



He Kaupare. He Manaaki.  
He Whakaora.  
prevention. care. recovery.

# Allied Health Services

## Operational Guidelines

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**1 November 2023**

This is a living document and will be updated as required.

## Useful contacts and telephone numbers

Please see below contact details for a number of teams across ACC that can assist you with any queries you have in the course of providing Allied Health Services to ACC clients.

|   |   |   |
|---|---|---|
| ACC's Provider Contact Centre               | Ph: 0800 222 070  | Email: <a href="mailto:providerhelp@acc.co.nz">providerhelp@acc.co.nz</a>   |
| ACC's Client/Patient Helpline               | Ph: 0800 101 996  |   |
| Provider Registration                       | Ph: 04 560 5211   | Email: <a href="mailto:registrations@acc.co.nz">registrations@acc.co.nz</a> |
|   | Fax: 04 560 5213  | Post: ACC, PO Box 30 823,<br>Lower Hutt 5040                                |
| ACC eBusiness                               | Ph: 0800 222 994,<br>Option 1   | Email: <a href="mailto:ebusinessinfo@acc.co.nz">ebusinessinfo@acc.co.nz</a> |
| Health Procurement                          | If you have a question about your contract or need to update your details, please contact the ACC Health Procurement team:<br>Email: <a href="mailto:health.procurement@acc.co.nz">health.procurement@acc.co.nz</a><br>Ph: 0800 400 503 |   |
| Engagement and Performance Managers (EPMs)  | Engagement and Performance Managers can help you to provide the services outlined in your contract. Contact the Provider Helpline or visit <a href="#">this link</a> for details of who the EPMs in your region are.                    |   |
| ACC Allied Health and Dental Portfolio Team | If you have any questions for the ACC Allied Health and Dental Portfolio Team:<br>Email: <a href="mailto:alliedhealth@acc.co.nz">alliedhealth@acc.co.nz</a>   |   |

ACC's website can provide you with a lot of information, especially our "Health and Service Providers" section. Please visit [www.acc.co.nz/for-providers](http://www.acc.co.nz/for-providers).

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## 1. How to read this guide

These Operational Guidelines should be read in conjunction with the:

[Standard Terms and Conditions](#) document; and  
[Allied Health Services Service Schedule](#) ('your contract').

The services delivered must reflect the expectations outlined in the Allied Health Services Service Schedule (contract). Where there are any inconsistencies between this operational guideline and the contract, your contract will take precedence.

ACC will work collaboratively with suppliers to improve the operation of the service, and we will ensure this document is up to date with any service improvements we have made.

ACC will notify Suppliers when a new version of the Allied Health Services Service Schedule is available. The latest version will be available on ACC's website at [www.acc.co.nz](http://www.acc.co.nz).

### Definitions of the Parties

|                                 |  |
|---------------------------------|--|
| <b>ACC</b>                      | These terms are used interchangeably in this document. ACC actions will be undertaken by the client's Recovery Team Member, a Treatment & Support Assessor; or another ACC employee depending on the action required. The Recovery Team Member may also be referred to as 'Recovery Assistant', 'Recovery Coordinator' or 'Recovery Partner'.                                      |
| <b>Recovery Team</b>            |  |
| <b>ACC Recovery Team Member</b> |  |
| <b>Client</b>                   | The client is the person with the covered injury.  |
| <b>Supplier</b>                 | The entity holding a contract with ACC to deliver the services described. They are responsible for all the services delivered and all associated actions.<br><br>These responsibilities cannot be transferred to any other party; and remain with the supplier in instances such as when they may contract another Allied Health professional to provide services on their behalf. |
| <b>Provider</b>                 | An individual working for the supplier either as an employee or contractor.  |

## 2. Introduction

ACC purchases Allied Health services from Suppliers and providers via two mechanisms:

- The Cost of Treatment Regulations, and
- The Allied Health Services Contract

This document outlines expectations for suppliers and providers working under the Allied Health Services Contract.

## 3. Service objectives

Under the Allied Health Services Contract, the objective of physiotherapy, hand therapy and podiatry services is to provide clients with timely access to quality treatment, and facilitate a prompt and cost-effective return to independence, work, and/or education.

Hand Therapy services are provided to relevant pathologies of the distal upper limb, up to and including the elbow joint, as well as any shoulder problems related to primary hand pathology. This does not include isolated shoulder injuries or pathology, e.g. a rotator cuff sprain.

Podiatry services are provided to clients for the purpose of treating all relevant pathologies affecting the feet and lower limbs (from the hip joint articulation downwards to feet) for the purpose of restoring the client's health to the maximum extent practicable.

## 4. Who Can Hold an Allied Health Services Contract

A Supplier can hold an Allied Health Services contract. A supplier is the business owner e.g. a DHB or the owner of a private practice.

## 5. Getting started

### Prerequisites to hold the contract

#### **Clinical Director**

The Clinical Director is a senior clinician, who is named on the contract, and is responsible for carrying out those duties specified in Part B, Clause 12.4 of the Allied Health Services Contract. A named Clinical Director is required for each scope of practice (physiotherapy, hand therapy, podiatry) that the Supplier intends to provide under the Allied Health Services contract.

The Clinical Director is required to have five years of experience in the relevant scope of practice, and a Postgraduate Certificate or higher from a recognised New Zealand tertiary institute in an area relevant to the clinic's practice.

If, at the commencement of the contract, the Supplier's Clinical Director does not meet the requirement of holding a Postgraduate Certificate, Suppliers will have until 31 December 2024

for their named Clinical Director to attain their postgraduate qualification (clause 12.2 of the Allied Health Services contract).

Postgraduate qualifications from overseas tertiary institutes may be recognised for the Clinical Director role. If you are unsure if your qualification meets the Clinical Director requirements, please contact ACC's Health Procurement Team for clarification at [health.procurement@acc.co.nz](mailto:health.procurement@acc.co.nz).

Duties of the Clinical Director can be delegated to providers employed within the same clinic who meet the clinical director requirements outlined above, or to an external Clinical Director (who meets these requirements) if the clinic does not have staff able to meet the requirements, or they are a sole practitioner (clause 12.8). Please contact [ACC's Health Procurement Team to record any subcontracting arrangements](#).

Please note that clinical directors cannot complete progress reports/reviews on claims where they are the treating provider.

When a Supplier obtains a Clinical Director or changes their named Clinical Director, they must notify ACC's Health Procurement Team so that the named Clinical Director on the Supplier's contract can be updated.

### **Certification**

Suppliers who are providing physiotherapy and/or hand therapy services under the Allied Health Services contract must hold certification against:

The [ACC Requirements for Physiotherapy, Hand Therapy and Podiatry](#), OR  
The NZS 8171:2005 Allied Health Services Sector Standard, OR  
In the case of a DHB, the requirements of NZS8134:2008 New Zealand Health and Disabilities Services [Core] Standard.

A certificate can be obtained from one of the following Designated Audit Agencies:

- [The DAA Group](#)
- [BSI](#)
- [TAS](#)

If there is a change in the certification status of the practice, the supplier must notify [ACC's Health Procurement Team](#) within 5 Business Days.

### **Professional Body Membership**

A current professional body membership with the relevant professional body (Physiotherapy New Zealand, Hand Therapy New Zealand, Podiatry New Zealand) is required for all providers who will provide services under the Allied Health Services contract.

### **Applying for a contract**

The Allied Health Services Contract is an open contract. This means that application may be made to join the contract at any time through the [www.GETS.govt.nz](http://www.GETS.govt.nz) website from 1 November 2021.

Any questions can be sent to the ACC Health Procurement Team:  
[health.procurement@acc.co.nz](mailto:health.procurement@acc.co.nz)

## 6. Service location

Services provided under the Allied Health Services contract can be delivered:

- At a site certified against NZS8171:2005, ACC's Requirements for Physiotherapy, Hand Therapy, and Podiatry or in the case of DHBs NZS8134:2008
- In the client's home,
- In the client's workplace

It is the Supplier's responsibility to keep ACC updated should there be any change to the accreditation of their main or satellite sites.

### Setting up a new site

When a Supplier obtains a new main or satellite site (for example purchasing another business or opening a new clinic), they must arrange accreditation for the new site by notifying their auditing agency. A copy of the accreditation certificate or proof of engagement of the auditing agency is required and must be sent to ACC's [Health Procurement team](#).

- If the auditing agency confirms that the new sites governance, systems, processes, policies and procedures are substantially the same as the current main sites services, and is likely to meet the Facility and Equipment requirements of the NZS8171:2005 Standard or the certification scope, in-rooms consultation fees can be claimed.
- If there are substantial differences in governance, systems, processes, policies and procedures a provisional audit will be required. Offsite consultation fees will apply until such time as a Provisional Audit certificate has been sent to ACC's [Health Procurement team](#).

ACC's Health Procurement team will confirm acceptance of the accreditation certificate or proof of engagement and whether this is eligible for in-room or offsite billing.

### Offsite locations

Physiotherapy services delivered under the Allied Health Services contract can also be delivered at an offsite location.

Where treatment is delivered outside of an accredited main site, satellite site, the client's home or workplace this is considered to be offsite and must be billed at the offsite rate. This includes any location where the Facility and Equipment requirements of the NZS8171:2005 Standard or the certification scope of the ACC Requirements are not met.

Where the entirety of the treatment session is delivered outside of the accredited site, home or workplace this cannot be billed as onsite treatment.

Offsite consultations must still meet ACC's legislative requirements of a treatment and are expected to be delivered in a safe environment where you can maintain privacy for the client and their clinical records.

ACC's Position Statement on [Treating Clients in a Sports Setting](#) provides further guidance on when it may be appropriate to utilise the offsite rate to deliver treatment to clients in a sports setting.



Provider travel is not funded under the Allied Health Services contract. The client may be charged for travel to provide services to the client however the client must be made aware of any charges prior to travel being undertaken at the client's expense.

## **7. Provider requirements**

To provide services under the Allied Health Services Contract providers are required to:

- hold a current Annual Practising Certificate issued by the relevant registration body (Physiotherapy Board of New Zealand, Occupational Therapy Board of New Zealand, or Podiatrists Board of New Zealand); and
- be a current member of the relevant professional association (Physiotherapy New Zealand, Hand Therapy New Zealand, or Podiatry New Zealand). For suppliers providing Hand Therapy services, there must be at least one Service Provider who has a Registered Membership status with Hand Therapy NZ employed by each supplier.
  - If ACC identifies an area of New Zealand where there is a service gap, we may contract with an Associate Member as the contract holder. The Associate Member will need to have completed all the components of registration except the full number of clinical hours. Evidence of a Supervision Agreement must be provided to ACC on application for the contract.
- be registered with ACC prior to providing services (to register new providers please complete an ACC024 Application for ACC Health Provider Registration form). Please provide evidence of the above with your application.

## **8. Client eligibility**

Clients can self-refer to Allied Health Services after injury. Clients must have sustained a personal injury caused by an accident to be eligible for support from ACC.

Physiotherapists, podiatrists, and hand therapists who are registered physiotherapists, can register a claim on behalf of a client.

Referrals may be made to Physiotherapy Specialist services by a registered health practitioner.

## **9. Claim registration**

To register a claim a client must be able to identify an accident event.

The provider must be able to diagnose a personal injury and must be able to establish that the accident was the most likely cause of the personal injury.

Claims must be registered with ACC via the ACC45 process. This can be either via the ACC eBusiness Gateway/ProviderHub or through a supported Practice Management Software programme with electronic lodgement capabilities.

## 10. Allied Health Service items

| Service Item Codes | For Physiotherapist   |
|--------------------|---|
| PT01               | Initial Consultation: providers are eligible to invoice this if the consultation, treatment, and completion of documentation is delivered at an Accredited Site, the client's home, or workplace  |
| PT02               | Follow-up Consultation: providers are eligible to invoice this if the consultation, treatment, and completion of documentation is delivered at an Accredited Site, the client's home, or workplace.   |
| PTCG               | Group Consultation Rate: providers are eligible to invoice this if the consultation, treatment, and completion of documentation is delivered at an Accredited Site, the client's home, the client's workplace, a gym, or a pool.                                      |
| PT1T               | Telehealth Initial Consultation: consultation, treatment, and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see <a href="#">Section 12.3</a> for further detail.  |
| PT2T               | Telehealth Follow up Consultation: consultation, treatment, and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see <a href="#">Section 12.3</a> for further detail.  |
| PT21               | Offsite Initial Consultation: providers are able to invoice this code for consultation, treatment and completion of documentation that is delivered at a site that does not hold certificate against the requirement outline in <a href="#">Section 5.1.2</a> .       |
| PT22               | Offsite Follow-up Consultation: providers are able to invoice this code for consultation, treatment and completion of documentation that is delivered at a site that does not hold certification against the requirements outlined in <a href="#">Section 5.1.2</a> . |
| PTE1               | ACC Contribution to the Hire of Crutches: providers can invoice this once per claim when they have provided crutches for a client's usage.  |
| PTE2               | ACC Contribution to the Purchase of a Moon Boot: providers can invoice this once per claim where this is provided to support a client's covered personal injury.  |
| PTE3               | ACC Contribution to the Purchase of a Knee Brace: providers can invoice this once per claim where this is provided to support a client's covered personal injury.   |
| PT14               | Written Report and Liaison: providers may invoice this where additional oversight is identified as being required. See <a href="#">Section 15</a> for more information.   |
| PT31               | Initial Consultation: for DHB suppliers.  |
| PT32               | Follow-up Consultation: for DHB suppliers.  |
| PT31T              | Telehealth Initial Consultation DHB: consultation, treatment and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see <a href="#">Section 12.3</a> for further detail.                                       |

|       |  |
|-------|--|
| PT32T | Telehealth Follow-up Consultation DHB: consultation, treatment and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see <a href="#">Section 12.3</a> for further detail.  |
| PT34  | Written Report and Liaison for DHB Suppliers: providers may invoice this where additional oversight is identified as being required. See <a href="#">Section 15</a> for further details.   |
| PTS1  | Initial Consultation for Physiotherapy Specialists: providers are eligible to invoice this for an initial consultation, treatment, and completion of documentation.  |
| PTS2  | Follow-up Consultation for Physiotherapy Specialists: Physiotherapy Specialists are eligible to invoice this for a follow-up consultation, treatment and completion of documentation.  |
| PTS1T | Telehealth Initial Consultation for Physiotherapy Specialists: consultation, treatment and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see <a href="#">Section 12.3</a> for further detail.  |
| PTS2T | Telehealth Follow-up Consultation for Physiotherapy Specialists: consultation, treatment and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see <a href="#">Section 12.3</a> for further detail.  |
| PTP1  | Level A pelvic physiotherapy consultation for Maternal Birth Injuries. Consultation time between 0 and 40 minutes. Providers are eligible to invoice this if the consultation, treatment, and completion of documentation is delivered at an Accredited Site, the client's home, or workplace. Providers must be registered with ACC as a pelvic health physiotherapist in order to provide these services.  |
| PTP2  | Level B pelvic physiotherapy consultation for Maternal Birth Injuries. Consultation time between 41 and 60 minutes. Providers are eligible to invoice this if the consultation, treatment, and completion of documentation is delivered at an Accredited Site, the client's home, or workplace. Providers must be registered with ACC as a pelvic health physiotherapist in order to provide these services. |
| PTP3  | Level C pelvic physiotherapy consultation for Maternal Birth Injuries. Consultation time 61 minutes or longer. Providers are eligible to invoice this if the consultation, treatment, and completion of documentation is delivered at an Accredited Site, the client's home, or workplace. Providers must be registered with ACC as a pelvic health physiotherapist in order to provide these services.      |
| PTP4  | Consumables required to perform an internal examination procedure. Providers must be registered with ACC as a pelvic health physiotherapist in order to provide these services.  |
| PP1T  | Level A Telehealth Consultation for Maternal Birth Injuries: Consultation of 0 – 40 minutes. Consultation, treatment, and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see <a href="#">Section 12.3</a> for further detail.   |
| PP2T  | Level B Telehealth Consultation for Maternal Birth Injuries: Consultation of 41 – 60 minutes. Consultation, treatment, and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see <a href="#">Section 12.3</a> for further detail.  |

|      |  |
|------|--|
| PTP5 | Written Report and Liaison: providers may invoice this where additional oversight is identified as being required. See <a href="#">Section 15</a> for more information. Providers must be registered with ACC as a pelvic health physiotherapist in order to provide these services. |
|------|--|

| Service Item Codes | For Hand Therapists   |
|--------------------|---|
| HT01               | Initial Consultation: providers are eligible to invoice this if consultation, treatment and completion of documentation is delivered at an Accredited Site, the client's home, or workplace.                                  |
| HT02               | Follow-up Consultation: providers are eligible to invoice this if the consultation, treatment and completion of documentation is delivered at an Accredited Site, the client's home or workplace.                             |
| HT03               | Splinting/wound dressing up to the value specified in the Service Schedule per claim, no prior approval required.   |
| HT04               | Additional splinting/wound dressing that exceeds the limits of HT03 or HT13. This item requires prior approval via the ACC32 process.   |
| HT13               | Post-surgical splinting/wound dressing up to the value specified in the Service Schedule per claim for clients who have had ACC funded surgery, no prior approval required.   |
| HT1T               | Telehealth Initial Consultation: consultation, treatment and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see <a href="#">Section 12.3</a> for further detail.   |
| HT2T               | Telehealth Follow-up Consultation: consultation, treatment and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see <a href="#">Section 12.3</a> for further detail. |
| HT14               | Written Report and Liaison: providers may invoice this where additional oversight is identified as being required. See <a href="#">Section 15</a> for further details.  |

| Service Item Codes | For Podiatrists   |
|--------------------|---|
| POD21              | Initial Consultation: providers are eligible to invoice this if the consultation, treatment and completion of documentation is delivered at an Accredited Site, the client's home or workplace.                               |
| POD22              | Follow-up Consultation: providers are eligible to invoice this if the consultation, treatment and completion of documentation is delivered at an Accredited Site, the client's home or workplace.                             |
| POD21T             | Telehealth Initial Consultation: consultation, treatment and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see <a href="#">Section 12.3</a> for further detail.   |
| POD22T             | Telehealth Follow-up Consultation: consultation, treatment and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see <a href="#">Section 12.3</a> for further detail. |

|        |   |
|--------|---|
| POD11  | Treatment: Abscess or haematoma: drainage with incision (with or without local anaesthetic agent). Providers are eligible to invoice this if the treatment is delivered at an Accredited Site, the client's home or workplace.              |
| POD12  | Treatment: Nail Simple removal. Providers are eligible to invoice this if the treatment is delivered at an Accredited Site, the client's home or workplace.   |
| POD13  | Treatment: Nail removal or wedge resection requiring the use of digital anaesthesia. Providers are eligible to invoice this if the treatment is delivered at an Accredited Site, the client's home or workplace.                            |
| POD14  | Written Report and Liaison: providers may invoice this where additional oversight is identified as being required. See <a href="#">Section 15</a> for further details.  |
| PODMB  | ACC Contribution to the Purchase of a Moon Boot up to the value specified in the Service Schedule per claim.  |
| PODFS  | ACC Contribution to the Purchase of Footwear supports up to the value specified in the Service Schedule per claim   |
| PODFS1 | Footwear Supports over the value specified in the Service Schedule per claim, prior approval is required.   |
| PODLL  | ACC Contribution to the Purchase of Lower Limb orthotics up to the value specified in the Service Schedule per claim.   |
| PODLL1 | Lower Limb Orthotics over the value specified in the Service Schedule per claim, prior approval is required.  |
| POD31  | Initial Consultation: for DHB suppliers.  |
| POD32  | Follow-up Consultation: for DHB suppliers.  |
| POD31T | Telehealth Initial Consultation DHB: consultation, treatment and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see Section see <a href="#">Section 12.3</a> for further detail. |
| POD32T | Telehealth Follow-up Consultation DHB: consultation, treatment and completion of documentation via real-time video conferencing interactions and/or telephone consultations, see <a href="#">Section 12.3</a> for further detail.           |
| POD34  | Written Report and Liaison: providers may invoice this where additional oversight is identified as being required. See <a href="#">Section 15</a> for further details.  |

## 11. Allied Health Services initial assessments:

### Requirements of an initial assessment, including offsite initial assessments, and DHB initial assessments

- Development and documentation of a treatment plan that includes the anticipated number of visits, the objectives of treatment, and the timeframes for these.

- Recording baseline measurements using an evidence-based outcome measure as outlined below in [Section 16](#)
- Referring the client to other services where clinically necessary and appropriate, including seeking ACC's prior approval for such referrals if prior approval is required.
- Providing education to clients on the self-management of their injury, and injury prevention (including use of ACC's injury prevention resources where appropriate).
- Documentation of clinical records which meet the standards required by the relevant professional body.
- It is expected that only one initial consultation is invoiced per claim per Supplier. If a significant change in function has occurred i.e. post-surgery, or the client has re-presented after a prolonged period of not having treatment i.e. greater than 1 year, a second initial consultation may be invoiced. In such circumstances we would expect to see that a full assessment or re-assessment of the client has been undertaken.

## 12. Allied Health Services follow up treatments:

### Requirements of follow up treatments including offsite follow up treatments

Ensuring that there is clinical rationale that the treatment directly relates to the covered Personal Injury.

Recording outcomes following treatment using an evidence-based outcome measure as outlined below in [Section 16](#).

Referring the client to other services where clinically necessary and appropriate, including seeking ACC's prior approval for such referrals if prior approval is required.

When applicable, submitting a request for prior approval of further treatment and or cover as outlined in [Section 14](#).

- Documentation of clinical records which meet the standards required by the relevant professional body.

### Requirements of group consult rates

Group consultations may be provided to clients who are receiving post-surgical physiotherapy treatment for both acute and elective surgical procedures.

Providers must ensure that there is clinical evidence that the group treatment directly relates to the covered personal injury and is personalised where needed.

Recording outcomes from treatment delivered using an evidence-based outcome measure as outlined below in [Section 16](#).

Referring the client to other services where clinically necessary and appropriate, including seeking ACC's prior approval for such referrals if prior approval is required; and

When applicable, submitting a request for prior approval of further treatment and or cover as outlined in [Section 14](#).

Documentation of clinical records.

## Requirements for telehealth consultations

Telehealth consultations can be provided to clients where it is determined by the provider as a clinically appropriate consultation method to meet the treatment and rehabilitation needs of their client.

A Telehealth consultation replaces an in-person consultation. This means that providers should not hold a Telehealth consultation and then require an in-person consultation to undertake a physical examination as part of the initial consultation.

Clinical appropriateness (including the potential need for a physical examination) needs to be determined to ensure that a Telehealth consultation is appropriate.

A telehealth consultation does not include a quick triage or check-in phone calls.

Telehealth must only be provided to clients who would ordinarily attend the Supplier's physical service location.

Telehealth consultations are to be provided in line with the standards and requirements outlined by the ACC8331 – ACC Telehealth Guide and the [New Zealand Telehealth Resource Centre](#).

Providers and clients utilising telehealth must both be present in New Zealand at the time of the consultation.

Documentation should evidence that the treatment directly relates to the covered personal injury

Recording outcomes from treatment delivered using an evidence-based outcome measure as outlined below in [Section 16](#).

Referring the client to other services where clinically necessary and appropriate, including seeking ACC's prior approval for such referrals if prior approval is required; and

When applicable, submitting a request for prior approval of further treatment and or cover as outlined in [Section 14](#).

Documentation of clinical records.

When lodging an ACC45 for a client via telehealth please ensure consent for the lodgement of the claim is clearly discussed and recorded in the clinical records.

Please read out the following statement to your patient and record your patient's response in their clinical record:

Do you declare that you have provided true and correct information and you'll tell ACC if your situation changes?

Do you authorise me as your (name of health professional: GP, physiotherapist, etc) to lodge your claim with ACC?

Do you authorise your records to be collected or disclosed to ACC to help determine cover for your claim, determine what you'll be entitled to, or for research purposes (such as injury prevention, or assessment, and rehabilitation)?

## Requirements for pelvic physiotherapy for Maternal Birth Injuries

Physiotherapists who want to provide maternal birth injury services under our Allied Health contract need to show they have an ongoing interest in pelvic health.

In order to be able to invoice for treatment listed in Table 7. of the Allied Health Service Schedule, you must first register with ACC to provide these services. You must supply ACC with:

- evidence of current membership to Physiotherapy New Zealand's Pelvic Women's and Men's Health special interest group
- Vendor ID
- an ACC Provider ID number. To receive a Provider ID, physiotherapists need to be registered to deliver services.

This request and relevant documents should be emailed to us.

Email: [health.procurement@acc.co.nz](mailto:health.procurement@acc.co.nz)

## 13. Requirements for equipment provision

### Crutches hire

Crutches can be provided where it is identified that they are required to address the clients covered personal injury.

The crutches must be regularly assessed and maintained to a safe standard.

The client must be assessed and fitted for these according to their specifications, and best practice guidelines.

The client must be educated on their safe use.

A limit of one pair of crutches may be invoiced per claim under the Allied Health Services contract including in the case where the crutches are broken, misplaced, or unsuitable.

### Moonboots (Physiotherapists and Podiatrists)

A moonboot can be provided where it is identified that it is required to address the clients covered personal injury.

ACC may be charged the actual and reasonable cost of supplying moonboots, up to the value specified in the Service Schedule.

A co-payment may be charged to the client for this item, where the above cost exceeds the value specified in the Service Schedule. Requests for additional ACC funding above the contracted rate must be supported with clinical rationale.

A limit of one moonboot may be invoiced per claim under the Allied Health Services contract including in the case where the moonboot is broken, misplaced, or unsuitable.

### Knee Braces (Physiotherapists and Podiatrists)

A knee brace can be provided where it is identified that it is required to address the clients covered personal injury.



ACC may be charged the actual and reasonable cost of ordering, delivery and holding the item up to the value specified in the Service Schedule.

A co-payment may be charged to the client for this item, where the above cost exceeds the value specified in the Service Schedule.

A limit of one knee brace may be invoiced per claim under the Allied Health Services contract including in the case where the knee brace is broken, misplaced, or unsuitable.

## Splinting and Wound Dressing (HT03, HT04 and HT13)

Hand Therapy New Zealand and ACC regard a splint as an external appliance (rigid construction) or garment (soft construction) used to immobilise, support and/or enhance mobility of the underlying tissues (e.g. bone, joint, soft tissue). These may be custom made to fit the individual or issued from pre-made stock items.

The invoiced splinting cost should include the actual cost of any sourced items, components and materials e.g. the cost of the portion of thermoplastic sheet used, not the cost of the entire sheet.

Hand Therapy New Zealand and ACC regard a wound dressing as a product to cover wounds/developing wound sites, protect vulnerable skin/tissue which generally needs to be fixed in place. This is considered appropriate where a dressing needs to be changed to allow for a splint to be correctly fitted, allow for improved mobility or post operative dressing change.

The cost invoiced for wound dressing should include the actual cost of any item used, without the addition of any margin or overhead. These should be incorporated into the cost of splinting under HT03 and HT13, the total of which should not exceed the value specified in the Service Schedule. Where the combined cost of splinting/wound dressing exceeds these limits, the items will require prior approval and the ACC32 process is to be followed.

A limit of four wound dressings may be invoiced per claim without prior approval. Where more than four wound dressings are required, the items will require prior approval and the ACC32 process is to be followed. The time involved in applying or changing wound dressings is already included within the consultation fee.

Invoiced cost will be justifiable to HTNZ peers and ACC.

## Splinting Exclusions

The items below are not considered to be part of the splinting costs and should not be included in the price of the splint (service item codes - HT03, HT04 & HT13):

Time spent constructing/fitting a splint during an appointment (covered as part of the consultation –HT01, HT02, HT05, HT11 & HT12)

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

Practice equipment – including but not limited to items such as heat guns, cutting tools and thermoplastic heating pans.

## Splint Names

ACC is aware that there are many types and names of splints used in hand therapy.

When describing a splint please choose relevant terms to best describe the splint(s) size, material, construction and design (where possible). Some terms that may help describe the splint are listed in table 1 below.

Table 1: Splinting terms

| Splint size (a combination of)   | Material  | Construction   | Splint design (a combination of)  |
|--|---|--|---|
| <ul style="list-style-type: none"> <li>• Finger based</li> <li>• Thumb based</li> <li>• Wrist based</li> <li>• Forearm based</li> <li>• Elbow based</li> </ul> | <ul style="list-style-type: none"> <li>• Cast</li> <li>• Thermoplastic</li> <li>• Fabric</li> </ul> | <ul style="list-style-type: none"> <li>• Rigid</li> <li>• Semi-rigid</li> <li>• Soft</li> <li>• “off the shelf”</li> </ul> | <ul style="list-style-type: none"> <li>• Static</li> <li>• Single/Serial</li> <li>• Dynamic</li> <li>• Generic term (e.g. sugar tong, thumb spica)</li> </ul> |

## Lower Limb Orthotics and Footwear supports (Podiatrists only)

Lower limb orthotics and footwear supports can be invoiced where it is identified that it is required to address the clients covered personal injury.

Lower limb orthotics billed separately under service item codes PODLL and PODLL1. Examples include ankle foot orthoses (AFO’s), lace up ankle supports.

Footwear supports billed separately under service item codes PODFS and PODFS1. Examples include removable in-shoe heel raises, longitudinal arch supports, UCBL or Heel cushions.

Moonboots refer to [Section 13.2](#).

Knee brace refer to [Section 13.3](#).

ACC may be charged the actual and reasonable cost of ordering, delivery and holding the item up to the value specified in the Service Schedule.

A co-payment may be charged to the client for this item, where the above cost exceeds the value specified in the Service Schedule.

ACC’s expectation is that a client would be unlikely to require multiple orthotics (knee brace, lower limb orthotics and footwear supports). Where multiple orthotic services are required, this would be an exception and strong clinical rationale would need to be evidenced where multiple orthotics are provided to a client.

Requests are able to be made for lower limb and footwear supports that exceed the contract cap of the value specified in the Service Schedule but this should be an exception. The time involved in fitting the lower limb orthotic or footwear support is already included within the consultation fee.

Invoiced cost will be justifiable to Podiatry NZ peers and ACC.

## Requests for orthotics over contract cap

Ordinarily we would expect that orthotics can be provided within the limits of the contracted rates and that requests for orthotics over the contract cap will be rare. Where a provider identifies the need for a more costly orthotic(s) they will need to complete an ACC7428 to obtain approval from ACC. The ACC7428 request should include the clinical rationale to

support the need for the orthotic or additional orthotics including the reason why a lower cost orthotic will not meet the injury related need.

## Uncollected equipment / orthotics

If a piece of equipment / orthotic has been invoiced and the client has not collected them, the vendor should issue a credit note.

On receipt of the credit note, the payment is reversed in ACC's system and the reversed amount is set off against the vendor's future billings (under any other claim).

The credit invoice can be emailed to [providerinvoices@acc.co.nz](mailto:providerinvoices@acc.co.nz) with the subject line titled as "CREDIT NOTE".

This way the client retains their entitlement, the funded amount is returned to ACC and the record is kept clean.

## 14. ACC32 request

All ACC32 requests must be sent to ACC electronically.

This can be done via the [ACC32 Application Form Online](#), or through your Practice Management System.

### Additional Cover

Additional cover, for conditions listed in the attachment below, can be requested using a standard request:

<https://www.acc.co.nz/assets/provider/read-codes-standard-acc32-request.pdf>

Additional information is required for all other requests, including investigation results and/or specialist opinion.

### Prior Approval of treatment

Approval to treat clients more than 50 times over the lifetime of the claim requires a non-standard request – which will require you to provide information from your clinical records on your client's injury and the treatment that has been provided to date. Prior approval is not required at the 52-week post injury milestone.

More information can be found at:

<https://www.acc.co.nz/for-providers/treatment-recovery/prior-approval-treatment/>

### Voluntary requests for clinical advice

You may request ACC to review the information on a claim, and issue a decision on the consideration of cover, causation, or appropriateness of ongoing ACC funded treatment, using the non-standard ACC32 request form.

It would be expected that:

- The case is discussed with the Clinical Director prior to seeking comment from ACC.
- The request is clearly labelled as a "voluntary submission" in the causation section.
- The request would include all relevant clinical information to assist ACC in providing advice.

## 15. Progress report requirements:

This section relates to the requirement outlined in Part B clause 12.10. of the contract.

### When does a report have to be completed

A report can be completed at any point during the care of a client, where additional oversight is identified as being required to ensure further treatment remains appropriate.

However, as a minimum requirement, the Clinical Director must review and provide a report on claims prior to the client's 16<sup>th</sup> visit when treatment is likely to continue.

It is generally expected that only one claim review is invoiced per claim per Supplier. In instances where there has been no specialist oversight, and claim complexity necessitates ongoing treatment over a prolonged period, a second claim review may be required to ensure further treatment remains appropriate. Where a second claim review is undertaken it must confirm how the accident event caused the current injury diagnosis being treated and why further treatment or investigation is required. In rare occasions where second reviews are required, they are expected to be submitted by the Clinical Director at the client's 32<sup>nd</sup> visit.

The report is not required when the client already has specialist oversight to their treatment. A specialist for these purposes is an orthopaedic specialist, physiotherapy specialist, sports physician, or pain specialist.

It is not appropriate to complete a progress report if a client has been, or is in the process of being, discharged or has discontinued treatment.

ACC will remunerate for this report at the PT14, HT14 or POD14 rate. The report should be kept on the clients' clinical records and does not need to be submitted to ACC unless requested.

The report may take place from a review of the clinical notes and information on file, or as an assessment of the client.

Providers cannot review and report on the claims for which they are the treating provider. The Clinical Director may request permission from ACC to subcontract the case review requirement if they are a sole provider or do not have a staff member with the required experience and qualification to complete the reviews. Note that any staff member delegated to complete the claim reviews needs to meet the Clinical Director requirements in Part B clause 12.2 of the contract.

The external Service Provider is also required to meet the experience and qualification requirements of a Clinical Director in Part B, clause 12.2 of the contract.

To request permission to subcontract the case review requirement, the Clinical Director should send an email to [health.procurement@acc.co.nz](mailto:health.procurement@acc.co.nz) advising:

- the reason for which they would like to subcontract the requirement, and
- who the subcontracted service provider will be.

Progress reports on Maternal Birth Injury claims can be carried out by any Clinical Director or subcontracted external Service Provider. However, in order to be eligible for invoicing under services contained in Table 7. of the Service Schedule, in addition to the requirements of a Clinical Director in Part B, clause 12.2 of the contract you must also be registered with ACC as

a Pelvic Physiotherapist (refer to section 12). If you are not registered as a Pelvic Physiotherapist, you must invoice progress reports using PT14.

### Invoicing ACC for subcontracted Clinical Director progress reports

When an external Clinical Director is subcontracted under clause 12.8 to provide a clinical review in accordance with clause 12.10, the report must be invoiced through the contracted Supplier. The ACC Provider ID of the subcontracted Provider who undertook the clinical review must accompany the invoice to reflect the reporting they have completed on each claim. The contracted Supplier is responsible for any payment arrangement with the subcontracted Provider.

For example: Vendor ZY1234 holds the AHS contract where the client receives treatment. They have subcontracted their clinical review reports to an external Service Provider (ACC Provider ID ABC123). Vendor ZY1234 invoices for the clinical review report as the contracted Supplier, and will be the one paid by ACC, but includes Provider ABC123 on the schedule when invoicing ACC.

If you are unsure of how to enter these details, please contact the ACC Provider line on 0800 222 070 or your PMS Supplier.

## Requirements of the Written Report and Liaison

The following information is required to be provided as part of the report:

| Claim Review Written Report: |  |
|------------------------------|--|
| Clinical Directors Name:     | Date:  |
| Treating Provider Name:      | Claim no:  |
| 1                            | <p>A review of the Mechanism of Injury</p> <p><i>Please explain how the reported accident event has caused the client's injury</i></p>   |
| 2                            | <p>A review of the injury and clinical diagnosis</p> <p><i>Please confirm the client's current injury diagnosis. If the client's diagnosis has changed, please ask the treating provider to <a href="#">Complete the ACC32 application form online</a> explaining the rationale for the change of diagnosis</i></p>  |
| 3                            | <p>A statement on causation considering (1) and (2) above</p> <p><i>Please explain how the accident event caused the current injury diagnosis and how this is linked to the treatment provided</i></p>   |
| 4                            | <p>A review of the current Treatment Plan</p> <p><i>Please summarise the treatment which has been provided to date and provide detailed comment on whether this was necessary and appropriate to treat the covered injury.</i></p>   |
| 5                            | <p>Documentation of any recommendations and actions that the treatment provider will need to consider (including changes to the treatment plan, onward referral or investigation)</p> <p><i>Please explain why further treatment is required and what your recommendations are to treat the covered injury.</i></p> <p><i>Should further investigations or an onward referral be considered at this point?</i></p> |
| 6                            | <p>Expected outcome with consideration of any recommended changes</p> <p><i>What is the expected course of recovery for the client, given your review and any recommendations? Please specify the number of treatments required over what length of time.</i></p>  |
| 8                            | <p>Liaison with provider undertaken</p> <p><i>Please detail your discussion with the treating provider following your review regarding the treatment given to date, expected course of recovery and discharge date? What was the outcome of the discussion?</i></p>  |
|                              | <p><i>Record of discussion:</i></p>  |

## 16. Goal setting and outcome measures

### Goal setting

All clients are required to have individual client centred goals and treatment goals.

These goals should be written in the SMART format i.e. Specific, Measurable, Achievable, Relevant, and Time-bound.

Goals may inform outcome measures such as the patient specific function scale.

## Outcome measures

Providers are expected to collect client outcome measures that are validated and relevant to the client.

These should be collected at the initial assessment, regularly during treatment, and on discharge.

Some examples of evidence-based outcome measures could include:

- Lower extremity functional scale
- Oswestry disability index
- Neck disability index
- Roland-Morris disability questionnaire
- Global Pain Scale

For hand therapists, the 30 item disabilities of the arm, shoulder and hand outcome measure (DASH) or the 11-item quick DASH is the preferred outcome measurement for ACC. See Section 17 below for discharge outcome requirements.

## 17. Discharge requirements:

### Recording outcome measures

Providers are expected to follow up on clients and discharge them from the service. This information can be collated by the Provider or administrative/support staff where required.

At completion of the service a discharge summary that includes the following information needs to be recorded, and provided to ACC if requested:

1. Has the client been discharged by the provider, self-discharged or lost to follow up?
2. Has the client met the goals that were set at the outset of treatment?

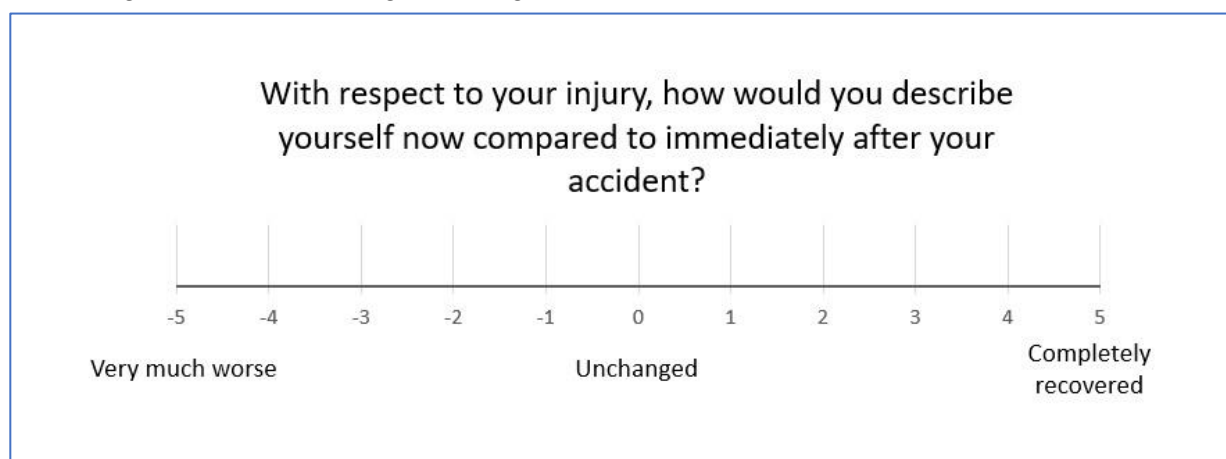
Yes / No.

3. Numerical Pain rating scale at baseline and discharge.

Initial Assessment: \_\_\_\_\_ Discharge: \_\_\_\_\_

4. 11 Point Global Rating of Change Scale at discharge (*see Figure 1 below*)

Figure 1. Global Rating of Change Scale



## Discharge Summary to Referring Providers

In accordance with Part B, Clause 11.3, where ACC clients have been referred to the services provided under the Allied Health Services contract by other health providers (e.g. GPs), providers are required to provide a discharge summary back to the referring provider.

The purpose of this requirement is to help support the integration of care across multiple health professionals for ACC clients.

As a minimum, ACC expects the discharge summary to outline the following back to the referring provider:

How has the client responded to the treatment?

Does the treating provider require the referring provider to undertake any specific follow-up activities?

## Referrals to Other Services

In accordance with Part B, Clause 6.1.4., providers must notify ACC via [claims@acc.co.nz](mailto:claims@acc.co.nz) when the client needs to be referred to other services that require ACC approval. Examples of these services include, but is not limited to, Vocational Services, Pain Specialists and other social rehabilitation services.

Refer to our [Referring to Rehabilitation](#) page on our website for further information.

## 18. Responsibilities of the Clinical Director

### Ensure requirements for clinical record keeping are met

The Clinical Director must make sure that providers working within the clinic are aware of the standards for clinical notes set out by the relevant professional body and the requirements outlined in the [Standard Terms and Conditions document](#) and [Allied Health Services Service Schedule](#).



## Provide oversight where required

The Clinical Director must be available to provide oversight to providers where required.

## Provide a clinical review of the clients progress

Please refer to the requirements listed in [Section 15](#) of this guideline.

## Induct new staff and ensure the ACC partnership agreement is signed.

A copy of the [Partnering with ACC – A Guide for Physiotherapists, Hand Therapists, and Podiatrists](#) can be found here on our website.

A signed copy for each provider must be kept at the practice. This does not need to be submitted to ACC.

Ensure that new staff provide ACC with all relevant supporting documentation when registering as Providers including professional body membership and annual practicing certificate.

## Ensure the scope specific ACC learning modules have been completed

It is expected that Clinical Directors will work through the modules with providers in their practice as they are released. Modules should be used as part of the induction process for new providers.

ACC will continue to develop these on an ongoing basis and notify Suppliers as new learning modules are released.

For clinicians who are new to working with ACC we recommend visiting the following ACC website pages which also links to current ACC learning modules:

- [Health providers \(acc.co.nz\)](#)
- [Getting started \(acc.co.nz\)](#)

## Work with ACC if the need arises to resolve any clinical performance issues

If the need arises for ACC to work with the supplier to resolve any performance issues, the Clinical Director is to be available where the issue is identified as having a clinical component.

## 19. Invoicing for services

### All providers are required to invoice ACC electronically for services

You can submit invoices online and keep track of them using our eBusiness Gateway/ProviderHub or your Practice Management System (PMS). Our online systems are easy to use, and you will get paid faster than doing it manually. Providers are required to invoice ACC through one Vendor ID per contract.

Once we have your invoice, you will usually receive payment after six working days.

To set yourself up with our eBusiness services see: [Getting Set Up Online](#).

## Invoice monitoring and acceptable practice profiles

ACC regularly monitors and reviews individual vendor practice profiles (i.e. treatment, splinting, and invoicing patterns).

ACC will contact vendors who we identify as having different treatment and invoicing patterns from the norm and ask for feedback on why their practice patterns fall outside the normal parameters. This feedback is considered when deciding if further investigation is necessary and providers are expected to respond in a timely manner.

## Co-payments and representing ACC fairly

If you choose not to charge a co-payment when advertising services use the statement, 'No surcharge' rather than 'free ACC'. This accurately reflects that ACC funds the treatment.

For further information please refer to the [Represent us fairly](#) section of the ACC website.

## Invoicing under this contract excludes Regulations

[ACC's Standard Terms and Conditions \(Clause 8.12\)](#) states that if a service to a client is included in a Service Schedule to this Contract, you must charge under this Contract. You cannot charge for that service under any Regulations.

## 20. Interactions with Accredited Employers

Accredited Employers (AEs) are employers who have a contract with ACC that allows them to manage their work injury claims. If an employee of an AE needs treatment for a covered work injury, the AE can arrange for this or they may use a Third-Party Administrator (TPA) who assists with the claims management for that AE. However, they must abide by the ACC Allied Health Services contract unless they have a separate contract or agreement with the provider.

Regardless of the contract an AE holds with a provider, the employee of an AE is entitled to the same service quality, and terms and conditions that are given to an ACC client using the allied health service.

AEs and TPAs may have their own processes regarding treatment limits and prior approval of additional treatment. Please liaise with the relevant AE or TPA with regards to their processes. AEs and TPAs may request reports regarding their clients, but their decisions about further treatment must follow the conditions of the Allied Health Services contract.

## 21. Same Day Allied Health Treatment

In the rare circumstances where clients require multiple treatments on the same day from the same or separate allied health providers, please refer to ACC's Position Statement on [Same Day Allied Health Treatment](#).

## 22. Students

Students studying towards a Bachelor of Health Sciences in Physiotherapy or Occupational Therapy or Podiatry, a Bachelor of Physiotherapy, or a Bachelor of Occupational Therapy can provide treatment when supervised in person under the Allied Health Services contract. Where students are providing treatment under the Allied Health Services contract, consent from the client must be clearly documented in the clinical records and a registered treatment provider must be responsible for supervising the student and present throughout the treatment delivery.

Please refer to ACC's position statement [ACC Payment for Treatment Provided by Allied Health Students](#) for further information on students providing allied health services to ACC clients.

Associate hand therapists must have a signed agreement for supervision by a full member of Hand Therapy New Zealand and work in accordance with the guidance and standards set for associate hand therapists by Hand Therapy New Zealand.

Undergraduate students should not be undertaking examinations of pelvic health clients even under supervision. This is due to the sensitivity of the matter and to also ensure that clients are not put at undue risk due to misdiagnosis. They may be present if there is agreement with the client and may assist with treatment under direction and supervision of the treating practitioner where appropriate.

## 23. Providing treatment to friends, family, and those close to you (including colleagues)

Please carefully consider ACC's position as well as your relevant professional body's position regarding treatment of friends, family and those close to you.

ACC's Position Statements align with many professional standards and our legislation. These clarify our expectations and your responsibilities and can be found below:

[Treatment of Colleagues](#)

[Treatment of Family](#)

## 24. Providing Treatment in a Sports Setting

Please carefully consider treatment provided and billed to ACC in a sports type setting. Where treatment is provided outside of an accredited clinic, the client's home or workplace, treatment must be billed at the offsite rate that is available for physiotherapists only.

A copy of the ACC position Statement can be found here: [Treating Clients in a Sport Setting.](#)

## 25. Record of Changes

| 22 November 2023 |   |  |   |
|------------------|---|--|---|
| Ref.             | Change  | Wording  | Rationale   |
| ALL              | General update of number formatting.  | General update of number formatting.   | In line with contract variation and clause numbering update from 1 November 2023.                                     |
| 5                | Removal of expectation for podiatrists to be certified by 1 November 2022.                                  | Suppliers who are providing podiatry services under the Allied Health Services contract are required to obtain certification against one of the above-mentioned standards prior to 1 November 2022. Once the Supplier has achieved certification, they must provide evidence of certification to <a href="#">ACC's Health Procurement Team</a> .   | No longer required as date has now expired.   |
| 12               | Update made to include reference to the ACC8331 Telehealth Guide.   | Telehealth consultations are to be provided in line with the standards and requirements outlined by the ACC8331 – ACC Telehealth Guide and the <a href="#">New Zealand Telehealth Resource Centre</a> .  | In line with changes made in variation issued on 1 November 2023.   |
| 13               | Expectation noted (as with splinting) that the time spent fitting orthotics is already included in pricing. | Requests are able to be made for lower limb and footwear supports that exceed the contract cap of the value specified in the Service Schedule but this should be an exception. The time involved in fitting the lower limb orthotic or footwear support is already included within the consultation fee.   | Clarification that time involved is already included in consultation fee and should not be additional when invoicing, |
| 13               | Update on invoicing requirements for providers.   | <p>Uncollected equipment / orthotics</p> <p>If a piece of equipment / orthotic has been invoiced and the client has not collected them, the vendor should issue a credit note.</p> <p>On receipt of the credit note, the payment is reversed in ACC's system and the reversed amount is set off against the vendor's future billings (under any other claim).</p> <p>The credit invoice can be emailed to <a href="mailto:providerinvoices@acc.co.nz">providerinvoices@acc.co.nz</a> with the subject line titled as "CREDIT NOTE".</p> <p>This way the client retains their entitlement, the funded amount is returned to ACC and the record is kept clean.</p> | Clarification on process for invoicing ACC for equipment which is not collected by a client.                          |

| <b>05 May 2023</b> |  |  |  |
|--------------------|--|--|--|
| <b>Ref.</b>        | <b>Change</b>  | <b>Wording</b>   | <b>Rationale</b>   |
| 7.                 | Changes to professional membership requirements for Hand Therapists. | Amendment made to clarify that at least one Service Provider must have a Registered Membership status with HTNZ. | ACC continues to be aligned to what HTNZ has advised us as the requirements for a full member. |
| 10.                | Update of wording for codes HT03, HT04 and HT13                      | Updated to include wound dressing into description of service.   | In line with changes made to include funding of wound dressing with splinting costs.           |
| 13.                | Adding wound dressing to splinting for Hand Therapy.                 | Amendment made to clarify that wound dressings have been included within the scope splinting.                    | Removing costs of wound dressings for clients.   |

| <b>1 December 2022</b> |  |  |   |
|------------------------|--|--|---|
| <b>Ref.</b>            | <b>Change</b>  | <b>Wording</b>   | <b>Rationale</b>  |
| 10.                    | Table of services for Maternal Birth Injury treatment added.                             |  | New service items   |
| 10.                    | Removal of cost of splinting and orthotics.  |  | Not required in this document.  |
| 12.                    | Addition of Requirements for pelvic physiotherapy for Maternal Birth Injury              |  |   |
| 13.                    | Lower Limb Orthotics and Footwear Supports   | Addition of "Podiatrists Only"   | Clarity that Podiatrists only can supply lower limb orthotics and footwear supports |
| 15.                    | Additional clarity provided regarding Progress Reports for Maternal Birth Injury Claims. | Progress reports on Maternal Birth Injury claims can be carried out by any Clinical Director or subcontracted external Service Provider. However in order to be eligible for invoicing under services contained in Table 7. of the Service Schedule, in addition to the requirements of a Clinical Director in Part B, clause 13.2 of the contract you must also be registered with ACC as a Pelvic Physiotherapist (refer to section 12). |   |
| 19.                    | Additional clarity regarding invoicing.  | Additional wording: <i>"Providers are required to invoice ACC through one Vendor ID per contract."</i>   | All invoices must be submitted through on Vendor.                                   |

|     |   |   |   |
|-----|---|---|---|
| 19. | Invoicing under this contract excludes Regulations                        | Additional wording: <i>“ACC’s Standard Terms and Conditions (Clause 8.12) confirms that if a service to a client is included in a Service Schedule to this Contract, you must charge under this Contract. You cannot charge for that service under any Regulations.”</i>  | Confirms that Suppliers cannot use Regulations in conjunction with Contracted services. |
| 22. | Students – Clarification regarding Maternal Birth Injury claims treatment | Additional wording: <i>“Undergraduate students should not be undertaking examinations of pelvic health clients even under supervision. This is due to the sensitivity of the matter and to also ensure that clients are not put at undue risk due to misdiagnosis. They may be present if there is agreement with the client and may assist with treatment under direction and supervision of the treating practitioner where appropriate.”</i> | Clarification.  |

| 15 August 2022 |  |  |   |
|----------------|--|--|---|
| Ref.           | Change   | Wording  | Rationale   |
| 6.             | Setting up a New Site  | Additional wording under the first bullet to further clarify requirements for in-rooms consultation.   | Clarity around requirements for new sites.                    |
| 10.            | Hand Therapy – Adjustment of rates                               | In line with Variation issued for price increase 1 August 2022   |   |
| 10.            | Podiatry – Adjustment of rates                                   | In line with Variation issued for price increase 1 August 2022   |   |
| 13.            | Moonboots – Adjustment of rates                                  | In line with Variation issued for price increase 1 August 2022   |   |
| 13.            | Knee Braces – Adjustment of rates                                | In line with Variation issued for price increase 1 August 2022   |   |
| 13.            | Lower Limb Orthotics and Footwear supports – Adjustment of rates | In line with Variation issued for price increase 1 August 2022   |   |
| 15.            | Invoicing for subcontracted Clinical Directors                   | <b>New Section:</b><br><b>Invoicing ACC for subcontracted Clinical Director progress reports</b><br>When an external Clinical Director is subcontracted under clause 13.8 to provide a clinical review in accordance with clause 13.10. The report must be invoiced through the contracted Supplier. The ACC Provider ID of the subcontracted Provider who undertook the clinical review must accompany the invoice to reflect the reporting they have completed on each claim. The contracted Supplier is responsible for any payment arrangement with the subcontracting Provider. | Clarity on how to invoice for subcontracted clinical reviews. |

|     |   |  |  |
|-----|---|--|--|
|     |   | <p>For example: Vendor ZY1234 holds the AHS contract where the client receives treatment. They have subcontracted their clinical review reports to an external Service Provider (ACC Provider ID ABC123). Vendor ZY1234 invoices for the clinical review report as the contracted Supplier but includes Provider ABC123 on the schedule when invoicing ACC.</p> <p>If you are unsure of how to enter these details, please contact the ACC Provider line on 0800 222 070 or your PMS Supplier.</p> |  |
| 18. | New links added to provider Onboarding pages on ACC Website | <p>For clinicians who are new to working with ACC we recommend visiting the following ACC website pages which also links to current ACC learning modules:</p> <p><a href="#">Health providers (acc.co.nz)</a><br/> <a href="#">Getting started (acc.co.nz)</a></p>   | New onboarding material added for providers. |

20 May 2022

| Ref. | Change            | Wording  | Rationale   |
|------|-------------------|--|---|
| 5.   | Clinical Director | <p><b>Removal of wording:</b> “Except where a Clinical Director is already in place at the commencement of the contract, Suppliers who are providing physiotherapy services, hand therapy services and/or podiatry services under the Allied Health Services contract will have until 31 December 2024 to have a named Clinical Director on their contract. In this instance, a senior clinician who meets the requirement of 5 years of experience in the relevant scope of practice and will attain a postgraduate qualification prior to 31 December 2024 can carry out these duties. Alternatively as outlined in Clause 13.8 of the Allied Health Services Contract these duties may be subcontracted to an external Service Provider”</p> <p><b>Replacement text:</b> “If, at the commencement of the contract, the Supplier’s Clinical Director does not meet the requirement of holding a Postgraduate Certificate, Suppliers will have until 31 December 2024 for their named Clinical Director to attain their postgraduate qualification (clause 13.2 of the Allied Health Services contract).”</p> | Clarity around role when Clinical Director does not hold postgraduate qualification.                      |
| 5.   | Clinical Director | <p><b>Addition of wording in Delegation paragraph:</b> Duties of the Clinical Director can be delegated to providers employed within the same clinic who meet the clinical director requirements outlined above, “or to an external Clinical Director (who meets these requirements) if the clinic does not have staff able to meet the requirements, or they are a sole practitioner (clause 13.8). Please contact <a href="#">ACC’s Health Procurement Team to record any subcontracting arrangements.</a>”</p>  | Clarity around delegation of Clinical Director duties.  |
| 6.   | Service location  | <p><b>New paragraph added:</b> “Setting up a new site”</p>   | Information regarding the establishment of a new site/clinic and how accreditation may impact on billing. |
| 15.  | Progress Reports  | <p><b>Additional text:</b> However, as a minimum requirement, the Clinical Director must review and provide a report on claims prior to the client’s 16<sup>th</sup> visit “<b>when treatment is likely to continue.</b>”</p> <p><b>Additional text:</b> ACC will remunerate for this report at the PT14, “<b>HT14 or POD14 rate. The report should be kept on the clients’ clinical records and does not need to be submitted to ACC unless requested.</b>”</p>   | Clarity on when a report is required and what should be done with this report.                            |
| 15.  | Progress Report   | <p><b>Paragraph deleted:</b> “Suppliers providing hand therapy and/or podiatry services under the Allied Health Services contract will be required to complete these reports once they have a named Clinical Director in place for these services. Suppliers of these services must have a named Clinical Director before 31 December 2023 and notify ACC when a</p>   | This paragraph is no longer relevant and included in Section 5. above.                                    |



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|     |   | <i>Clinical Director has been appointed by contacting ACC's <a href="#">Health Procurement team</a>.</i>  |  |
| 17. | Discharge Requirements                    | <b>Question 3:</b> Removed reference to Patient Specific Functional Scale   | As noted in "Outcome Measures" there are a number of Outcome Measures which can be used and an appropriate measure should be selected for each client. |
| 17. | Referrals to Other Services               | <b>Additional text:</b> <i>"Examples of these services include, but is not limited to, Vocational Services, Pain Specialists and other social rehabilitation services. Link added to Website page."</i> | Provides examples of ACC services which require prior approval.  |
| 18. | Responsibilities of the Clinical Director | <b>Additional Text in Inducting New Staff:</b> A signed copy for each provider must be kept at the practice. <b>"This does not need to be submitted to ACC."</b>  | Confirmation ACC does not need a record of this form.  |
| 18. | Responsibilities of the Clinical Director | <b>Correction under Ensuring the Scope of learning modules are complete:</b> Hyperlink updated to learning modules.   | Directs users to ACC Learning Modules.   |

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| Ref.             | Change                                     | Wording   | Rationale   |
| 3.               | Definition of lower limb                   | <b>Additional wording:</b> <i>"lower limbs (from the hip joint articulation downwards to feet)"</i>   | Clarity around scope of role.   |
| 5.               | Clinical Director                          | <b>Additional wording:</b> <i>"In this instance, a senior clinician who meets the requirement of 5 years of experience in the relevant scope of practice and will attain a postgraduate qualification prior to 31 December 2024 can carry out these duties. Alternatively as outlined in Clause 13.8 of the Allied Health Services Contract these duties may be subcontracted to an external Service Provider"</i>  | Clarity around role when Clinical Director not named.   |
| 5.               | Certification                              |   | Addition of new Designated Audit Agency   |
| 7.               | Provider Requirements                      | <b>Additional wording:</b> <i>"Please provide evidence of the above with your Application."</i>   | Clarity around providing evidence of Professional Body Membership and Annual Practising Certificate |
| 9.               | Claim registration                         | <b>Addition of</b> ProviderHub for claim registration   |   |
| 11.              | Initial Assessments                        | <b>Additional wording:</b> <i>"It is expected that only one initial consultation is invoiced per claim per Supplier. If a significant change in function has occurred i.e. post-surgery, or the client has re-presented after a prolonged period of not having treatment i.e. greater than 1 year, a second initial consultation may be invoiced. In such circumstances we would expect to see that a full assessment or re-assessment of the client has been undertaken"</i> | Confirmation that only one initial assessment should be billed per claim.                           |
| 13.              | Moonboots                                  | <b>Additional wording:</b> <i>"Requests for additional ACC funding above the contracted rate must be supported with clinical rationale"</i>   | Clarity around requirement if requesting additional funding.  |
| 13.              | Lower Limb Orthotics and Footwear supports | <b>Additional wording:</b> <ul style="list-style-type: none"> <li>ACC's expectation is that a client would be unlikely to require multiple orthotics (knee brace, lower limb orthotics and footwear supports). Where multiple orthotic services are required, this would be an exception and</li> </ul>   |   |

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|     |  | <p><i>strong clinical rationale would need to be evidenced where multiple orthotics are provided to a client.</i></p> <ul style="list-style-type: none"> <li>• <i>Requests are able to be made for lower limb and footwear supports that exceed the contract cap of \$150 exc. GST but this should be an exception.</i></li> </ul>   |   |
| 13. | Other Orthotics renamed Requests for orthotics over contract cap | <p><b>Replacement text:</b> <i>“Ordinarily we would expect that orthotics can be provided within the limits of the contracted rates and that requests for orthotics over the contract cap will be rare. Where a provider identifies the need for a more costly orthotic(s) they will need to complete an ACC7428 to obtain approval from ACC. The ACC7428 request should include the clinical rationale to support the need for the orthotic or additional orthotics including the reason why a lower cost orthotic will not meet the injury related need.”</i></p>  | Refined for clarity.  |
| 15. | Progress Reports   | <p><b>Additional wording:</b> <i>“It is generally expected that only one claim review is invoiced per claim per Supplier. In instances where there has been no specialist oversight, and claim complexity necessitates ongoing treatment over a prolonged period, a second claim review may be required to ensure further treatment remains appropriate. Where a second claim review is undertaken it must confirm how the accident event caused the current injury diagnosis being treated and why further treatment or investigation is required. In rare occasions where second reviews are required, they are expected to be submitted by the Clinical Director at the client’s 32nd visit.”</i></p> | Clarity around when a Progress Report is required.  |
| 15. | Requirements of the Written Report and Liaison                   | <p>3. Section reworded for clarity.<br/>8. Amended to confirm that this should be a record of discussions, not a Yes/No option.</p>  |   |
| 16. | Outcome Measures   | <p><b>Additional wording:</b><br/><i>“Some examples of evidence-based outcome measures could include:</i></p> <ul style="list-style-type: none"> <li>• <i>Lower extremity functional scale</i></li> <li>• <i>Oswestry disability index</i></li> <li>• <i>Neck disability index</i></li> <li>• <i>Roland-Morris disability questionnaire</i></li> <li>• <i>Global Pain Scale</i></li> </ul>   | Examples of outcome measures which can be used.   |
| 17. | Discharge requirements   | <p><b>Additional wording:</b> <i>“This information can be collated by the Provider or administrative/support staff where required.”</i></p>  | Clarification around who can collate discharge details.   |
| 18. | Responsibilities of the Clinical Director                        | <p><b>Additional wording:</b> <i>“Ensure that new staff provide ACC with all relevant supporting documentation when registering as Providers including professional body membership and annual practicing certificate.”</i></p>  | Clarity around providing evidence of Professional Body Membership and Annual Practicing Certificate |
| 19. | Co-payments and representing ACC fairly                          | <p><b>Removal of text:</b> <i>“or ACC pays the full cost of treatment”</i></p>   | ACC does not expect to fully fund treatment unless there are exceptional circumstances              |