

High Tech Imaging Services Operational Guidelines

Effective 1 December 2021



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1. Key contact details

ACC Provider Helpline	Ph: 0800 222 070	Email: providerhelp@acc.co.nz
ACC Client/Patient Helpline	Ph: 0800 101 996	
ACC Provider registration	Ph: 04 560 5211	Email: registrations@acc.co.nz
	Fax: 04 560 5213	Post: ACC, PO Box 30 823, Lower Hutt 5040
ACC eBusiness	Ph: 0800 222 994, option 1	Email: ebusinessinfo@acc.co.nz
Health Procurement	If you have a question about the commercial aspects of your contract, please contact the ACC Health Procurement team: Email: health.procurement@acc.co.nz Ph: 0800 400 503	
Engagement and Performance managers	Engagement and Performance managers can help you to provide the services outlined in your contract. Contact the Provider Helpline or visit https://www.acc.co.nz/for-providers/provide-services/provider-relationship-team/ to find an Engagement and Performance manager in your region.	
Website	The ACC website can provide you with a lot of information, especially our “for providers” section. Please visit https://www.acc.co.nz/for-providers/	

2. Information Sources

Provider Updates	This monthly publication updates Suppliers, Providers and Vendors on what’s happening across ACC’s business. https://www.acc.co.nz/for-providers/provider-updates/
Requesting prior approval of injections and scans	Complete the prior approval form https://www.acc.co.nz/assets/provider/57ba968d87/injection-scan-prior-approval.docx and email to prior.approval@acc.co.nz

3. Introduction

This is a guideline to assist the implementation of the High-Tech Imaging Services (HTIS) Service Schedule (also referred to here as “the Contract”). It should also help those who administer the contract to navigate the requirements of ACC. It provides guidance on the implementation of the contract and practical responses.

Read this guide in conjunction with [ACC's Standard Terms and Conditions](#) and [the Contract](#).

Services must comply with the High-Tech Imaging Services Service Schedule. Where there are any inconsistencies between this document and the Contract, the Contract takes precedence.

4. What does this contract cover and how does it relate to other contracts?

This contract allows for the provision of quality diagnostic imaging, interventional radiology and reporting services for ACC clients. The High-Tech Imaging Contract is ACC's principal means of purchasing modern sophisticated diagnostic imaging.

The High Tech Imaging Services contract works in conjunction with other ACC contracts to support surgical and non-surgical pathways, including:

1. The Clinical Services contract enables the first specialist assessment, which assist in determining diagnosis and ongoing treatment, ie. surgery or conservative management;
2. The Elective Surgery contract purchases a package of care including peri-operative care, surgery, and post-discharge care (for up to 6 weeks).
3. The General Practitioner Referred MRI contract enables patients whose injuries meet specific clinical criteria to be referred for an MRI by trained GPs.
4. The General Practitioner with Special Interest services contract provides early diagnosis and appropriate treatment for non-urgent musculoskeletal conditions.

Imaging services funded by the Ministry of Health or a District Health Board, including Public Health Acute Services (PHAS), are excluded from the HTIS contract.

5. Who can hold this contract?

The High-Tech Imaging contract is held by Suppliers who undertake diagnostic imaging, interventional radiology and reporting. Suppliers must only provide imaging services at the facility noted in the contract, while reporting can be provided elsewhere.

To hold the HTIS contract the following criteria must be met:

- Meet all legislative and regulatory requirements for [radiation equipment](#) in New Zealand
- Hold [IANZ accreditation](#) for each modality and site of HTIS service provided

Suppliers must have the appropriate staff available to perform the procedures. These are set out in Clause 7 of the Service Schedule.

6. Who can provide the service?

Only New Zealand Registered radiologists with a current Annual Practising Certificate can provide services under the contract. Radiographers and other qualified staff can perform their normal functions.

Any radiologist providing the service on your behalf must have and maintain either:

- Vocational registration as a radiologist with the New Zealand Medical Council; or
- Fellowship of, or education affiliation to, the Royal Australian and New Zealand College of Radiologists; or
- Be nuclear physicians who are members of the Australian and New Zealand Association of Physicians in Nuclear Medicine.

7. How is a referral made to High Tech Imaging Services?

7.1 Referral to High-Tech Imaging Services

There are currently four pathways for referral to High Tech Imaging Services:

1. A referral from a medical specialist with an Annual Practising Certificate in a vocational scope of practice recognised by the Medical Council of New Zealand (MCNZ);
2. A referral from a GP who has been specifically authorised by ACC under the GP-referred MRI (GPMRI) contract. The GPMRI contract allows approved GPs to refer directly to HTI services in certain circumstances;
3. A referral from a GP under the General Practitioner Special Interest (GPSI) contract;
4. A request and accompanying Purchase Order from ACC.

If	Then
You receive a referral from a specialist	Confirm that the procedure does not require prior approval. Contact the client and arrange an appointment to undertake the procedure.
You receive a referral from a specialist for a procedure that requires prior approval	Contact specialist to arrange prior approval from ACC. As a practical matter, you may seek this approval yourself, but it is the specialist's responsibility.
You receive a request for service from ACC and a purchase order	Contact the client and arrange an appointment to undertake the procedure.

If	Then
You receive a referral from a GP	<p>Ensure the GP is authorised by ACC to make such a referral according to notifications provided by ACC or the Primary Health Organisation (PHO) concerned with ACC endorsement. GPs are credentialed by their PHO in consultation with ACC. Each PHO will advise radiology providers which GPs are credentialed. If in doubt, ask the GP to provide confirmation from their PHO.</p> <p>Contact the client and arrange an appointment to undertake the procedure.</p>

ACC also has GPSI contracts which allow contract holders to refer for HTI. Remember that this is NOT the category of GP referred to in point 2 above. In the case of GPSIs you would use the standard codes (and not those which have “GP” after them).

7.2 Ethical Referrals

We insist that investigations, treatments and procedures should only be conducted when necessary and appropriate. If it is not in the best interest of the client, it should not be undertaken. Where there may be perceived or actual conflicts of interest either through business ownership or similar relationships, you as supplier are required under our Standard Terms and Conditions (Clause 18) to tell us immediately in writing and we will then consider whether the conflict can be managed. A common example is where a referrer holds an ownership position in a radiology supplier.

We also require Suppliers to tell us about any financial interest in another supplier and get our written consent before using products or services from that supplier as part of the Services that are provided to our clients.

We consider it unethical and in breach of the Standard Terms and Conditions (Clause 18, especially 18.3) for a radiology supplier to provide benefits of any kind to a referrer (whether in cash or kind, gifts or subsidies) as a direct or indirect effect of a referral. Appropriate and verifiable ‘arm’s-length’ referral procedures are required, and ACC can ask for information and reassurance on this issue.

8. Procedures

The [Service Schedule](#) sets out the procedures that are covered within the HTIS Contract.

8.1 Procedures used by Credentialed General Practitioners

Four codes are available in the contract to mirror existing musculoskeletal codes for appropriate GP referrals only. These enable GPs who are approved referrers in terms of the HTIS GP referral initiative to refer directly to radiologists. These codes enable us to track

usage, and there are no other differences with the specialist codes they mirror. The approved GP can only refer for MRI.

Code	Description
R41GP	MRI Cervical Spine – GP referred
R43GP	MRI Lumbar Spine – GP referred
R53GP	MRI Knee – GP referred

Please note that the standard HTI codes apply for those GPs who hold a GPSI contract.

8.2 X-rays and Ultrasounds

The HTIS contract is for the purpose of undertaking high tech imaging such as MRIs and CT scans. The contract includes Duplex/Doppler ultrasound. Standard X-rays and ultrasound scans can be performed but must be claimed for under the [Cost of Treatment Regulations \(CoTRs\)](#).

8.3 Local and General Anaesthesia

Sedation, local anaesthesia and similar are included in the procedure price. We will pay separately for general anaesthesia or other complicating factors – prior approval should be requested before undertaking general anaesthesia via prior.approval@acc.co.nz.

8.4 Guided injections

Guided injections are available in this Service Schedule. The contract allows for two procedures before prior approval is required. In exceptional cases where a client requires more than two guided injections, you should consult the referring specialist and submit the [prior approval form](#) to prior.approval@acc.co.nz so that we can consider the request.

8.4.1 Injections of steroid and/or local anaesthetic

Injections of steroid and/or local anaesthetic into joint under imaging (S85) are available under the HTIS Contract. Referral for an injection of steroid and/or local anaesthetic into joint under imaging must be made via a specialist. In this case, 'imaging' does not include CT guidance, as that is covered under a separate code.

Responsibility for getting pre-approval lies with the Specialist but as a practical matter we have found that some radiologists are managing the process with the advice and guidance of the specialist. This is acceptable, although the accountability still applies to the referring Specialist.

8.4.2 Medial Branch Block and Radiofrequency Neurotomy

These interventional spine procedures can be either Simple or Complex depending on clinical best practice and the number of injection sites.

- **S30** – Simple Medial Branch Block with 2 or less injection sites
- **S31** – Complex Medial Branch Block with more than 2 injection sites
- **S35** – Simple Lumbar Radiofrequency Neurotomy with 2 or less injection sites
- **S36** – Complex Lumbar Radiofrequency Neurotomy with more than 2 injection sites
- **S37** – Simple Cervical Radiofrequency Neurotomy with 2 or less injection sites
- **S38** – Complex Cervical Radiofrequency Neurotomy with more than 2 injection sites

Medial Branch Blocks are considered a diagnostic procedure. Up to 2 Medial Branch Block procedures can be provided without Prior Approval, however Prior Approval can be sought at any stage if the clinical picture is unclear.

A Radiofrequency Neurotomy may be requested via prior approval form following a Diagnostic Medial Branch Block where facet joints are determined to be the source of pain. The specialists undertaking these procedures must be informed by the current Spine Intervention Society (SIS) Practice Guidelines for Spinal Diagnostic and Treatment Procedures.

8.5 Bone Densitometry (Dexa Scans)

Dexa scans can only be referred by vocationally registered specialists and must meet **all** of the following criteria:

- There must be an accepted claim for a fracture;
- The fracture is likely to be a fragility fracture (fracture resulting from fall at a standing height or less);
- The client
 - Is less than 75 years old and considered at reasonable risk of further fractures or is between 50 – 75 years old and is receiving systemic glucocorticoid therapy (>5mg Prednisone equivalent) for at least 3 months;
 - has not had a Dexa scan previously and is not known to be on bisphosphonates or other osteoporosis medication;
- The request for Dexa must be part of an assessment in a comprehensive and integrated pathway to minimise harm from falls and fractures.

It is unlikely that we will fund the scan if these requirements are not met – please contact the [Provider Helpline](#) if you are uncertain if the scan will be funded.

8.6 What are the rules around prior approvals?

Currently, the following procedures require prior approval before commencement:

- NaF Pet Scan
- Lumbar Radiofrequency Neurotomy – Simple (S35)
- Lumbar Radiofrequency Neurotomy – Complex (S36)
- Cervical Radiofrequency Neurotomy – Simple (S37)
- Cervical Radiofrequency Neurotomy – Complex (S38)

The following procedures require prior approval for the third (3rd) and subsequent procedures:

- CT Guided Injections / Aspiration (T80)
- Injection or Aspiration under Fluoroscopy (S79)
- Injection of steroid and/or local anaesthetic into joint under imaging other than CT – specialist referred only (S85).
- Urethrogram (D45)
- Micturating Cystourethrogram (D46)
- Medial Branch Block – Simple (S30)
- Medial Branch Block – Complex (S31)

It is recommended that prior approval is sought for all remaining procedures after the 4th or subsequent procedure.

Prior approval is requested via prior.approval@acc.co.nz using the [prior approval form](#).

8.7 What if the client needs two procedures at one time?

Where clinically appropriate, more than one procedure from the same modality on the same day may be performed for the same client. The first procedure can be invoiced using the primary code and the second procedure must be invoiced using the secondary code for the procedure (usually coded with an A after the primary code number). In cases where no secondary code is available, the main code can be invoiced twice.

8.8 Scans for single injury sites

The HTI contract is designed for clients to access necessary and appropriate investigations, treatments and procedures for an ACC-covered injury. We expect that there is clear clinical rationale from the referring provider to HTI suppliers, demonstrating a causal link between the indications for a single HTI procedure and the injury-related pathology at that single body site.

Repeat scans for new and/or persisting symptoms from the same body site need to consider the pathology identified on the previous imaging, be clinically justifiable and demonstrate that same causal relationship to the covered, injury-related pathology at that body site.

8.9 Scans for non-injury caused pathology

Suppliers are responsible for ensuring that all requests for HTI scans relate causally to investigation of a covered ACC injury. Where a scan clearly shows non injury-caused pathology as the more likely cause of the patient's symptoms, any subsequent scans should not proceed under the ACC claim.

ACC should be contacted to confirm funding if there is any uncertainty about the causal relationship between the requested scan and an ACC covered injury.

9. Image Reports

9.1 Reporting an Image

We recognise that the radiologist who performs or supervises the imaging may not be the radiologist who prepares the report. This is acceptable as long as the person preparing the report meets the requirements of the contract, that is, they hold the appropriate registration, and they have access to the images and client information as required by their scope of practice standards.

The report must be completed by a vocational registered radiologist within the terms of this contract.

9.2 Change in an Imaging Report

Where an imaging report requires amendment, the report should:

- Clearly indicate that it is an amended or supplementary report.
- Refer to the original report and the date of that original report.
- Clearly indicate what the change is.
- Clearly indicate the date of the amended or supplementary report.
- Name of the radiologist who is providing the amended or supplementary report.

9.3 Sending a report on Imaging to ACC

As part of seeking cover for an injury, ACC clients accept that ACC can view all medical notes and information relevant to their claim at the time a claim is lodged. Imaging reports need to be sent to ACC electronically. The Supplier has five working days to send the report to both ACC and to the Specialist who referred the client as outlined in Clause 13.2 of the Service Schedule.

10. Performance Management

The Contract sets out quality and performance requirements that you will be measured against. Quality refers both to the staff who undertake procedures under the contract, including the equipment and facilities. These requirements are outlined under Clause 7 of the contract.

Performance is measured in terms of cost effectiveness (services are necessary and appropriate), timeliness (services are undertaken within 10 working days of approval) and reporting (accurate reports are sent to referring specialists and ACC within five working days of completion of the investigation).

Service monitoring for this service is based on the quality and performance requirements in the contract, as well as an outlier approach – comparing supplier billing data across a number of metrics with those of their peers. The purpose of the monitoring is to understand how our suppliers operate, to ensure that suppliers adhere to the quality requirements, and identify performance concerns where they might exist.

ACC will provide suppliers with their reports on an annual basis. Suppliers might be asked to meet with their Engagement and Performance Manager to discuss their data and any outlier

results. If the service monitoring identifies performance issues your Engagement and Performance Manager will work with you on a resolution.

If circumstances affect your ability to meet these requirements, for instance in respect of timeliness, please contact your Engagement and Performance Manager to discuss the options with you.

11. Payment

ACC's method of invoicing for services is electronic billing (e-billing) which enables faster, easier and more efficient process.

11.1. Including referring provider's Provider Number

You need to include the ACC Provider Number of the referrer in the 'Comments' section of your invoice. You need to get this information from the referring provider. The ACC Provider Number is a six-digit combination of letters and numbers unique to each provider.

When it comes time to bill us for your services, please add the referrer's Provider Number in the 'Comments' section in the following format: ACC Provider Number – Doctor's first name and surname, i.e. 12ABCD – John Smith.

This information will help us build a much clearer picture of who is referring into HTIS and the trends and patterns happening between the services.

For more information on working with ACC using digital services, visit the [ACC Website](#).

For queries relating to invoices, contact the [Provider Helpline](#).

12. Appendix I - Frequently Asked Questions

12.1 Referrals

- **Can I perform X-Ray or ultrasound scans under this contract?**

No. This contract is for the purpose of High-Tech imaging such as MRIs and CT scans. X-rays and ultrasounds scans are claimed for under the [Cost of Treatment Regulations](#).

- **What do I do if I have an unusual client with, for instance, physical co-morbidities, or a child, who requires special treatment outside what standard prices are designed to cover?**

Each case will be considered on its own merits. Contact the Provider Helpline or your Engagement and Performance Manager to discuss options.

- **How will I know that a GP is permitted to refer direct for an MRI under this contract?**

GPs are credentialed by their PHO in consultation with ACC. Each PHO will advise radiology providers which GPs are credentialed. If in doubt, ask the GP to provide confirmation from their PHO.

Some GPs hold a GPSI contract with ACC. ACC will notify HTIS suppliers when a new contract holder comes onboard.

- **Am I responsible for ensuring a specialist who refers a client to me for imaging is entitled to do so?**

Yes. Clause 3.5 of the Service Schedule sets out that if there is uncertainty in approval or cover the supplier needs to confirm eligibility. You can do this by talking with the referring specialist or asking the client to provide you with confirmation that the claim has been accepted, or by ringing the ACC Helpline (0800 222 070).

- **We have heard a lot about 'ethical referrals' recently. What is ACC's position on this?**

We insist that investigations, treatments, procedures should only be conducted when necessary and appropriate. If it is not in the best interest of the Client, it should not be undertaken. Where there may be perceived conflicts of interest either through business ownership or similar relationships, you as supplier are required under our Standard Terms and Conditions (Clause 18) to notify us in writing and we will consider whether the conflict can be managed in the best interests of our clients. A common example is where a referrer holds an ownership position in a radiology supplier. Appropriate and verifiable 'arm's-length' referral procedures are required, and ACC may ask you for information and assurance that these are in place.

- **The client didn't show for an appointment. May I charge ACC a cancellation fee?**

No. We expect that your systems will minimise the chances of this occurring through effective client engagement, so we will not offer compensation in such cases. However, you should advise ACC (either through the client's Recovery Team Member or through Provider Helpline) that the client did not arrive.

12.2 Procedures

- **Does the radiologist reporting the image have to be on site?**

No. We recognise that the Radiologist who performs the imaging may not be the Radiologist who prepares the report. This is acceptable as long as the person preparing the report meets the requirements of [the Contract](#), that is, they hold the appropriate registration, and they have access to the images and client information as required by their scope of practice standards

- **Can I use a Radiology Registrar to report images for ACC clients?**

No. The report must be completed by a vocational registered Radiologist within the terms of [the Contract](#).

12.3 Image Reporting

- **Am I required to copy ACC in on my scan report?**

Yes. ACC clients accept that ACC can view all medical notes and information relevant to their claim at the time a claim is lodged. Imaging reports need to be sent to ACC electronically. The Supplier has 5 working days to send the report to both ACC and to the Specialist who referred the client (Clause 13.2).

12.4 Contractual Questions

- **How will ACC monitor and manage my performance under the contract?**

The contract sets out several quality and performance requirements that your performance will be measured against. Quality refers to the staff who undertake procedures under the contract, and to the equipment and facilities. These requirements are set out under Clause 7 of the contract.

Performance is measured in terms of cost effectiveness (services are necessary and appropriate), timeliness (services are undertaken within 10 working days of approval) and reporting (accurate reports are sent to ACC within 5 working days of completion of the investigation).

Service monitoring for this service is based on the quality and performance requirements in the contract, as well as an outlier approach – comparing supplier billing data across a number of metrics with those of their peers. The purpose of the monitoring is to understand how our suppliers operate, to ensure that suppliers adhere to the quality requirements, and identify performance concerns where they might exist.

ACC will provide suppliers with their reports on an annual basis. Suppliers might be asked to meet with their Engagement and Performance Manager to discuss their data and any outlier results. If the service monitoring identifies performance issues your Engagement and Performance Manager will work with you on a resolution.

If circumstances affect your ability to meet these requirements, for instance in respect of timeliness, please contact your Engagement and Performance Manager to discuss the options with you.

- **What do I do if we have a disagreement about the operation of the contract, for instance about quality, price, or timeliness of service?**

Each contract holder should have a main contact for ACC. In the first instance, you should have them make contact with your Engagement and Performance Manager from ACC.

- **The ownership of my business is changing – will that invalidate this contract?**

Not necessarily. You should advise us of the change and the impact it will have on your ability to provide services under this contract. ACC may at its own discretion either accept the change of ownership without amending the contract (assuming the legal entity you have contracted with us through remains in business as the Supplier) or cancel the contract and require you to reapply as a new Supplier.

- **Our business has decided to extend opening hours. Can I claim more because of the extended hours for staff?**

No. Services provided under this contract are expected to be for non-acute events, therefore ACC expects that services will only be provided during normal business hours, including weekends if that is a normal opening time for your business.