bulk billing schedule for all Services provided under this Service Schedule; and

- 16.7.2. specify the Service Provider who was primarily responsible for the Services provided to the client.
- 16.8. The Supplier must invoice ACC directly for Services provided, and ACC will not accept invoices from subcontractors of the Supplier or from Service Providers (other than the Supplier).
- 16.9. Payments of complying schedules and invoices will be made in accordance with this Service Schedule and will be direct credited into the Supplier's nominated bank account provided the Supplier has complied with all of its obligations under this Service Schedule, and under the Standard Terms and Conditions.

17. ADDITIONAL PAYMENT

- 17.1. This clause 17 applies despite anything to the contrary in clause 10.3 of the Standard Terms and Conditions.
- 17.2. Physiotherapy and Podiatry Suppliers may set and charge a client a co-payment for Services provided.
- 17.3. Charges must be clearly displayed, and the client must be made aware of the charges prior to receiving the Services.
- 17.4. Co-payments for Hand Therapists
 - 17.4.1. The Supplier may charge a co-payment to a client for the difference between the Supplier's non-ACC consultation rate and the ACC price payable under this Service Schedule.
 - 17.4.2. The client must be informed, prior to commencement of the Service, if the Supplier intends to charge the client a co-payment, and the amount of that co-payment.
 - 17.4.3. No co-payment may be charged for the provision of Splints.
- 17.5. The Supplier may not charge ACC if a client fails to attend an appointment.
- 17.6. The Supplier may charge a client a "did not attend" fee if the client does not attend a scheduled appointment and does not advise the Service Provider in advance that they will not be attending the appointment. The client must be made aware that there is a charge applicable for missed appointments if the Supplier intends to charge a "did not attend" fee.
- 17.7. The Supplier may charge a client for materials used in treatment e.g. strapping or orthoses. The client must be made aware of any charges prior to use or application of those materials.
- 17.8. The Supplier may charge a client for travel to provide the Services to the client. The client must be made aware of any charges prior to travel being undertaken at the client's expense.

- 17.9. To ensure efficient payment processing by ACC, where prior approval is required, the Supplier's invoice will contain information consistent with that received in the ACC purchase approval which initiated the Service, particularly with regard to service item codes.
- 17.10. ACC reserves the right to audit the Supplier's invoicing information and where Orthoses have been outsourced, on request from ACC, the Supplier will provide copies of orthotic suppliers and/or manufacturers' invoices to verify billing information.
- 17.11. Co-payments for Pelvic Health Physiotherapists providing treatment for clients who have a Maternal Birth Injury.
- 17.11.1. The Supplier may charge a co-payment to a client for the difference between the Supplier's non-ACC consultation rate and the ACC price payable under this Service Schedule.
- 17.11.2. The client must be informed, prior to commencement of the Service, if the Supplier intends to charge the client a co-payment, and the amount of that co-payment.

C. SERVICE SPECIFICATIONS FOR PHYSIOTHERAPY SPECIALIST SERVICES

This Part C applies only if the Supplier has a Named Physiotherapy Specialist specified in Part A, clause 3.

1. SERVICE OBJECTIVES

- 1.1. The objective of the Physiotherapy Specialist Service is to provide clients with timely access to a quality physiotherapy specialist assessment, rehabilitation, and treatment planning services that facilitates a prompt, cost-effective and sustainable return to independence and/or work or education.
- 1.2. The key objectives of Physiotherapy Specialist services include:
 - 1.2.1. providing accurate assessment and diagnosis of injury and functional limitations;
 - 1.2.2. accessing appropriate investigations to aid in assessment and treatment planning where needed;
 - 1.2.3. providing an Assessment, Rehabilitation and Treatment Plan (ARTP) and advice to clients informed by the evidence; and
 - 1.2.4. liaising with referring providers or providing referral to an appropriate treatment provider to implement the treatment plan.

2. SERVICE PHILOSOPHIES (SPECIFIC TO PHYSIOTHERAPY SPECIALIST SERVICES)

- 2.1. The primary focus of Physiotherapy Specialist treatment is to restore a client's health to the maximum extent practicable.
- 2.2. Treatment must be necessary and appropriate, match the quality required, be provided an appropriate number of times, at the appropriate time and place, and be of a type normally provided by Physiotherapist Specialists.
- 2.3. Treatment effectiveness is measured using outcome measures that are reliable, valid, responsive to change, related to the functional goals of treatment and relevant to the client's injury.

3. SERVICE ELIGIBILITY

- 3.1. A client is entitled to Physiotherapy Specialist Services under this Service Schedule if:
 - 3.1.1. the client has suffered a personal injury in terms of the Accident Compensation Act 2001 for which a claim for cover has been accepted, or is likely in the Named Provider's experience to be accepted ("Personal Injury"); and
 - 3.1.2. the client has been referred to Physiotherapy Specialist Services by a registered health practitioner.

4. SERVICE LOCATION

- 4.1. The Supplier will ensure that Physiotherapy Specialist Services are provided at the location(s) specified in Part A, clause 4.
- 4.2. The Supplier may provide the Services at the following locations in addition to the Service Location(s) in the following circumstances:
 - 4.2.1. the client's home where the client is unable to attend a Service Location;
 - 4.2.2. the client's workplace where a client is unable to attend a Service Location and there are appropriate facilities at the workplace to provide a consultation;
 - 4.2.3. the practice or clinic of the client's referrer where appropriate and it is agreed with the client's referrer and client;
 - 4.2.4. via Telehealth where the client is unable to attend a Service Location and the Service meets the requirements outlined in Part B, clause 7.
- 4.3. The Supplier must not invoice ACC, the client, or any other person for any travel costs for Services provided under this Service Schedule as outlined in Part C, clause 8.5.
- 4.4. The Supplier must ensure that both the client receiving the Service, and the Service Provider delivering the Service, are physically present in New Zealand at the time the Service is provided.

5. SERVICE REQUIREMENTS

- 5.1. For Service Providers:
 - 5.1.1. The Supplier will ensure that Physiotherapy Specialist services are only carried out by a Named Provider specified in Part A, clause 3 who:
 - 5.1.1.1. holds a current Annual Practising Certificate issued by the Physiotherapy Board of New Zealand which includes the designation of Physiotherapy Specialist;
 - 5.1.1.2. is registered with ACC to provide Physiotherapy Services; and
 - 5.1.1.3. provides services only within their designated specialty.
- 5.2. The Supplier must ensure that Physiotherapy Specialist Services provided under this Service Schedule include:
 - 5.2.1. arranging any necessary appointments with the client;
 - 5.2.2. an Initial Assessment which includes:
 - 5.2.2.1. a clinical history and examination of the client;
 - 5.2.2.2. discussion between the client and the Named Provider concerning suitable treatment options;
 - 5.2.2.3. completion of relevant baseline and outcome measures;
 - 5.2.2.4. documentation of clinical records: and
 - 5.2.2.5. completion of an ARTP, or

- 5.2.2.6. referral for any required investigations to support the assessment.
- 5.2.3. A follow up assessment may be undertaken for the purposes of:
 - 5.2.3.1. reassessing the client, and reviewing the result of any investigations requested; and
 - 5.2.3.2. reassessing and reviewing client progress following referral back from a treatment provider for review.
- 5.2.4. A follow up assessment must include:
 - 5.2.4.1. reassessment of the client and discussion with the client outlining the results of any investigations received;
 - 5.2.4.2. reassessment against reported outcome measures;
 - 5.2.4.3. documentation of clinical records; and
 - 5.2.4.4. completion of an ARTP if it was not completed initially due to needing to obtain further information or diagnostic tests for the client.
 - 5.2.4.5. When a follow-up report is generated, the Supplier must ensure that this is sent to ACC.
- 5.3. Clinical records, reports and documents generated under Part C must be provided to ACC within 10 working days of an assessment.
- 5.4. PART B, Clauses 1, 2, 3, 4, 5.3, 6, 7.1.1.7., 9, 11, 12, 13, 15, 16, and 17 do not apply to Physiotherapy Specialists.

6. SERVICE EXIT

- 6.1. The Service is completed for a client when:
 - 6.1.1. the client has been discharged from care; or
 - 6.1.2. the client has been transferred to another provider to continue the client's care.
- 6.2. Upon discharge the Supplier must send a copy of the client's discharge report to ACC within 10 working days.

7. REPORTING

- 7.1. As set out in clause 12 of the Standard Terms and Conditions, when ACC makes a reasonable request for information about the Services, the Supplier must give ACC that information. The Supplier must provide all information in a format that ACC can use, and within a reasonable time. For example, ACC may ask you to provide reports/notes/letters or summarised comprehensive letters following a consultation that has been performed under this Service Schedule.
- 7.2. The Supplier may not charge ACC any fee for providing any requested information to ACC.

8. PAYMENT AND INVOICING

- 8.1. Service prices are defined for this Service in Part A, clause 5, Table 3 Physiotherapy Specialist Service Items and Prices.
- 8.2. ACC agrees to pay the prices set out in Part A, clause 5, Table 3 for Services provided in accordance with this Agreement.
- 8.3. In addition to the invoicing requirements outlined in clause 10 of the Standard Terms and Conditions, the Supplier must provide an invoice that:
 - 8.3.1. is provided on an applicable bulk billing schedule for all Physiotherapy Services provided under this Service Schedule, and:
 - 8.3.2. specify the Service Provider who was primarily responsible for the Services provided to the client.
- 8.4. The Supplier must invoice ACC directly for Physiotherapy Services provided, and ACC will not accept invoices from subcontractors of the Supplier or from Service Providers (other than the Supplier).
- 8.5. The prices set out in Part A, clause 5, Table 3 are the entire amount chargeable to ACC in relation to the Physiotherapy Specialist Services and no additional amount may be charged to ACC, the client or other person for Services under this Service Schedule.

APPENDIX 1 - DEFINITIONS AND INTERPRETATION

In this Service Schedule unless the context otherwise requires:

“ACC Requirements for Physiotherapy, Hand therapy and Podiatry Services” are the auditing scope for the minimum certification to the ACC contract requirements.

“Conformity Assessment Body” means an organisation carrying out testing, inspection or certification that has been accredited by an accreditation authority.

“DHB Suppliers” means a contract held by and services delivered by a District Health Board.

“Dressing” means the provision of a product to cover wounds/developing wound sites; protect vulnerable skin/tissue which generally needs to be fixed in place.

“Footwear Supports” – in- shoe devices designed to correct or manage pathological foot and lower extremity structure and function.

“In-person” means the provider and client are physically present in the same room. Where ‘face-to-face’ is used in contracts, it should be replaced with ‘in-person’. In-person is the terminology used by the Ministry of Health and the New Zealand Medical Council as they consider video calls can be interpreted as being face-to-face.

“Initial Consultation” means the first consultation for a covered Personal Injury.

“Lower limb orthoses” are specialist external devices, excluding Footwear Support and Moonboot orthotics, that are worn or fitted on a lower limb, to provide positional and functional support to that lower limb.

“Main location” is a specific location where the allied health professional service is provided from and is the primary premises of that business. There are administration and support services (reception, cleaning, laundry etc) which form part of the business.

“Orthosis (plural Orthoses)” pre-fabricated, customised, or custom made externally applied devices used to improve and support function means an externally applied device that is designed and fitted to the body to achieve one or more of the following goals:

- Control biomechanical alignment
- Protect and support an injury
- Assist rehabilitation
- Reduce pain
- Increase mobility
- Increase independence.

Commonly prescribed orthoses include:

- Foot Orthoses- for various foot, leg or postural problems

- Ankle Orthoses and Knee Orthoses - for joint protection, pain reduction or support after surgery
- Ankle-Foot Orthoses and Knee-Ankle-Foot Orthoses - to improve mobility, support rehabilitation and biomechanical goals
- Fracture orthoses - the modern alternative to plaster or fibreglass casts

“Podiatrist” means a person who holds a current annual practising certificate and is a registered Podiatrist under the health Practitioners Competence Assurance Act 2003.

“Practice Equipment” – including but not limited to items such as heat guns, cutting tools and thermoplastic heating guns.

“Public Health Acute Services” means services (as defined in regulations made under section 322(2) of the Accident Compensation Act 2001) that are purchased through the Minister of Health and provided by a publicly funded provider.

“Satellite Location” means an allied health professional service provided away from its main business site as an extension of the services provided by that business and where these services operate as a standalone clinic and are certified as outlined in Part B, clause 4.1.

“Specialist Oversight” means that the client is receiving specialist input as part of their treatment. If the specialist has confirmed the client’s current injury diagnosis is causally linked to the reported accident event, and the client is referred back for further treatment. A specialist may include but is not limited to an orthopaedic specialist, physiotherapy specialist, sports physician, or pain specialist.

“Telehealth” means the use of information or communication technologies to deliver health care when clients and care providers are not in the same physical location. For this Service Schedule, Telehealth relates to real-time videoconferencing interactions and telephone consultations. Telehealth excludes electronic messaging, e.g. texts and emails.

A Telehealth consultation is to replace an in-person visit, it does not include a quick triage or check-in phone calls (unless specified).

“Treatment Limit” is the number of treatments after which ACC requires prior approval for further treatment.

“Taping / Bandaging” means the application of adhesive based tape or bandages which are supportive (functional), compressive or used to fix dressings, are flexible, and used for short durations.