



SERVICE SCHEDULE FOR PAIN MANAGEMENT SERVICES

CONTRACT NO: _____

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING PAIN MANAGEMENT SERVICES

- 1.1 The Term for the provision of Pain Management Services is the period from 1 December 2021 (“Start Date”) until the close of 30 November 2024 (“End Date”) or such earlier date upon which the period 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 a maximum of two further terms of one year each. Any decision to extend the Term of this Service Schedule will be based on:
 - 1.2.1 the parties reaching agreement on the extension in writing prior to the End Date; and,
 - 1.2.2 ACC being satisfied with the performance of the Services by the Supplier; and
 - 1.2.3 all other provisions of this Contract either continuing to apply during such extended Term or being re-negotiated to the satisfaction of both parties.
- 1.3 There is no obligation on the part of ACC to extend the Term.

2. SPECIFIED AREA AND SERVICE LOCATION (PART B, CLAUSE 4)

3. SERVICE ITEMS AND PRICES (PART B, CLAUSE 17)

Table 1 - Service Items and Prices

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit	ACC purchase order required
PN01	Triage Initial Triage and preliminary assessment in accordance with Part B, clause 5.5.	\$556.65	Fixed fee (one per claim)	No
PN01T	Triage (Telehealth) Initial Triage and preliminary assessment in accordance with Part B, clauses 5.5 and 5.17	\$556.65	Fixed fee (one per claim)	No
PN402	Group Programme Specialised, stand-alone programme providing education in a group setting in accordance with Part B, clause 5.7	\$683.21	Payment of programme per Client	Yes
PN100A	Community Service Level One – Interdisciplinary Team (IDT). Assessment and support programme for Clients in accordance with Part B, clauses 5.8-5.10, including service administration.	\$2,684.59	Package price	Yes
PN10	Transition Fee Transition from Community Service Level One to Level Two, in accordance with Part B, clause 5.9.5. Can be invoiced in addition to the Community Service Level One.	\$2,388.06	Package price	Yes
PN200A	Community Service Level Two - IDT Assessment and support programme for Clients in accordance with Part B, clauses 5.7, 5.8 and 5.10, including service administration.	\$4,886.44	Package price	Yes

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit	ACC purchase order required
PN300A	<p>Tertiary Delivery Services – Outpatient programme.</p> <p>Assessment and complex support programme.</p> <p>In accordance with Part B, clauses 5.7 and 5.11 including service administration.</p>	\$7,495.87	Actual and reasonable cost up to capped price	Yes
PN350A	<p>Tertiary Delivery Services – Intensive Programme.</p> <p>A three-week intensive interdisciplinary programme for complex Clients.</p> <p>In accordance with Part B, clause 5.13, including case conference with the Client and ACC at the end of the programme, Client’s family/ whānau may also attend. ACC can assist with accommodation and travel if required on a case by case basis.</p>	\$9,649.19	Actual and reasonable cost up to capped price	Yes
PN375	<p>Tertiary Support Services.</p> <p>A liaison package available to community pain Suppliers and health professionals to obtain tertiary level support and advice relevant to a Client’s clinical situation in accordance with Part B, clause 5.14, including service administration.</p>	\$2,000.26	Actual and reasonable cost up to capped price (one off payment)	No
PN410	<p>Specialist Pain Medicine Physician Standard (FFPMANZCA) Assessment. (Non-independent)</p> <p>Assessment to provide recommendations for treatment and rehabilitation specific to the injury/ies covered by ACC.</p> <p>The Specialist Pain Medicine Physician must be provided with the full cost of this service item.</p>	\$1,016.33	Fixed fee	For second and subsequent only

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit	ACC purchase order required
	In accordance with Part B, clause 5.15.			
PN410T	Specialist Pain Medicine Physician Standard (FFPMANZCA) Assessment. (Non-independent) (Telehealth) Assessment to provide recommendations for treatment and rehabilitation specific to the injury/ies covered by ACC. The Specialist Pain Medicine Physician must be provided with the full cost of this service item. In accordance with Part B, clauses 5.15 and 5.17.	\$1,016.33	Fixed fee	For second and subsequent only
PN411	Specialist Pain Medicine Physician (FFPMANZCA) Complex Assessment. (Non-independent) Assessment to provide opinion on differential diagnosis, causation, treatment and rehabilitation specific to the injury/ies covered by ACC. The Specialist Pain Medicine Physician must be provided with the full cost of this service item. In accordance with Part B, clause 5.15.	\$1,484.75	Fixed fee	For second and subsequent only
PN411T	Specialist Pain Medicine Physician (FFPMANZCA) Complex Assessment. (Non-independent) Assessment to provide opinion on differential diagnosis, causation, treatment and rehabilitation specific to the injury/ies covered by ACC.	\$1,484.75	Fixed fee	For second and subsequent only

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit	ACC purchase order required
	<p>The Specialist Pain Medicine Physician must be provided with the full cost of this service item.</p> <p>In accordance with Part B, clauses 5.15 and 5.17.</p>			
PN412	<p>Specialist Pain Medicine Physician (FFPMANZCA) Desktop File Review. (Non-independent)</p> <p>Review of Client file only to provide advice to the IDT on diagnosis/es, treatment and rehabilitation.</p> <p>The Specialist Pain Medicine Physician must be provided with the full cost of this service item.</p> <p>In accordance with Part B, clauses 5.15 and 5.16.</p>	\$358.73	Fixed fee	For second and subsequent only
PN420	<p>Incidentals</p> <p>Available resources used to optimise a Client's participation within their Community based pain management service.</p> <p>In accordance with Part B, clause 5.18.</p>	\$115.97	Actual and reasonable cost up to capped price (one off payment per claim)	No

Interventional Procedure Management – Service items and codes – in accordance with Part B, clause 6.4

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit	ACC Purchase order required
IPM10	<p>Community Level One - Interventional Procedure Management coordination.</p> <p>Coordination and liaison by the core Interdisciplinary Team when an assessment for an interventional procedure is required.</p> <p>In accordance with Part B, Clause 6.5</p>	\$250.61	Actual and reasonable cost up to capped price (one off payment per claim)	No
IPM11	<p>Community Level One - Interventional Procedure follow up coordination.</p> <p>Client contact and follow up where repeat procedures are recommended. Follow up to occur no earlier than 12 months since previous procedure. <i>May result in an ARTP or Interdisciplinary Team reassessment.</i></p> <p>In accordance with Part B, clause 6.5</p>	\$191.81	Fixed fee (one off payment per claim)	No
IPM20	<p>Community Level Two - Interventional Procedure Management coordination.</p> <p>Coordination and liaison by the core Interdisciplinary Team when an assessment for an interventional procedure is required.</p> <p>In accordance with Part B, clause 6.5.</p>	\$241.43	Actual and reasonable cost up to capped price (one off payment per claim)	No

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit	ACC Purchase order required
IPM21	<p>Community Level Two - Interventional Procedure follow up coordination.</p> <p>Client contact and follow up where repeat procedures are recommended. Follow up to occur no earlier than 12 months since previous procedure. <i>May result in an ARTP or Interdisciplinary Team reassessment.</i></p> <p>In accordance with Part B, clause 6.5.</p>	\$184.77	Fixed fee (one off payment per claim)	No
IPM30	<p>Tertiary Services Delivery - Interventional Procedure Management coordination.</p> <p>Coordination and liaison by the core Interdisciplinary Team when an assessment for an interventional procedure is required.</p> <p>In accordance with Part B, clause 6.5.</p>	\$250.61	Actual and reasonable cost up to capped price (one off payment per claim)	No
IPM31	<p>Tertiary Services Delivery - Interventional Procedure Management follow up coordination.</p> <p>Client contact and follow up where repeat procedures are recommended. Follow up to occur no earlier than 12 months since previous procedure. <i>May result in an ARTP or Interdisciplinary Team reassessment.</i></p> <p>In accordance with Part B, clause 6.5.</p>	\$191.71	Fixed fee (one off payment per claim)	No

General

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit
PNDNA	<p>Did Not Attend – a single fee for non-attendance in accordance with Part B, clause 17.4</p> <p>Please note a DNA is not payable for Programmes purchased on a package basis (i.e. Group Programme, Community Service Level One, Community Service Level Two, or to a non-prior approved Triage service.)</p>	<p>40% of Service Provider's hourly rate or fixed fee, onsite</p> <p>60% of Service Provider's hourly rate or fixed fee, offsite</p>	Fixed, maximum 2 per claim
PNTT50	Travel time 1st hour – Allied	\$71.47	Per hour or part thereof
PNTT51	Travel time 1 st hour – Psychologist	\$93.24	
PNTT52	<p>Travel time 1st hour – Medical Practitioner</p> <p>Paid for the first 60 minutes (or less) of total travel in a day where:</p> <ul style="list-style-type: none"> the travel is necessary; and the Service Provider travels via the most direct, practicable route between their base/facility and where the services are provided; and the distance the Service Provider travels exceeds 20 km return; and/or the time the Service Provider travels exceeds 30 minutes. <p>Note 1: where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the Client (as agreed by ACC).</p> <p>Note 2: If travel includes more than one Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$171.64	
PNTT10	Travel Time Subsequent Hours – Allied Health	\$142.95	Per subsequent hour
PNTT11	Travel time Subsequent Hours – Psychologist	\$186.48	
PNTT12	Travel time Subsequent Hours – Medical Practitioner	\$343.26	

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit
	<p>Paid for return travel time after the first 60 minutes in a day paid under PNTT50/51/52, where:</p> <ul style="list-style-type: none"> the travel is necessary; and the Service Provider travels via the most direct, practicable route available between their base/facility and where the services are provided; and additional travel time is required after the first hour of travel. <p>Note 1: where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the Client as agreed by ACC.</p> <p>Note 2: the first 60 minutes must be deducted from the total travel time and if travel includes more than one Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>		
PNTD10	<p>A contribution towards travel:</p> <ul style="list-style-type: none"> for return travel via the most direct, practicable route; and where the return travel exceeds 20 km. <p>Note 1: where the Supplier has no base or facility in the Service provision area, return travel will be calculated between the “start point” and “end point” closest to the Client (as agreed by ACC).</p> <p>Note 2: ACC does not pay for the first 20 km of travel and this must be deducted from the total distance travelled. If travel includes more than one Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$0.70	Per km
PNTD7	<p>Remote access fee - Paid where a Service Provider is:</p> <ul style="list-style-type: none"> requested by ACC to deliver services in an outlying area that is not the Service Provider’s usual area of residence or practice; and the Service Provider is required to hire rooms for the specific purpose of delivering services. 	Actual and reasonable cost (up to capped price of \$229.59)	Per day

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit
PNAC	<p>Accommodation - Payable when a Service Provider has been requested by ACC to conduct a clinic in an outlying area that is not the Service Provider's usual area of residence or practice and overnight accommodation is necessary.</p> <p>ACC will pay actual and reasonable accommodation costs of up to a maximum with ACC approval.</p>	<p>Actual and reasonable cost (up to capped price of \$258.28)</p> <p>Hotels – actual and reasonable cost up to capped price of \$172.19 excl. GST per night.</p> <p>Meal and Incidental Allowances – actual and reasonable cost up to the capped price of \$86.09 excl. GST per 24 hour period where overnight stay is required.</p> <p>No reimbursement for alcohol, including mini-bar expenses.</p>	Per night

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:

- general inflation;
- changes in service component costs;
- substantial changes in the market;
- any legal changes in workforce pay scale.

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

If ACC determines that the prices should increase, the increase will only take effect if the Supplier agrees to the adjustment in writing. The price increase will take effect from a date specified by ACC.

4. RELATIONSHIP MANAGEMENT

Table 2 - Relationship Management

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

5. ADDRESSES FOR NOTICES (PART 1, SCHEDULE 2)

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 SPECIFICATIONS FOR PAIN MANAGEMENT SERVICES

1. PURPOSE

- 1.1. ACC wishes to purchase Pain Management Services. The purpose of the Service is to improve Client outcomes and experience by reducing the impact of persistent pain following an injury for which the Client has cover. The Service will:
 - 1.1.1. Provide high quality, evidence-based support under a biopsychosocial framework.
 - 1.1.2. Provide a high-quality clinical assessment including type/s of pain the Client is experiencing and evaluation of all possible causes/contributors to the pain/s.
 - 1.1.3. Develop a clinical care plan that outlines the Client's functional goals and the pathway to achieving these goals (Care Plan).
 - 1.1.4. Refer onward and out of the Pain Management Service when diagnosis indicates that the Client requires assessment or treatment not provided under the Pain Management Service (for example, surgical intervention), or does not require an interdisciplinary service (for example, requires Psychology or physiotherapy only).
 - 1.1.5. Deliver outcomes that are tailored to each Client's individual needs, considering their goals and context, and the Client is supported by a coordinated Interdisciplinary Team. If the Client receives weekly compensation, the Supplier must ensure that the Client's Care Plan includes goals related to a timely return to work.
 - 1.1.6. Support Clients to develop appropriate and effective self-management strategies aimed at independence for work and life.
 - 1.1.7. Adopt a collaborative, holistic approach, taking into consideration and working with other treatment and rehabilitation services or approaches the Client may be receiving to ensure an integrated service experience.
 - 1.1.8. Ensure that Clients are aware of, and understand, the purpose and expectations of the Service, the expected outcomes, and the role of the Service in their rehabilitation pathway.
- 1.2. The Service includes the following packages which will be delivered in accordance with Part B, clause 5:
 - 1.2.1. Triage
 - 1.2.2. Group Programme
 - 1.2.3. Community services (Levels One and Two)
 - 1.2.4. Tertiary Services.

2. SERVICE OBJECTIVES

- 2.1. ACC will measure the success of this Service based on the criteria set out in clause 1.1 and the outcomes achieved for Clients, including the following:
 - 2.1.1. Client satisfaction;
 - 2.1.2. The time Clients take to achieve the outcome(s) specified in their Care Plan;
 - 2.1.3. Efficient use of resources;
 - 2.1.4. Sustainability of the Clients' outcomes; and
 - 2.1.5. The outcome measurably contributes towards the Client's return to work or independence.

3. SERVICE COMMENCEMENT

- 3.1. A Client is eligible for this Service if:
 - 3.1.1. the following apply:
 - 3.1.1.1. they have suffered a personal injury in terms of the Accident Compensation (AC) Act for which a claim for cover has been accepted (covered injury); and
 - 3.1.1.2. they have persistent pain (lasting three months or more) as a result of the covered injury which is not resolving within normal clinical expectations; and
 - 3.1.1.3. they meet any specified entry criteria for a service outlined in this Service Schedule; or
 - 3.1.2. the client has a diagnosis of complex regional pain syndrome (diagnosed according to the Budapest Criteria).
- 3.2. If a Client does not meet the entry or eligibility criteria specified in this Service Schedule but the Supplier considers that, due to the Client's exceptional circumstances, the Client would benefit from the Service:
 - 3.2.1. the Supplier may apply to ACC to provide the Service to the Client by submitting information specified by ACC;
 - 3.2.2. ACC will consider the application and determine whether the Client may receive the Service; and
 - 3.2.3. if ACC approves the application, the Supplier may provide the Service to the Client.

3.3. Referral process

3.3.1. Referral to Triage (required for Group Programme and Community Services, optional for Tertiary Services):

3.3.1.1. Referrals can be made by ACC, or by the Client's General Practitioner, another Registered Health Professional, or a Rongoā Practitioner currently providing ACC funded services to the Client.

3.3.1.2. If a referral is made by a General Practitioner, another Registered Health Professional, or a Rongoā Practitioner, the Supplier must, before providing any Service to the Client (including Triaging the Client) ensure the Client meets the eligibility criteria, as specified in Clause 3.1.

3.3.2. Referral for Tertiary Delivery Services:

3.3.2.1. Referrals can be made by ACC, or by the Client's General Practitioner, another Registered Health Professional, or a Rongoā Practitioner currently providing ACC-funded services to the Client.

3.3.2.2. If a referral is made by a General Practitioner, another Registered Health Professional, or a Rongoā Practitioner the Supplier must, before providing any Service to the Client:

3.3.2.2.1. advise ACC of the referral; and

3.3.2.2.2. receive confirmation of the Client's eligibility for the Service from ACC.

3.3.2.3. Referral to a Tertiary Delivery Service may be made on the recommendation of the Tertiary Support Service where liaison with Community Services has identified the need of clinically complex or intensive services that are not available in the community.

4. SERVICE LOCATION OR SPECIFIC AREA (PART A, CLAUSE 2)

4.1. The Supplier may only provide the Service in the areas specified in Part A, clause 2.

4.2. The Supplier may provide the Service in the Supplier's facilities, in the Client's home, the Client's workplace, or in another appropriate community location.

4.3. Interdisciplinary Team meetings may occur either in-person or via Telehealth.

5. SERVICE REQUIREMENTS

- 5.1. The Supplier must ensure that the Pain Management Services are delivered by a collaborative, Interdisciplinary Team with shared decision-making. The Supplier must ensure that the different components of the Service are brought together by a Key Worker and ensure that Service Providers do not work in isolation. Interdisciplinary Team meetings must be summarised in routine reporting and minutes from the meetings must be provided to ACC upon request.
- 5.2. The Supplier must ensure that the Interdisciplinary Team delivers clear and consistent communication to all parties including the Client, ACC, Service Providers, and other health professionals involved in the Client's rehabilitation who are not providing the Services.
- 5.3. The Supplier must ensure that family/whānau or support people can attend a Client's treatment sessions at the Client's request.
- 5.4. The Interdisciplinary Team:
 - 5.4.1. The Interdisciplinary Team must include at least:
 - 5.4.1.1. an Allied Health professional; and
 - 5.4.1.2. a Registered Psychologist; and
 - 5.4.1.3. a Medical specialist
 - 5.4.2. The Supplier must designate one member of the Interdisciplinary Team to act as the Client's keyworker. If the designated keyworker is either a psychologist or medical specialist, then an allied health or nursing professional must also be present at Interdisciplinary Team meetings as the third participant.
- 5.5. Triage
 - 5.5.1. On receipt of a referral, the Supplier must ensure that all Clients are triaged by a clinician, of an appropriate discipline, within the core Interdisciplinary Team as listed in Table 4. The clinician must meet or exceed the requirements of clause 7.6 (Staff experience).
 - 5.5.2. The Supplier must ensure that the clinician described in clause 5.5.1 is chosen to directly align with the details specified in the Client's referral. Access to Psychology input should be available to assist with the Triage where clinically appropriate.
 - 5.5.3. The Supplier must ensure that the Triage clinician undertakes a high-quality preliminary assessment of each Client to determine the nature of the treatment and/or rehabilitation required (if any). The Triage should also include an evaluation of the causes and contributors to the pain and describe the relationship between the pain the Client is experiencing, and the ACC covered injury.

- 5.5.4. The Triage should be performed in person wherever possible. However, where access is an issue for the Client and would delay the Triage process, the Triage may be undertaken via Telehealth, in accordance with 5.17.
- 5.5.5. The Triage clinician must seek information from other treatment and rehabilitation clinicians involved in the Client's care.
- 5.5.6. ePPOC reporting requirements should be commenced at Triage in order to inform the Triage clinician, in accordance with clause 13.1.
- 5.5.7. As part of the Triage, the Triage clinician must complete the Triage Assessment Form (ACC7984). Each Triage Assessment Form must include:
 - 5.5.7.1. a list of any medicines obtained by either Client self-reporting or from the Client's General Practitioner;
 - 5.5.7.2. rationale as to how the pain experienced by the Client is linked to the ACC covered injury; and
 - 5.5.7.3. an assessment of the Client's cultural needs in accordance with the Operational Guidelines.
- 5.5.8. If the Triage clinician considers that further information is required to complete the Triage, particularly when the diagnosis/es, causal attribution and treatment require clarification, the Triage clinician may require an extension of the Triage assessment, which may include:
 - 5.5.8.1. a desktop file review by a Specialist Pain Medicine Physician;
 - 5.5.8.2. an in-person Specialist Pain Medicine Physician assessment;
 - 5.5.8.3. Reporting following a Specialist Pain Medicine Physician assessment or review must be submitted to ACC directly or via the Pain Management Service provider who will submit a copy of the report to ACC.
- 5.5.9. After undertaking the Triage assessment, the Supplier must detail the recommended clinical care pathway, including but not limited to:
 - 5.5.9.1. the Client does not require any further treatment or rehabilitation;
 - 5.5.9.2. the Client requires referral to an existing treatment provider(s) with recommendations provided by the Triage clinician
 - 5.5.9.3. the Client requires referral to an alternative service type such as those provided by a single modality e.g. ACC Psychology Services;
 - 5.5.9.4. the Client requires a review by a specialist medical practitioner (other than Specialist Pain Medicine Physician) such as orthopaedic, neurology, psychiatry etc. The Triage clinician will arrange this referral (via the Client's GP if necessary); or

- 5.5.9.5. the Client requires referral into a Pain Management Service (Group Programme, Community Services (Level One or Level Two) or Tertiary Services.
 - 5.5.10. The Triage assessment and recommendations must be reviewed and discussed by the Interdisciplinary Team, as a form of case review, prior to sending the Triage Assessment Form (ACC7984) to ACC. Case review and Interdisciplinary Team discussion can be undertaken via phone, email or in-person.
 - 5.5.11. A copy of the completed Triage Assessment Form (ACC7984) must be sent to ACC.
 - 5.5.12. Before the Supplier provides any Services specified in the Triage Assessment Form to the Client, the Supplier must receive written approval from ACC.
- 5.6. Referral out of Service following Triage
- 5.6.1. Referral back to ACC – if the Client does not need Pain Management Services, the Supplier must notify this to ACC via the Triage Assessment Form and discharge the Client from the Service. In this situation, the Supplier may invoice ACC for the Triage if the requirements in clause 5.5 have been met.
 - 5.6.2. Referral back to existing treatment provider must occur using the Triage Assessment Form. A copy of the form must also be forwarded to ACC.
 - 5.6.3. Referral to an alternative service – if the Client would benefit from an alternative service type, such as those provided by a single modality, e.g. Psychology Services. This recommendation must be made back to ACC using the Triage Assessment Form. ACC will then make a referral on to a subsequent supplier type if it considers that it is appropriate based on the Triage Assessment Form. The Supplier may invoice ACC for the Triage if the requirements in clause 5.5 have been met.
 - 5.6.4. Where the Client would benefit from a review by a medical specialist or their General Practitioner, the Triage clinician should make this referral directly (i.e. where prior approval by ACC is not required).
 - 5.6.5. The Supplier may invoice ACC for the Triage if the requirements in clause 5.5 have been met.
- 5.7. Group Programme:
- 5.7.1. Following Triage, a Client may be referred to a Group Programme if it is considered that they would benefit from developing the skills to self-manage their condition in a group setting.
 - 5.7.2. The Supplier must provide Group Programmes that are specialised, stand-alone group programmes provided through workshops over a period of less than, or equal to, eight weeks.

- 5.7.3. The Supplier must discuss the recommendation for Group Programme with the Client and obtain their consent before requesting funding from ACC
 - 5.7.4. The Supplier must ensure that any Group Programme it delivers has been validated by ACC as a pain self-management group programme.
 - 5.7.5. If, at any stage during the Group Programme, the Supplier identifies that a Client has failed to progress as anticipated, it must inform ACC with the potential reasons for the failure to progress and the recommended alternative clinical care pathway. The Supplier must not provide any further Services to the Client without ACC's prior approval.
 - 5.7.6. Group Programmes can run concurrently with, or in addition to, Community Services providing an integrated approach is taken
- 5.8. Community Services
- 5.8.1. If the Client receives weekly compensation, the Supplier must ensure that the Client has goals related to a timely return to work. Other services and interventions that promote a return to work should seamlessly integrate with the Pain Management Service.
 - 5.8.2. The Supplier will ensure that the Client has clear expectations of the purpose of the Service, the expected outcomes, and how the Service contributes to their Care Plan.
 - 5.8.3. The Supplier will encourage self-efficacy and active self-management. The Supplier must ensure that each Client can implement those strategies.
 - 5.8.4. The Supplier must ensure that the Community Services are delivered collaboratively amongst Interdisciplinary Team members to ensure an integrated rehabilitation experience for the Client.
 - 5.8.5. If a Client declines to participate in any aspect of the Care Plan, the Service Provider who was to have provided that aspect of the Service may remain involved in the Care Plan in an advisory capacity. See the Operational Guidelines for more information.
 - 5.8.6. The Supplier must ensure that Service Providers actively engage and work collaboratively with all others involved in the Client's rehabilitation, including the Client's General Practitioner and any other ACC clinical service providers.
 - 5.8.7. Follow-up sessions can be undertaken within 12 months of Service completion.
 - 5.8.8. If the Supplier seeks advice or input from Tertiary Support Services, the Community Service Providers will document the discussions and any recommendations and amend the Care Plan as appropriate.

5.8.9. The Supplier must strive to ensure that the primary method of delivery of Community Services is in-person. However, where access is an issue for the Client, a portion of the service may be offered via Telehealth, where clinically appropriate.

5.8.10. If a Specialist Pain Medicine Physician is involved in the Interdisciplinary Team or has completed an assessment, they should continue to lead or participate in the Interdisciplinary Team for the duration of the Client's Pain Management Services, where clinically appropriate.

5.9. Community Service Level One:

5.9.1. A Client must enter Community Services at Level One if they:

5.9.1.1. meet the following:

- (a) persistent pain of at least three months' duration; and
- (b) no significant impact on recovery from comorbidities and/or previous persistent pain; and
- (c) at least one or more of the following:
 - (i) activity and participation restrictions (mobility, self-care, interactions with other people, life activities including domestic/school/work/leisure responsibilities) resulting from the persistent pain are relatively mild only; and
 - (ii) clinically mild behavioural, cognitive or psychological dysfunction or clinically mild psychological/psychiatric symptoms and/or a clinically mild psychiatric disorder according to categorical systems such as DSM-IV/DSM-5 or ICD – 10; and
 - (iii) have or are likely to have other ACC supports such as weekly compensation, or home help, frequent use of primary care services or may be very heavily relying on natural supports; or

5.9.1.2. have mild-moderate Complex Regional Pain Syndrome, which is anticipated to and/or responding rapidly to treatment.

5.9.2. The Supplier must ensure that Community Service Level One:

5.9.2.1. includes an initial Interdisciplinary Team (as outlined in Part B, clause 5.4) assessment of the Client and;

5.9.2.2. includes an initial Interdisciplinary Team meeting to ensure the Interdisciplinary Team understands the diagnostic formulation, and to develop a Client Care Plan and goals, in consultation with the Client.

- 5.9.2.3. includes a medication review by a registered pharmacist where clinically appropriate, to optimise pharmaceutical treatment and management and liaise with the prescribing clinician;
 - 5.9.2.4. provides tailored interventions up to the resource limit as detailed in Part A, clause 3, to meet the Client's Care Plan;
 - 5.9.2.5. includes early identification and robust rehabilitation planning to address any new or emerging rehabilitation barriers;
 - 5.9.2.6. is delivered by at least two of the health professionals listed in clause 7.5. The Supplier must ensure that the health professionals chosen to deliver the Community Service Level One directly align with the Client's Care Plan, which is based on the Client's diagnosis/es. Note, given that a biopsychosocial approach is best practice it is unlikely that the substantial delivery of Client specific treatment and rehabilitation could be provided by allied health professions alone;
 - 5.9.2.7. in addition to the service delivery specifications under this clause 5.9, includes at least one in-person consultation with a medical specialist and/or psychologist; and
 - 5.9.2.8. includes a Specialist Pain Medicine Physician where clinically appropriate.
- 5.9.3. If the Interdisciplinary Team determines that a Client needs to transition from the Community Service Level One to Community Service Level Two, the Supplier must obtain prior approval from ACC before making that transition. To enable ACC to determine whether to approve the transition, the Supplier must provide ACC evidence that:
- 5.9.3.1. there has been a change in Client's clinical presentation or overall condition, and the Client now meets the requirements of Community Service Level Two as outlined in clause 5.10; and
 - 5.9.3.2. other appropriate service utilisation outside of the Service has been ruled out.
- 5.9.4. The Supplier acknowledges that a Client will rarely transition from Community Service Level One to Community Service Level Two.
- 5.9.5. If a Client is approved to transition from Community Service Level One to Community Service Two, the Transition fee (see Table 1) will only be payable in addition to the payment for Community Service Level One. A Community Service Level Two fee cannot be paid if a Community Service Level One fee has already been paid.

5.10. Community Service Level Two

5.10.1. A Client must enter Community Services at Level Two if they:

5.10.1.1. meet the following:

5.10.1.1.1. persistent pain of at least three months' duration;
and

5.10.1.1.2. significant impact on recovery from comorbidities
and/or previous persistent pain; and

5.10.1.1.3. at least one or more of the following;

(i) activity and participation restrictions (mobility, self-care, interactions with other people, life activities including domestic/school/work/leisure responsibilities) resulting from the persistent pain are relatively moderate;

(ii) clinically moderate behavioural, cognitive or psychological dysfunction or clinically moderate psychological/psychiatric symptoms and/or a clinically moderate psychiatric disorder according to categorical systems such as DSM-IV/DSM-5 or ICD – 10;

(iii) have or are likely to have other ACC supports such as weekly compensation or home help, frequent use of primary care services, or may be very heavily relying on natural supports; or

5.10.1.2. have mild to moderate Complex Regional Pain Syndrome which is anticipated to or has responded slowly to treatment.

5.10.2. The Supplier must ensure that Community Service Level Two:

5.10.2.1. includes an initial Interdisciplinary Team (as outlined in Part B, clause 5.4) assessment of the Client and;

5.10.2.2. includes an initial Interdisciplinary Team meeting to ensure the Interdisciplinary Team understands the diagnostic formulation, and to develop a Client Care Plan and goals, in consultation with the Client.

5.10.2.3. includes a medication review by a registered pharmacist where clinically appropriate, to optimise pharmaceutical treatment and management and liaise with the prescribing clinician;

5.10.2.4. provides tailored interventions up to the resource limit as detailed in Part A, clause 3, to meet the Client's Care Plan;

- 5.10.2.5. includes early identification and robust rehabilitation planning to address any new or emerging rehabilitation barriers;
 - 5.10.2.6. is delivered by at least 2 of the health professionals listed in clause 7.5. The Supplier must ensure that the health professionals chosen to deliver the Community Service Level Two directly align with the Client's Care Plan, which is based on the Client's diagnosis/es. Note, given that a biopsychosocial approach is best practice it is unlikely that the substantial delivery of client specific treatment and rehabilitation could be provided by allied health professions alone;
 - 5.10.2.7. includes at least one consultation with a medical specialist and at least one consultation with a psychologist; and
 - 5.10.2.8. includes a Specialist Pain Medicine Physician (either in-person or via desktop review) where the Interdisciplinary Team determines that that is clinically appropriate.
- 5.10.3. The Community Service Level Two includes a Specialist Pain Medicine Physician, the Specialist Pain Medicine Physician must be involved in the Interdisciplinary Team for the duration of the Client's Pain Management Service.
- 5.10.4. If the Interdisciplinary Team determines that a Client needs to repeat Community Services, the Supplier must obtain prior approval from ACC before repeating the Service. ACC will consider any request to repeat the Service in accordance with the criteria outlined in the Operational Guidelines.

5.11. Tertiary Services

- 5.11.1. Tertiary Services comprise of three components:
 - 5.11.1.1. Tertiary Delivery Service Outpatient Programme;
 - 5.11.1.2. Tertiary Delivery Service Intensive Programme; and
 - 5.11.1.3. Tertiary Support Service.
- 5.11.2. The primary method of delivery for Tertiary Services is in-person (excluding Tertiary Support Services). Where access is an issue for the Client and would delay the provision of service, a proportion of delivery may be undertaken via Telehealth
- 5.11.3. The Supplier may only refer a Client to Tertiary Services if they:
 - 5.11.3.1. meet the following:
 - 5.11.3.1.1. severe persistent pain of at least six months' duration; and

- 5.11.3.1.2. a significant to severe impact on recovery from comorbidities or previous persistent pain; and
- 5.11.3.1.3. at least one or more of the following;
 - (i) activity and participation restrictions (mobility, self-care, interactions with other people, life activities including domestic/school/work/leisure responsibilities) resulting from the persistent pain are severe;
 - (ii) clinically moderate to severe behavioural, cognitive or psychological dysfunction or clinically moderate to severe psychological/psychiatric symptoms and/or a clinically moderate to severe Axis I psychiatric disorder according to categorical systems such as DSM-IV/DSM-5 or ICD – 10;
 - (iii) have or are likely to have other ACC supports such as weekly compensation, or home help, frequent use of primary care services or may be very heavily relying on natural supports; or
- 5.11.3.2. one of the following apply:
 - 5.11.3.2.1. are being considered for neuromodulation; or
 - 5.11.3.2.2. are being considered for significant procedures (e.g. elective amputation or repeat interventions such as medial branch blocks), for the treatment of their pain; or
 - 5.11.3.2.3. have Complex Regional Pain Syndrome which is anticipated to be difficult to treat or is failing to respond to lower level treatment in a timely fashion; or
 - 5.11.3.2.4. have failed to achieve the outcomes of Community Service Level One or Community Service Level Two.
- 5.11.4. The Supplier may use group sessions in Tertiary Service delivery where this is an appropriate method of delivery to provide general education and learning about self-management strategies.

5.12. Tertiary Delivery Services (Outpatient and Intensive)

- 5.12.1. The purpose of Tertiary Delivery Services is to provide clinically complex or intensive interdisciplinary services to support Clients with long-standing persistent pain and/or significant pain-related disability. The Supplier must ensure that Tertiary Delivery Services provide support that:
 - 5.12.1.1. promotes a return to independence, focussing on improved quality of life and function and, when a Client is receiving weekly compensation, prepares the Client for a return to work or greater independence;
 - 5.12.1.2. encourages self-efficacy and active self-management. The Service will demonstrate the Client's ability to implement these strategies;
 - 5.12.1.3. includes a comprehensive Interdisciplinary Team assessment to determine the Client's goals and identifies any barriers in accordance with clause 5.6;
 - 5.12.1.4. is delivered by health professionals listed in clause 7.5;
 - 5.12.1.5. actively engages and works collaboratively with others health professionals involved in the Client's rehabilitation, including the Client's General Practitioner or Rongoā Practitioner; and
 - 5.12.1.6. optimises the Client's understanding of, and adherence to, prescribed medication in order to optimise the effectiveness of medication treatment.
- 5.12.2. If the Interdisciplinary Team's assessment determines the Client's rehabilitation needs are better met by the Community Services, the Supplier may:
 - 5.12.2.1. provide the Community Services in accordance with this Service Schedule after receiving prior approval from ACC;
 - 5.12.2.2. refer the Client to a supplier that delivers Community Services with the Interdisciplinary Team's assessment, and Care Plan; or
 - 5.12.2.3. contact ACC to arrange the Community Services for the Client.
- 5.12.3. If a Client will not achieve the agreed functional goals within the approved timeframe indicated in their Care Plan, the Supplier will complete an exception report and updated Care Plan as soon as it has sufficient evidence to determine that the goals will not be met, or at least two weeks before the end of the Service specified in the Care Plan, whichever is sooner.

5.12.4. Follow up sessions can be undertaken within twelve months of Service completion.

5.13. Tertiary Delivery Service – Intensive Programme.

5.13.1. The Supplier may utilise the interdisciplinary inpatient/Intensive programme to modify a Client's response to pain, rather than removing the pain stimulus, by assisting the Client to manage their pain and achieve independent functioning both at home and work through:

5.13.1.1. using Multimodal activity, behavioural intervention, education and vocational rehabilitation;

5.13.1.2. adopting a self-management approach in the management of pain-related disability;

5.13.1.3. enhancing the level of independence and participation in usual activities such as work and or home tasks; and

5.13.1.4. communicating and liaising with relevant key stakeholders to provide a safe integrated seamless service, (e.g. other treatment providers, family/whānau and ACC), and to support the Client's reintegration and active participation into their community.

5.13.2. The Supplier may provide a three-week Intensive Programme, which will provide information and instruction individually and in groups for a minimum of five hours per day, Monday to Friday, for three weeks and will include, but is not limited to, the following components:

5.13.2.1. Preparation prior to commencement;

5.13.2.2. Interdisciplinary clinical assessment and review to determine the timetable and content of programme;

5.13.2.3. Education using a biopsychosocial framework

5.13.2.4. Activities and exercises;

5.13.2.5. Vocational rehabilitation preparation;

5.13.2.6. Individual Client goals;

5.13.2.7. Community reintegration planning; and

5.13.2.8. Case conference.

5.13.3. Achieved outcomes must reflect improvement of the Client's:

5.13.3.1. Emotional adjustment;

5.13.3.2. Functional ability and capacity;

5.13.3.3. Knowledge of their injury and neurophysiology; and

5.13.3.4. Strategies for pain and self-management.

5.14. Tertiary Support Service

- 5.14.1. The Tertiary Support Service provides advice, clinical leadership and support for Community Services by acting as a liaison service. The Supplier may deliver the Service via telephone, email or case conference where appropriate. The Supplier must ensure that any Tertiary Support Service it provides includes:
- 5.14.1.1. receiving and responding to email or phone requests from Community Service Providers with advice relevant to the clinical situation of the Client;
 - 5.14.1.2. provision of support by attending a case conference via telephone or in person to provide advice and input into the clinical discussion;
 - 5.14.1.3. review and provision of recommendations to rationalise the number of interventions if appropriate;
 - 5.14.1.4. recommendation to ACC, in consultation with the Community Service Providers, that a Client currently receiving Community Services be referred to the Tertiary Service for more complex or clinically intensive services; and
 - 5.14.1.5. completion of follow up/liaison with a Client and Community Provider when the Client has been discharged from the Tertiary Service into a Community Service for on-going intervention.

5.15. Pain Medicine Specialist Consultations (FFPMANZCA):

- 5.15.1. The Supplier must ensure that any Standard Assessment Consultations by a Pain Medicine Specialist that it provides comply with the following:
- 5.15.1.1. Expected to take up to 2.5 hours.
 - 5.15.1.2. Includes administration, notes, in-person assessment, discussion and report writing.
 - 5.15.1.3. Provides a high-quality clinical assessment focused on providing recommendations for treatment and rehabilitation to inform the care pathway.
 - 5.15.1.4. The Specialist must demonstrate that the treatment and rehabilitation recommendations are directed towards the types of pain the Client is experiencing and the agreed diagnosis/es. The report must differentiate between any treatment and rehabilitation recommended for ACC covered conditions versus non-covered conditions.
- 5.15.2. The Supplier must ensure that any Complex Assessment Consultations by a Pain Medicine Specialist that it provides comply with the following:
- 5.15.2.1. Expected to take more than 2.5 hours.

- 5.15.2.2. Includes administration, notes, in-person assessment, discussion and report writing.
- 5.15.2.3. The case information includes extensive background information, or several conflicting options regarding diagnosis/es, treatment or rehabilitation, or the assessment has to be undertaken in two parts whilst results of investigations are obtained.
- 5.15.2.4. Provides a high-quality clinical assessment including type/s of pain the Client is experiencing and evaluation of all possible causes/contributors to the pain/s. Differential diagnoses must be provided with rationale as to how the most likely diagnosis/es were reached.
- 5.15.2.5. Where there is significant behavioural, cognitive or psychological dysfunction or clinically moderate psychological/psychiatric symptoms and/or an Axis I psychiatric disorder according to categorical systems such as DSM-IV/DSM-5 or ICD – 10 the Specialist must either refer for further assessment of these by a Psychiatrist and/or Psychologist or provide rationale why this was not necessary. The Specialist must discuss the case with the Psychiatrist and/or Psychologist and provide a joint diagnostic and care pathway formulation.

5.16. A desktop file review

- 5.16.1. The Supplier must ensure that a desktop file review includes:
 - 5.16.1.1. A review of clinical information, including any relevant Client notes provided with the referral;
 - 5.16.1.2. An opinion on diagnosis/es including any differentials;
 - 5.16.1.3. Specific recommendations for any further investigations, treatment and/or rehabilitation with explanatory rationale; and
 - 5.16.1.4. Reporting to ACC and demonstrating clinical reasoning and providing a rationale for decisions reached and advice given.

5.17. Telehealth

- 5.17.1. Services can be delivered by Telehealth, where clinically appropriate unless this Service Schedule specifies that the Service must be delivered in-person. Services delivered by Telehealth must:
 - 5.17.1.1. Have Client or authorised representative consent (recorded in the clinical notes), and with the option of an in-person meeting if the Client prefers;
 - 5.17.1.2. Be preceded by an initial risk assessment to ensure Client safety;

- 5.17.1.3. Meet the same required standards of care provided through an in-person consultation;
 - 5.17.1.4. Have clinical records that meet ACC and professional body requirements;
 - 5.17.1.5. Meet the requirements outlined in the standards/guidelines of the New Zealand Medical Council or Allied Health Aotearoa New Zealand; and
 - 5.17.1.6. Have both the Client receiving the Telehealth service, and the provider delivering the Telehealth service, physically present in New Zealand at the time the service is provided.
- 5.17.2. The Supplier must provide all equipment and technology necessary to deliver services by Telehealth and manage their own technical issues.
 - 5.17.3. Where assessed as necessary to provide support to the Client or the off-site provider delivering the Service, a member of the Interdisciplinary Team or the Client's General Practice team will be present with the Client, either physically or virtually as appropriate, during any Telehealth consultation or review.
 - 5.17.4. Confirmation of diagnosis/es must have included an in-person clinical consultation.
- 5.18. Incidentals such as pool entry fees and gym membership – applicable to Community Service Level One, Community Service Level Two, Tertiary Delivery Service Outpatient programme may be included if they are:
 - 5.18.1. required to enable the Client to achieve their wellbeing and functional goals; and
 - 5.18.2. limited to the duration of the Service (for gym membership and pool fees).

6. INTERVENTIONAL PROCEDURES

- 6.1. Select interventional pain procedures may be delivered as part of a Client's Care Plan where the Interdisciplinary Team determines that they are necessary and clinically appropriate. These are accessed via the Pain Management Service; Community Services and Tertiary Delivery Services in accordance with Appendix One and the Operational Guidelines when the interventional procedure is:
 - 6.1.1. directly related to the injury covered by ACC; and
 - 6.1.2. for persistent pain.
- 6.2. Other interventional procedures may be accessed via the Clinical Services Service Schedule and High-Tech Imaging Service Schedule and not under this Service Schedule when the interventional procedure is:
 - 6.2.1. for diagnostics and/or early intervention; and

- 6.2.2. directly related to the injury covered by ACC.
- 6.3. 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.
- 6.4. Intravenous infusion of Pamidronate
 - 6.4.1. Intravenous infusion of Pamidronate for the treatment of clients with cover for Complex Regional Pain Syndrome Type 1 (CRPS-1) can be undertaken without prior approval from ACC (max three) if the following criteria is met;
 - 6.4.1.1. The client has CRPS-1 as the result of a covered injury as diagnosed by a Specialist Pain Medicine Physician; and
 - 6.4.1.2. CRPS-1 is diagnosed according to the Budapest Criteria; and
 - 6.4.1.3. It is within 12 months of the onset of the condition; and
 - 6.4.1.4. The infusion is delivered by or under the direction of a vocationally registered Specialist Pain Medicine Physician; and
 - 6.4.1.5. The administering clinician works according to the procedures in the Pain Medicine Clinical Care Standard IP (PM) 2020 set by Faculty of Pain Medicine and the Australia and New Zealand College of Anaesthetists; and
 - 6.4.1.6. Contraindications and relative contraindications have been considered; and
 - 6.4.1.7. The infusion is provided as part of an interdisciplinary team pain management service
 - 6.4.2. The Supplier must ensure that detailed information on the dosage, method of delivery and the immediate and sustained (3 and 6 months post) effects of the treatment are reported to ACC. Any side effects experienced by the Client must also be reported to ACC.
- 6.5. Overall clinical responsibility and management of a Client remains with the Supplier when a Client requires an interventional procedure in accordance with Part B clause 6.1, 6.2 and 6.3.
 - 6.5.1. Interventional procedure management includes liaising and including the Interventional Proceduralist in the Pain Management Service Interdisciplinary Team when a Client requires an assessment for an interventional procedure as part of their pain management Care Plan.

6.5.2. Interventional procedure management coordination follow-up may be used by the Supplier when a repeat procedure may be required. A repeat procedure must occur no less than 12 months following the first procedure, unless there are exceptional circumstances. This includes identifying whether a repeat procedure is necessary and appropriate, or if a review by the Pain Management Service Interdisciplinary Team is required and making this referral.

7. SERVICE SPECIFIC QUALITY REQUIREMENTS

7.1. In addition to the requirements specified in this Service Schedule, the Supplier must ensure that the provision of Services are delivered in accordance with the Operational Guidelines. If there is a conflict between the Operational Guidelines and this Service Schedule, the provisions of this Service Schedule take precedence.

7.2. Accepting referrals

7.2.1. The Supplier must accept a referral within the timeframes set out in Table 3 or, if the Supplier considers the referral is inadequate, the Supplier must contact ACC immediately to discuss.

7.3. Service timeframes

7.3.1. The Supplier must provide the Services in accordance with the following timeframes:

Table 3 – Service Timeframes

	Triage	Community Services	Tertiary Service
Referral decline	Within two working days of receiving a referral from ACC. Where the referral was not from ACC, there is no need to inform ACC.	Within two working days of receiving referral from ACC.	Within five working days of receiving referral from ACC.
Report submitted to ACC	The ACC7984 submitted to ACC within 10 working days from ACC initiated referral or where there is no referral from ACC from the Triage assessment date.	The ACC6272 Pain Management plan, update, and completion report. Is submitted to ACC within 15 working days from referral	The ACC6272 Pain Management plan, update and completion report (including Care Plan) submitted to ACC within 30 working days from referral

	Triage	Community Services	Tertiary Service
	An extension to this timeframe is permitted where Specialist Pain Medicine Physician Assessment is required.		
Request to transition to Community Services – Level Two	Not applicable	As soon as the Supplier has sufficient evidence to determine additional resources will be required or at least two weeks before the end date of the programme specified in the Care Plan, whichever is sooner. Prior approval is always required for transition.	Not applicable
Care Plan review update/ ACC6272	Not applicable	At programme mid-point specified in Care Plan or as agreed with ACC	
Completion report	Not applicable	Within 10 working days of completion of programme specified in Care Plan	Within 20 working days of completion of programme specified in Care Plan
Exception report	Not applicable	As soon as the Supplier has sufficient evidence to determine the outcome will not be met, or at least two weeks before the end date of the programme specified in the Care Plan, whichever is sooner	
Tertiary Service Support – Response to request from Community Services	Not applicable	Not applicable	Within five working days

7.4. Client Report Requirements

7.4.1. The Supplier must ensure that reports are completed in line with the Guidelines for Reporting as detailed in the Operational Guidelines for this Service, and include the following documents:

7.4.1.1. Pain Management Service Referral (ACC initiated), or Provider Referral for Pain Management Service;

- 7.4.1.2. Triage Assessment Report;
- 7.4.1.3. Pain Management Plan, Review Update and Completion Report; and
- 7.4.1.4. Interventional Pain Management Assessment, Report and Treatment Plan.

7.4.2. If ACC determines that a report does not meet the quality requirements, the Supplier must submit an amended report within five days after receiving a request for an amended report by ACC.

7.5. Qualifications and experience

7.5.1. The Supplier must maintain, at a minimum, a core Interdisciplinary Team as detailed in Table 4 – Core Interdisciplinary Team. It is the Supplier’s responsibility to ensure that Service Providers are qualified as detailed by their professional registration body, as specified in Appendix Two.

Table 4 – Core Interdisciplinary Team

Community Services	Tertiary Services
Medical Practitioner	Specialist Pain Medicine Physician
Occupational Therapist	Occupational Therapist
Physiotherapist	Physiotherapist
Psychologist	Psychologist
Pharmacist	Registered Nurse
Specialist Pain Medicine Physician, Registered Nurse (Optional)	Pharmacist
Nurse Practitioner (Optional)	
Nurse Specialist (Optional)	

7.5.2. In addition to the core team listed in Table 4 the Interdisciplinary Team may also include the professions listed in Table 5 – Extended Interdisciplinary Team below.

Table 5 – Extended Interdisciplinary Team

Community Services	Tertiary Services
Chiropractor	Chiropractor
Counsellor	Counsellor
Psychotherapist	Psychotherapist
Dietitian	Dietitian
Osteopath	Osteopath
Social Worker	Social Worker
Registered Nurse	Medical Practitioner
Nurse Practitioner	Nurse Practitioner
Nurse Specialist (Pain)	Nurse Specialist (Pain)

- 7.5.3. The Supplier must ensure that Service Providers meet the Professional Qualification and Membership requirements set out in Appendix Two.
- 7.5.4. The Supplier must ensure that all Services are led by one of the core Interdisciplinary Team set out in Table 4 above.
- 7.5.5. The Supplier must ensure the clinician performing the Triage is from the Core Interdisciplinary Team.
- 7.5.6. The Supplier must ensure that Medical Practitioners are vocationally registered in one of the following:
 - 7.5.6.1. Pain medicine
 - 7.5.6.2. Anaesthesia
 - 7.5.6.3. Musculoskeletal medicine
 - 7.5.6.4. Occupational and Environmental medicine
 - 7.5.6.5. Paediatrics (only for a paediatric Pain Service)
 - 7.5.6.6. Palliative Medicine
 - 7.5.6.7. Psychiatry
 - 7.5.6.8. Rehabilitation medicine
- 7.5.7. The Supplier will notify ACC within 2 business days of becoming aware of any current or future change in circumstances that prevents it from meeting the core requirements of the Interdisciplinary Team for either the Community Services or Tertiary Service, in each Service Location specified in Part A, clause 2. (e.g. loss of personnel from core Interdisciplinary Team).

7.6. Staff experience

- 7.6.1. The Supplier must maintain a senior clinical team who each have two years' experience predominately in pain management in each Service Location (refer Part A, clause 2). A senior clinical team must, at a minimum, include a medical practitioner, physiotherapist, occupational therapist and psychologist.
- 7.6.2. The Supplier must ensure that staff members who have less than two years fulltime work equivalent in pain management receive supervision from a health professional from the same professional discipline and who has more than two years' experience predominately in pain management.

8. PSYCHOLOGY INTERNS

- 8.1. For the purpose of this clause, the following definitions apply:
 - 8.1.1. **“Psychology Intern”** means a student engaged in a Psychology Board accredited post-graduate diploma, master or doctoral course of studies, to achieve full registration in the Clinical Psychologist, Psychologist,

Neuropsychologist or Counselling Psychologist scopes of practice, but who does not as yet have the necessary clinical experience.

- 8.1.2. **“Supervisor”** means a supervisor of a Psychology Intern that meets all the following requirements:
 - 8.1.2.1. Is registered with the New Zealand Psychologists Board as a Psychologist, Clinical Psychologist, Neuropsychologist, or Counselling Psychologist scope of practice.
 - 8.1.2.2. Holds a current Annual Practicing certificate with the NZ Psychologists Board; and
 - 8.1.2.3. Is a current member of at least one of the following:
 - 8.1.2.3.1. New Zealand Psychological Society, or
 - 8.1.2.3.2. NZ College of Clinical Psychologists; or
 - 8.1.2.3.3. An international professional body acceptable to ACC; and
 - 8.1.2.4. Is an approved ACC named service provider with at least two years of clinical experience.
 - 8.1.2.5. Is approved by the Psychology Intern’s university to provide supervision for Psychology Interns.
 - 8.1.2.6. Is allocated to no more than two Psychology Interns during each clinical practicum.
- 8.1.3. Psychology Services to ACC clients may be provided by Psychology Interns if a Supervisor is co-located on-site at the relevant service location during the ACC client’s treatment session.
- 8.1.4. The Supplier may only invoice ACC in relation to these services in accordance with clause 8.1.5
- 8.1.5. The Supplier acknowledges and agrees that it may invoice ACC for the supervisor’s time only when and to the extent the supervisor has been physically present providing direct supervision to the Psychology intern during the ACC client’s treatment session.
- 8.1.6. For all other circumstances, including where the Supervisor is co-located in the building but not physically present providing direct supervision during the appointment, the Supplier will not claim, and ACC will not fund Psychology Services provided by Psychology interns.
- 8.1.7. The Supplier must ensure its record-keeping includes what, if any, Psychology Services are provided to ACC clients by a Psychology Intern.

- 8.1.8. The Supplier must ensure that the following requirements are met in all circumstances where a Psychology Intern is providing Psychological Services:
- 8.1.8.1. The Psychology Intern must adhere to the New Zealand Psychologists Board's standards of ethical conduct and clinical and cultural competence as well as any best practice guidelines adopted and endorsed by the board, (these standards are required by the Health Practitioners Competence Assurance Act 2003) including:
 - 8.1.8.1.1. Core competencies for the Practice of Psychology in New Zealand;
 - 8.1.8.1.2. Code of Ethics for Psychologists Working in Aotearoa/New Zealand;
 - 8.1.8.1.3. Cultural Competencies for Psychologists Registered Under the Health Practitioners Competence Assurance Act (2003) And Those Seeking to Become Registered.
 - 8.1.8.2. The Psychology Intern must have a Supervisor. The Psychology Intern may have a second nominated Supervisor to provide supervision if the primary Supervisor is not on site. The Psychology Intern must ensure that their named Supervisor/s is or are co-located on-site and available when undertaking clinical work with ACC clients.
 - 8.1.8.3. Each Supervisor meets all requirements included in the definition of that term above.
 - 8.1.8.4. The Supervisor/s are registered with the NZ Psychologists Board in the same scope, in which the Psychology Intern is undertaking their internship.
 - 8.1.8.5. The Psychology Intern may only see ACC clients under one Supplier contract.
- 8.1.9. If the Supplier is hosting a Psychology Intern that will or may provide Psychological Services, the Supplier must provide to ACC:
- 8.1.9.1. An application – (ACC 8344 Psychology intern application form), the Psychology Interns annual practicing certificate, academic transcript,
 - 8.1.9.2. An induction plan including how the Supplier is going to introduce and educate the Psychology Intern about the Psychological Services,

- 8.1.9.3. Details of the Psychology Intern's supervision plan and arrangements including:
 - 8.1.9.3.1. The Supervisor/s details,
 - 8.1.9.3.2. Frequency and model of supervision as determined by the Psychology Intern's university, and
 - 8.1.9.3.3. Informed consent process for clients, and
 - 8.1.9.3.4. Acknowledgement signed by the Supervisor/s
- 8.1.9.4. All clinical work undertaken by the Psychology Intern will be overseen by the Supervisor/s, who will maintain responsibility for the client's care at all times,
- 8.1.9.5. That the Supervisor/s will be co-located on-site when the Psychology Intern is undertaking clinical work with ACC clients, and
- 8.1.9.6. Note that the Supervisor of a Psychology Intern will check and co-sign each report and clinical record completed by the Psychology Intern. The Supervisor/s is responsible for ensuring that the standard of each assessment and treatment provided is at least equivalent to that of a qualified psychologist.

9. SERVICE EXIT

- 9.1. This Service is complete for a Client when:
 - 9.1.1. the Client has achieved the outcomes specified in their Care Plan within specified timeframes; or
 - 9.1.2. there is agreement between ACC and Supplier that the Client will exit the Service; or
 - 9.1.3. ACC determines that it is unable to fund the Client's treatment under the AC Act (i.e., the Client has not suffered an injury as defined in the AC Act).

10. EXCLUSIONS

- 10.1. The following Services are not purchased under this Service Schedule but may be purchased under other Service Schedules:
 - 10.1.1. Vocational Rehabilitation Services;
 - 10.1.2. Vocational Medical Services;
 - 10.1.3. Clinical Services, including Medical Case Reviews;
 - 10.1.4. Training for Independence Services;
 - 10.1.5. Psychological Services;

10.1.6. High Tech Imaging Services.

11. LINKAGES

11.1. The Supplier must maintain linkages with other supporting services such as Community Alcohol and Drug programmes, Vocational Rehabilitation Services, Training for Independence Services, Psychological Services, Concussion Services and Integrated Home and Community Support Services.

12. PERFORMANCE REQUIREMENTS

12.1. The Supplier's performance against the key Service Objectives in clause 2 will be measured as shown in Table 6 – Performance Measurement.

Table 6 – Performance Measurement

Objective	Frequency of Monitoring and Data Source	Target	Performance measure
1. Clients access Services in a timely manner.	Annual Supplier reported data	≥90%	Percentage of action plans submitted within service timeframes
2. Clients are satisfied with the Service they receive	Annual supplier reported data	≥80%	Percentage of Clients satisfied with the service (from the Clients who have responded)
3. Duration of service	Annual ACC data	≥70%	The service is completed within 6 months. Measured on number of days from service commencement to service completion.

13. QUALITY MEASUREMENT

13.1. Independent Reporting - Electronic Persistent Pain Outcome Collaboration (ePPOC)

13.1.1. The Supplier must participate in the Electronic Persistent Pain Outcome Collaboration reporting and benchmarking system in accordance with ePPOC's requirements.

13.1.2. The Supplier must participate in joint quality forum(s) with ACC to discuss the results with the intention of focussing on continuous service improvement.

13.1.3. The Supplier agrees to provide written permission to ePPOC to identify the Supplier's name in ACC's ePPOC funders report.

Table 7 – Quality Management

Objective	Quality measure	Data Source
1. All Clients discharged from the Service have an improvement in their understanding of pain, knowledge of use of medicine, improved function, quality of life and participation in work/ usual activities.	Clinical measures related to pain interference, depression, anxiety and stress, self-efficacy and catastrophising	ePPOC Cessation of weekly compensation
2. The client's complete medicines regime is safe, appropriate and evidenced based and the client has an improved understanding of their medicines use and adherence to taking them.		

14. REPORTING REQUIREMENTS

14.1. The Supplier agrees to provide an annual report to ACC which includes, but is not limited to, the following information and is in accordance with Table 8 – Reporting Requirements:

- 14.1.1. Service Timeframe Reporting;
- 14.1.2. ePPOC Report summary;
- 14.1.3. Customer Satisfaction;
- 14.1.4. Staff Qualifications and Experience;
- 14.1.5. Cultural Responsiveness.

Table 8 – Reporting Requirements

Information	When	Responsibility
Service Timeframe Reporting: –Objective 1 in Table 6 (clause 12.1) <ul style="list-style-type: none"> • Percentage of action plans submitted within service timeframes • Average and median days to submit the action plan 	Annual report of the services provided in the financial year	Supplier
Customer Satisfaction: Objective 2 in Table 6 (clause 12.1) <ul style="list-style-type: none"> • % Clients offered the satisfaction survey • % Clients completed survey • Overall satisfaction levels • Any points of interest or learning 	Due within 10 Business Days from 1 December each year	
Summary of outcomes achieved		Supplier

Information	When	Responsibility
<ul style="list-style-type: none"> ePPOC Reports provided to supplier- Summary to include evaluation of Client outcomes. (eg in terms of changes in function, cost, length of service and participation based on the services ePPOC reports.) 		
<p>Staff Experience and Qualifications:</p> <ul style="list-style-type: none"> Name of current staff and their <ul style="list-style-type: none"> scope of practice <ul style="list-style-type: none"> number of years' experience in pain management highest qualification held location ethnicity Overall number of providers and, FTE count per region Details of any providers under supervision and their supervisor's name. Number of provider FTEs in each scope of practice, considering the highest qualifications held. Number of years work experience in Pain 		Supplier
<p>Maori Cultural Responsiveness - demonstrate how you have supported your staff in the provision of culturally responsive services, including cultivating appropriate organisational and community linkage to support clients' cultural needs.</p>	<p>Annual report of the services provided in the financial year</p> <p>Due within 10 Business Days from 1 December each year</p>	Supplier

15. OPERATIONAL CONTACT

15.1. During the Term of this Service Schedule, the Supplier will nominate a person (as specified in Part A, clause 5 Quick Reference Information) to be the main contact for ACC who will:

- 15.1.1. Have primary responsibility for relationships with ACC and the operation of this Service on a day to day basis;
- 15.1.2. Be proactive in informing ACC of issues with provision of Services as outlined;
- 15.1.3. Raise issues and suggest solutions regarding this Service;
- 15.1.4. Ensure that the Service is operated in accordance with this Service Schedule;

- 15.1.5. Represent the Supplier in discussions on performance; and
- 15.1.6. Ensure that ACC is advised promptly when the person's contact details change.

16. RELATIONSHIP MANAGEMENT

- 16.1. To ensure the continuing effective operation of the Service, formal working relationships are to be maintained as defined in Part A, clause 4.

17. PAYMENT AND INVOICING

- 17.1. When invoicing, the Supplier must use the Service Item Codes as noted in this Service Schedule.

17.2. Package Funded services

- 17.2.1. The Supplier will invoice ACC for the full amount of the Package Price upon the commencement of those Service Items listed in Part A, clause 3.
- 17.2.2. Incremental billing will not be permitted.
- 17.2.3. A Supplier must bill for all services in a timely manner.

17.3. Maximum Funding Limit (Tertiary Services only)

- 17.3.1. The value of all Services delivered to a Client must not exceed the maximum funding limit stipulated in Part A, Table 1 – Service Items and Prices (GST exclusive) plus the non-attendance fees and any travel payable.
- 17.3.2. The Supplier is responsible for ensuring that the maximum funding limit is not exceeded and ACC will not pay for any Services in excess of the maximum funding limit.
- 17.3.3. The Supplier must only charge ACC for actual and reasonable costs – the maximum funding is not a target. If the Supplier regularly invoices ACC for the maximum amount, ACC may audit the Supplier.

17.4. Payment for Did Not Attend by the Client

- 17.4.1. ACC will pay two non-attendance fees per Client where the following requirements have been met:
 - 17.4.1.1. A Pain Management Service Did Not Attend Report has been sent to ACC within three Business Days of the non-attendance with an explanation of why the Client failed to attend and any actions taken by the Supplier to ensure that the Client attended the appointment;
 - 17.4.1.2. One or less non-attendances fee has already been paid for that Client; and

17.4.1.3. The request for Did Not Attend payment does not relate to a programme purchased on a package basis i.e. Group Programme, Community Service Level One, Community Service Level Two or to a non-prior approved Triage service.

17.4.2. Where the Client meets the above criteria, ACC will confirm funding within two Business Days of receipt of the Did Not Attend advice.

18. DEFINITIONS AND INTERPRETATION

“Functional goals” are Clients goals relating to an activity of daily life which has been impacted by persistent pain. Measurable in terms of duration, force, distance and frequency, for example.

“Biopsychosocial” model proposes that biological, psychological and social factors all play a significant role in human responses to illness or disease.

“Differential Diagnosis” means the distinguishing of a particular disease or condition from other that present similar symptoms

“Budapest Criteria” is a diagnostic tool used for the clinical diagnosis of chronic regional pain syndrome (CRPS)

“ePPOC” is the Electronic Persistent Pain Outcome Collaboration, an outcome benchmarking service for Australasia.

“In-person” means the provider and Client are physically present in the same room.

“Interventional Procedure Management (IPM)” refers to the activities required by the Interdisciplinary Team to manage and coordinate with the Client and other health practitioners when an interventional pain procedure is appropriate and necessary component of a Clients pain rehabilitation programme

“IDT and Interdisciplinary Team” means a team comprising a range of health professionals, working together to deliver coordinated, comprehensive rehabilitation to achieve shared goals.

Intensive – means a three week programme which may include a residential/inpatient component for some clients. ACC can assist with accommodation and travel if required on a case by case basis.

“Operational Guidelines” is the document produced by ACC, which may be amended from time-to-time, to reflect the processes and procedures that should be followed in support of this Service.

“General Practice Team” is the healthcare professionals within the General Practice where a Client is enrolled as a patient.

“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).

APPENDIX ONE -PROCEDURE CODES

Interventional Procedures and Neuromodulation

The below services can only be delivered by medical professionals within their vocational scope of practice. Other interventional pain management procedures are available under the Clinical Services and High-Tech Imaging contract.

Table 9 – Interventional Procedure Codes

Service Item Code	Service Description	Price (Excl. GST)	Pricing unit	Approval requirements
IN60	Intravenous infusion of Bisphosphonates	\$644.89	per procedure	Pre-approval required via an ARTP
IN63	Intravenous infusion of Pamidronate	\$644.89	Per procedure	No – in accordance with clause 6.4 Maximum of three procedures without prior approval.
INEC	Interventional Pain Exceptional Procedures	Actual & reasonable cost	Per procedure	Pre-approval required via an ARTP

NEUROMODULATION (Auckland District Health Board & Canterbury District Health Board ONLY)

Table 10 – Neuromodulation Codes

Service Item Code	Service Description	Price (Excl. GST)	Pricing unit
PNS100	Stage 1 Implantation of Trial Lead	Actual & reasonable cost	Per Procedure
PNS101	Trial Lead (Implant)	Actual & reasonable cost	Per item
PNS102	Removal of Trial SCS Lead (If trial unsuccessful)	Actual & reasonable cost	Per Procedure
PNS103	Stage 2 Implantation of Spinal Cord Stimulator (SCS)	Actual & reasonable cost	Per Procedure
PNS104	Spinal Cord Stimulator (Implant)	Actual & reasonable cost	Per item
PNS105	Change of Battery	Actual & reasonable cost	Per Procedure
PNS106	Battery (Implant)	Actual & reasonable cost	Per item
PNS107	Revision or change of Spinal Cord Stimulator (SCS)	Actual & reasonable cost	Per Procedure

Service Item Code	Service Description	Price (Excl. GST)	Pricing unit
PNS100	Stage 1 Implantation of Trial Lead	Actual & reasonable cost	Per Procedure
PNS108	Replacement Stimulator (Implant)	Actual & reasonable cost	Per item
PNS109	Revision or change of lead	Actual & reasonable cost	Per Procedure
PNS110	Replacement lead (Implant)	Actual & reasonable cost	Per Item
PNS111	Manipulation of Spinal Cord Stimulator	Actual & reasonable cost	Per Procedure
PNS120	Intrathecal Pump Insertion	Actual & reasonable cost	Per Procedure
PNS121	Intrathecal Pump (Implant)	Actual & reasonable cost	Per Item
PNS122	Intrathecal Pump Refill	Actual & reasonable cost	Per Procedure
PNS123	Intrathecal Pump Revision/Replacement	Actual & reasonable cost	Per Item

APPENDIX TWO– PROFESSIONAL QUALIFICATION AND MEMBERSHIP REQUIREMENTS FOR THE CORE AND EXTENDED INTERDISCIPLINARY TEAM

Profession	Qualifications	Registration	APC	Membership
Chiropractor	<p>Minimum three years in clinical practice.</p> <p>Bachelor of Chiropractic from NZ College of Chiropractic; or (if from Australia)</p> <p>Hold full registration with the Chiropractic Board of Australia; or (if from overseas)</p> <p>Graduated from an institution with accreditation status as recognised by a member body of the Council on Chiropractic Education International and passed an examination set by NZ Chiropractic Board.</p>	NZ Chiropractic Association	Required	
Counsellor	Diploma, Bachelor, Masters or Post Graduate Qualification in Counselling.	NZ Association of Counsellors	Required	
Dietitian	<p>Postgraduate Diploma in Dietetics; or</p> <p>Master of Dietetics; or</p> <p>Master of Science (Nutrition and dietetics); or</p> <p>Equivalent qualification and pass in a Board examination or any other assessment set by the Board; or (if from Australia)</p> <p>Hold full accredited practising dietitian status with Dietitians Association of Australia; or (if from overseas)</p>	NZ Dietitians Board	Required	

Profession	Qualifications	Registration	APC	Membership
	have completed undergraduate and/or postgraduate nutrition and dietetic training of at least four years; and are registered or credentialed as a dietitian in own country; and have practised as a dietitian for a minimum of one year since graduation; and have practised as a dietitian within the last 3 years.			
Nurse Practitioner	Minimum three years in clinical practice. Bachelor of Nursing, and Master of Nursing, or Master of Health Science (Nursing), or Master of Nursing Science	Nursing Council		
Registered Nurse Nurse Specialist (Pain)	Minimum three years in clinical practice. Bachelor of Nursing, or Bachelor of Health Science (Nursing), or Diploma of Nursing, or Postgraduate Nursing diploma, or Note: Nurses first registered prior to 1980's may not hold any formal academic qualifications. Registered Nurses with Prescribing rights: Postgraduate Diploma in Health Science/Nursing (Registered Nurse Prescribing Pathway), or Postgraduate Diploma in Health Practice (Registered Nurse Prescribing), or Postgraduate Diploma in Registered Nurse Prescribing	Nursing Council will endorse prescribing rights		
Occupational Therapist	Minimum three years in clinical practice. Bachelor of Health Science (OT) or	Occupational Therapy Board of NZ	Required	

Profession	Qualifications	Registration	APC	Membership
	Bachelor of Occupational Therapy; or. (if from overseas) OT board will approve overseas qualifications where these meets OT Board criteria			
Osteopath	Minimum three years in clinical practice. Master of Osteopathy or (if from overseas) Passed OCNZ qualifications assessment process or registered with equivalent Australian Registration Authority.	Osteopathic Council NZ	Required	
Pharmacist	Bachelor of Pharmacy (BPharm) or equivalent qualification recognised by the Pharmacy Council of NZ.	Pharmacy Council of NZ	Required	
Physiotherapist	Minimum three years in clinical practice. Bachelor of Health Science (Physiotherapy) or Bachelor of Physiotherapy; or Bachelor of Physiotherapy with Honours; or (if from overseas) 4yr full time undergraduate physiotherapy degree programme (sufficiently similar to NZ programme); or 3yr full time undergraduate physiotherapy degree programme with minimum 1yr fully registered, supervised physiotherapy experience or evidence of successful completion of university level physiotherapy qualification (i.e. Graduate Diploma, Postgraduate Diploma, Masters); or	Physiotherapy Board NZ	Required	

Profession	Qualifications	Registration	APC	Membership
	<p>Diploma of Physiotherapy (non-University based) with evidence of successful completion of university level physiotherapy qualification (i.e. Graduate Diploma, bachelor degree, Postgraduate Diploma, Masters); or Graduate entry level physiotherapy qualification with a minimum 1yr full time, supervised physiotherapy experience plus completion of competence examinations at a NZ School of Physiotherapy; or</p> <p>(if from Australia)</p> <p>Hold full registration and entitled to practise physiotherapy in any Australian state or territory.</p>			
<p>Psychologist.</p> <p>Scope of practice:</p> <ul style="list-style-type: none"> • Counselling Psychologist • Clinical Psychologist • Educational Psychologist • Health Psychologist 	<p>Has a qualification which meets at least level 8 (post-graduate) of an NZQA recognised course of study and its equivalents, which includes in its content: assessment, classification and formulation; abnormal psychology; skills in two or more therapeutic intervention; human development and knowledge and skills in the use of psychometric tools; and has a minimum of two years full-time post-graduate experience working in mental health (not including clinical placements and internships)</p>	<p>NZ Psychologists Board</p>	<p>Required</p>	<p>Professional association membership of at least one of the following:</p> <ul style="list-style-type: none"> • NZ Psychological Society • NZ College of Clinical Psychologist • New Zealand Pain Society <p>or An International professional body acceptable to ACC</p>

Profession	Qualifications	Registration	APC	Membership
	<p>If a service provider does not have the required full experience specified, the Supplier may apply for them to be approved as a Provisional Service Provider if they meet the following requirements:</p> <p>Must be able to demonstrate the Service Provider qualification requirement; and must provide details of on the job training to gain or update the service provider's experience working directly with Clients with persistent pain.</p> <p>Supervision Requirements – Provisional Providers: Discussion of all cases with the supervisor prior to and following the assessment; engagement in fortnightly one-on-one supervision; maintenance of a supervision log which outlines the cases discussed and provides a summary of issues and recommendations for each case; have all reports read and signed by the supervisor; and a final supervision report from the supervisor will be required by ACC once the criteria to work as a Named Service Provider have been met. This supervision report and supervision log must be received by ACC within 36 months of approval of provisional status.</p>			
Psychotherapist	Diploma, Bachelor, Masters or Post Graduate Qualification in Psychotherapy	Psychotherapist Board of Aotearoa/ New Zealand	Required	New Zealand Association of Child and Adolescent Psychotherapists (Incorporated), and/or New Zealand Association of Psychotherapists

Profession	Qualifications	Registration	APC	Membership
Registered Nurse	Minimum three years in clinical practice. Bachelor of Nursing, Bachelor of Science (in Nursing) or Postgraduate in Nursing.	Nursing Council of NZ	Required	
Social Worker	Bachelor of Social Work Masters in Applied Social Work Bachelor of Applied Social Work Bachelor of Bicultural Social Work Bachelor of Social Practice Poutuarongo Toiora Whānau.	Soc Work Reg Board of Aotearoa/NZ	Required Social Workers Registrati on Board of Aotearoa / New Zealand; or	
Medical Practitioner - Vocationally Registered in				
Specialist Pain Medicine Physician	Fellowship of the Australian and New Zealand College of Anaesthetists Faculty of Pain Medicine (FFPMANZCA); or An international postgraduate medical qualification in pain medicine, where the combination of qualifications, training and experience is assessed by the board of the Faculty against the standard of the FFPMANZCA.		Required	
Anaesthesia	Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA); or An international postgraduate medical qualification in anaesthesia, where the combination of qualifications, training and experience is assessed by Council against the standard of the FANZCA.		Required	

Profession	Qualifications	Registration	APC	Membership
Musculoskeletal Medicine	Fellowship of the New Zealand Association of Musculoskeletal Medicine (FAFMM); or An international postgraduate medical qualification in musculoskeletal medicine, where the combination of qualifications, training and experience will then be assessed against the standard of the FAFMM.		Required	
Occupational Medicine	Fellowship of the Faculty of Occupational and Environmental Medicine (FAFOEM); or An international postgraduate medical qualification in occupational and environmental medicine, where the combination of qualifications, training and experience will then be assessed against the standard of the FAFOEM.		Required	
Paediatrics	Fellowship of the Royal Australasian College of Physicians (FRACP) in paediatrics; or An international postgraduate medical qualification in paediatrics, where the combination of qualifications, training and experience is assessed against the standard of the FRACP in paediatrics.		Required	
Palliative Medicine	Fellowship of the Australasian Chapter of Palliative Medicine (FACHPM); or an international postgraduate medical qualification in palliative medicine, where your combination of qualifications, training and experience is assessed against the standard of the FACHPM.		Required	

Profession	Qualifications	Registration	APC	Membership
Psychiatry	Fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP); or An international postgraduate medical qualification in psychiatry, where the combination of <i>qualifications, training and experience</i> will be assessed against the standard of the FRANZCP.		Required	
Rehabilitation Medicine	Fellowship of the Australasian Faculty of Rehabilitation Medicine (FAFRM); or An international postgraduate medical qualification in rehabilitation medicine, where the combination of qualifications, training and experience is assessed against the standard of the FAFRM.		Required	