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

Integrated Care Pathways Musculoskeletal (ICPMSK)

Operational Guidelines

Last Updated 1st August 2024

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

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Useful ACC Contact Details and Information Sources

These are the key ACC contacts that can help you with any questions regarding Integrated Care Pathways Musculoskeletal (ICPMSK).

Team	Purpose	Phone	Email
ACC eBusiness Gateway	Discuss aspects of electronic invoicing	0800 222 994	ebusinessinfo@acc.co.nz
ACC Integrated Care Pathway Claims Management Team	Support for ICPMSK client queries *Available 8:30am-5:00pm*	07 848 7097	ICPMSKTeam@acc.co.nz
ACC Portfolio Team	Support for contractual queries		integratedcarepathways@acc.co.nz
Contracts Administrator and Health Procurement Specialists	For questions about your contract or when you need to update your details	0800 400 503	health.procurement@acc.co.nz
Digital Operations eBusiness help	Support for API related or operational questions	-	digitaloperations@acc.co.nz
Engagement and Performance Managers (EPM)	EPMs can help with issues relating to service delivery and performance	0800 222 070	Contact our provider relationship team (acc.co.nz) providerhelp@acc.co.nz
Provider Contact Centre	For help with payment reversals (see 10.4 Unallocated Funds)	0800 222 070	providerhelp@acc.co.nz
Website	The ACC website provides helpful information, especially our provider section. Go to www.acc.co.nz/for-providers/		

Please report all health, safety and security risks or incidents in writing using the procedure on our website www.acc.co.nz/for-providers/report-health-safety-incidents

Definitions

Kiritaki	Client, the injured person /ACC claimant.
Specialist	Medical practitioner who is registered under the Medical Council of New Zealand and who holds a vocational scope of practice covered under ACC's Clinical Services Service Schedule.
The Act	The Accident Compensation Act 2001
Section 103	The section of ACC legislation which includes the determination of whether a kiritaki is unable to return to their pre-injury role as a result of their injury.
Section 103 Assessment	An independent assessment referred by ACC to a suitably qualified medical practitioner which is used to determine if a kiritaki is able to return to their pre-injury role.
Obtain Employment	The consideration of supporting a kiritaki to obtain new employment they are suitably qualified for when they have lost their pre-injury role because of their injury. This may follow completion of IOA & IMA assessments and is likely achieved through vocational rehabilitation inputs.
Initial Occupational Assessment (IOA)	The IOA is the first of two assessments (the second being the IMA) which are used to identify the vocational rehabilitation a kiritaki needs when considering alternative employment options. The IOA is undertaken to identify their transferable skills based on their education and previous experience, and suitable occupations the kiritaki could engage in based on these.
Initial Medical Assessment (IMA)	The IMA follows the IOA, and determines which occupations identified in the IOA are likely to be medically sustainable for the kiritaki taking into account their injuries. The IMA also advises on further treatment and rehabilitation which may benefit the kiritaki.
Medical Case Review	An assessment referred by ACC to an independent medical specialist to clarify diagnoses of the kiritaki and the cause of their current condition and get recommendations for further investigations and rehabilitation.

ACC ICP Team	Dedicated team of Recovery Coordinators at ACC responsible for supporting provider-led kiritaki management under ICPMSK.
Cover decision timeframes	The amount of time ACC has, under the Act, to issue a decision approving or declining cover for a kiritaki.
Additional supplier	A supplier, other than the ICPMSK supplier, who is concurrently providing services to the kiritaki such as homecare or assessments.
Accepted ICPMSK Diagnosis/Diagnoses	A diagnosis on the list of accepted diagnoses for the services stated in the Operational Guidelines.
Updated Diagnosis/Diagnoses	For an ACC Kiritaki, a change in diagnosis from the diagnosis or diagnoses for which ACC has accepted cover for personal injury under the Accident Compensation Act 2001
Additional injury	A covered injury the kiritaki has from a separate accident event, which may also require supports concurrently to the injury being managed in ICPMSK.
Non-injury related health	Additional conditions the kiritaki has which are not considered to be the result of any accepted ACC claim.
Non-compliance	When a kiritaki unreasonably refuses to comply with treatment, rehabilitation, or other request which they are reasonably required to do as part of their treatment or rehabilitation.
Individual Rehabilitation Plan (IRP)	An agreement between the kiritaki and ACC that details the treatment, vocational rehabilitation, and/or social rehabilitation that ACC will provide to the kiritaki and that the kiritaki will participate in
Work Trial	A period of time where ACC continues to pay weekly compensation (80% of wages) and the employer is not required to top up the employee wage while the kiritaki is recovering at work. This is usually an option where an employee's medical certificate says they can do selected work, but it is not financially viable for the employer to have the employee at work while the recover e.g. they have hired replacement labour

1. Integrated Care Pathways Musculoskeletal (ICPMSK)

1.1 Overview

This guide provides information to help you deliver ICPMSK Services as defined in the ICPMSK Service Schedule. If there is any conflict or inconsistency between these Guidelines and your Contract, your Contract takes precedence.

ICPMSK puts the kiritaki (client, ACC claimant, the injured person) at the centre of their recovery and brings together an Interdisciplinary Team (IDT) of health providers to support them with their recovery journey. As part of the IDT, it gives health providers the flexibility to design an integrated, coordinated, and effective ICP Recovery plan focused on enabling the kiritaki to achieve their ICP Rehabilitation goals. This is an innovative way of managing people with injuries that require multiple rehabilitation services.

These Guidelines apply to all professions delivering ICPMSK Services under the ICPMSK Contract across all geographic regions and body sites.

ACC will work collaboratively with you, and other ICPMSK providers, to improve the operational delivery of the service. These Guidelines are a living document that will be updated in response to identified improvement opportunities, making it a constantly evolving resource.

You will be notified when each new version is issued, and the latest version will be available on the ACC website at: www.acc.co.nz

1.2. Service objectives

The objectives of ICPMSK are:

- Improve outcomes for kiritaki by increasing the quality and efficiency of their care and allowing kiritaki choice and autonomy through offering an increased range and flexibility of services.
- Improve equity of access to services, service experience, and outcomes for all eligible kiritaki, including Māori and priority populations.
- Reduce rates of surgeries, reduce re-injury rates, and reduce days on, and reactivation of, weekly compensation for kiritaki.
- Provide community embedded services in regional communities that improve whānau safety and resilience.

2. Cultural safety and competency

Cultural safety requires all providers and suppliers under the ICPMSK Service Schedule to reflect on how their own views and biases impact on their interactions and the care they provide. Cultural safety benefits all patients and communities and is centred around the experience of safe care and empowerment for kiritaki and their whānau. This may include communities based on indigenous

status, age or generation, gender, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief, and disability.

Cultural safety is the outcome of recognising and respecting cultural identities and communities, and safely meeting their needs to achieve positive health outcomes and experiences.

2.1 Cultural safety and competency service requirements

ACC suppliers and service providers must ensure they embed ACC's Kawa Whakaruruhau (Cultural Safety) Policy in the services they provide for each ACC kiritaki within their whānau. Suppliers and providers must continuously and progressively understand and address cultural differences and biases to improve the quality of, and access to, services to remove inequitable outcomes.

This includes upholding these requirements:

The supplier's practices and professional development should:

- Apply ACC's Te Whānau Māori me ō mahi: Guidance on Māori Cultural Competencies for Providers.
- Meet or exceed any professional requirements relating to cultural safety.
- Incorporate self-reflection, self-awareness, and peer review focused on cultural awareness, capability, sensitivity, communication, power relationships, and bias.
- Identify and remove barriers to care for ACC kiritaki within their whānau.
- Maintain records that demonstrate the application of this policy.

The supplier's workplace and workforce should:

- Ensure all service providers, including treatment providers and medical practitioners, who are employed by or on contract to the supplier comply with the requirements under this policy in a manner that is consistent across the workplace.
- Embed cultural safety principles across the workplace, including in service delivery and recruitment strategies, governance, policies, and practices.
- Increase employment opportunities in the workforce for cultural groups that reflect the community and the ACC kiritaki who receive the services.
- Perform mandatory and regular cultural safety training and development for the entire workforce employed by the supplier.
- Cultivate community linkages and programmes with cultural and community groups to improve communication, understanding, and trust.

The supplier's data collection should:

- Ensure the accurate, consistent, and appropriate collection and use of ethnicity data across the workplace relating to all ACC kiritaki, to measure the effectiveness of services delivered and reduce inequities.
- Undertake and reflect on regular systematic survey and feedback loops with ACC kiritaki and their whānau, to understand their satisfaction and the acceptability of the services they receive.
- Undertake regular systematic monitoring, reporting, and assessment of inequities in the workforce and access to services and outcomes for ACC kiritaki within their whānau.

- Develop and maintain strategies to identify and remove barriers to access and care for all cultural groups.

The supplier's self-monitoring should include:

- Establishing regular cultural safety self-review and peer review practices.
- Maintaining records that demonstrate the supplier's compliance with this policy.

2.2 Cultural safety standards for ICPMSK suppliers and providers

It is important that all ICPMSK providers reflect on the impact of their own culture, history, and attitude when working with Māori and Pasifika kiritaki, recognising the influence they may have on interactions.

To ensure the approach to care delivery is carried out in a culturally safe and responsive manner, it is important that the IDT:

- Actively engages in the ongoing development of their cultural awareness, specifically focusing on Māori and Pasifika cultures and understanding how their social-cultural influences inform biases that may impact interactions with kiritaki, whānau, and kaimahi (staff).
- Delivers services and treats kiritaki in a manner that respects the kiritakis' culture and beliefs
- Acknowledges and actively addresses any inherent power imbalance in the interdisciplinary relationship, particularly when working with Māori and Pasifika kiritaki.
- Prioritises whānau and aiga (Samoan – family) involvement, respecting and incorporating the input of family members and extended networks in decision-making processes, while also respecting individual privacy.
- Challenges cultural bias exhibited by individual colleagues or within the IDT that may disproportionately affect Māori and Pasifika.
- Advocates for equitable healthcare delivery, addressing disparities and working towards improved health outcomes for Māori and Pasifika kiritaki, which then impacts their communities.
- Recognises limits within the supplier and providers' own knowledge and the knowledge of the suppliers' kaimahi, and be open to learning from kiritaki, understanding that they have unique experiences and perspectives to share.

3. Data and information sharing

3.1 Data and information sharing in ICPMSK

To enable ICPMSK providers to develop and deliver a coordinated ICP Recovery plan, and to provide both the supplier and ACC with oversight of the outcomes kiritaki achieve through ICPMSK, both the supplier and ACC need to be able to share meaningful data and information easily in a consistent format and timely fashion.

To enable this, software solutions for ICPMSK suppliers have been developed to be accessed through practice management systems (PMS), so that data for a kiritaki can be submitted automatically to ACC via a PMS, when required, throughout their journey on the pathway.

Automated data sharing capability will be developed and implemented in line with continuous improvement of ICPMSK. Information sharing between ACC and the supplier will occur through this automated sharing via the supplier's PMS, as well as through both email communication and direct contact with the ICPMSK Team.

A summary of the information flows throughout the ICPMSK pathway can be found in Appendix A**.**

3.2 Release of kiritaki information

When receiving a referral for ICPMSK the supplier can request and be provided with information relating to a kiritaki claim via their PMS in order to consider whether they are eligible and appropriate for an integrated care pathway. The kiritaki has authorised this release of their information through their initial application for cover when lodging an ACC claim.

When onboarding a kiritaki to an integrated care pathway the supplier must obtain verbal authority from the kiritaki for ACC to collect, share, use, and store relevant information. The supplier will confirm collection of this verbal authority as part of the information submitted to ACC when accepting or declining a kiritaki onto ICPMSK using the Accept or the Decline ICP referral and Triage outputs API's *(see Appendix A).* The requirements for this consent are set out in 'Appendix C – ICP ACC Client Information Consent Form'.

If at any point during an integrated care pathway a kiritaki declines or withdraws their consent for their information to be collected, shared, used, and stored, the supplier must not share any further information with ACC until consent is once again explicitly provided by the kiritaki.

Where a kiritaki either declines to give consent or withdraws their consent for ACC and the supplier to collect, share, use, and store their information, the supplier must notify the ACC ICPMSK Team so that a member of this team can contact the kiritaki to discuss this further.

ACC also has the expectation that suppliers obtain consent to collect, share use and store relevant information from the kiritaki to support their pathway delivery.

To ensure an appropriate kiritaki consent form that covers all aspects of ICPMSK, suppliers should ensure they consider that:-

- it's clear to kiritaki what will happen with any information that is collected on their behalf
- it allows the supplier to collect records relating to the injury identified, as well as any other relevant injury, health or other information
- it clearly identifies that the supplier may require ACC to share records with the supplier to support decisions relating to rehabilitation and treatment for the kiritaki
- it states that the supplier will share information with ACC that the supplier has gathered to enable ACC to determine appropriate supports
- it states that the consent is only valid for the life of the claim.

Suppliers can also consider the information, principles and guidance available on how to design a consent form available in the below links (if needed):-

- Resources for working with DPUP — a toolkit | NZ Digital government
- DPUP-design-a-consent-form.pdf (digital.govt.nz)

3.3 Submitting data to ACC

Suppliers will be required to submit information at key points along the pathway as outlined in the diagram in Appendix A. For a summary of the data points in each of these information flows, please see the ACC's ICP Developer Resource Centre page for the latest detail.

4. Continuous improvement in ICPMSK

ICPMSK is a new service and represents a new way of partnering with the health sector to rehabilitate kiritaki. Through ICPMSK ACC will collect data and feedback in a new way that allows us to understand what is working well and areas we can improve.

ACC will work with suppliers to understand how ICPMSK can continue to develop to best meet the changing needs of kiritaki and support them to achieve desired outcomes through the service as part of our continuous improvement approach. This approach means that the ICPMSK Service Schedule and operational guidelines will iterate over time as we continue to shift ACC from an intervention-based model to an outcome-based model and align with Huakina Te Rā, our organisational strategic approach.

5. ACC Induction and Development modules

As per the 'ACC Induction and Development requirements' in the ICPMSK service schedule, suppliers are required to ensure that all providers delivering ICPMSK services have worked through the education materials supplied by ACC and available on the ACC website, including:-

- Webinars
- Education videos
- Information sheets
- Case studies

These will be updated with more topics as further education opportunities are identified, and suppliers will be notified if new materials become available.

If a new supplier is successful in obtaining an ICPMSK contract, they will receive automated emails to prompt them to ensure that required learning is completed prior to delivering services.

6. Provider-led client management

ICPMSK is a provider-led client management model where suppliers and providers are recognised as the experts in the treatment and rehabilitation of kiritaki. Both suppliers and providers are empowered to use their knowledge and skills to assist kiritaki with greater autonomy to achieve successful outcomes through the pathway.

As part of the provider-led client management model it is the supplier and providers' responsibility under ICPMSK to:

- identify if ICPMSK is the right service for kiritaki
- manage ICP Recovery plans for kiritaki by establishing their recovery pathway and wrapping the right support around them to achieve this
- support kiritaki to access services outside of ICPMSK
- support kiritaki to work on and through psychosocial factors identified in the ICP Complexity Tool to achieve their ICP Rehabilitation goal
- identify where there are risks to kiritaki achieving an outcome through the pathway and assess when to escalate this for support from ACC.

For further information on how provider-led client management informs day-to-day operations for ICPMSK suppliers and providers, please see the ICPMSK pathway: Provider-led client management within the pathway section of these guidelines.

7. Relationships, roles, and responsibilities

7.1 Relationship with ACC

Throughout the pathway it is expected that providers take the lead in supporting kiritaki through their rehabilitation journey, with ACC being available to support the delivery of outcomes where required.

ACC has established a dedicated ICPMSK frontline team to support suppliers and providers with care coordination on a day-to-day basis, to ensure well-coordinated care for ICP kiritaki. The ACC ICP Team will be providers' single point of contact for operational support and will be available during core business hours.

These Operational Guidelines outline when and how suppliers and providers expect to interact with the ACC ICP Team, ways to contact the team, and how to send information required by ACC to support suppliers and providers in providing ICPMSK Services. The ICP Team will also work with suppliers and providers when a kiritaki exits from an integrated care pathway, when they require additional support, and to advise on how a kiritaki is to be supported if they transition to other ACC or non-ACC services.

The supplier is delivering ICPMSK, and ACC is responsible for making decisions about cover and eligibility for cover.

ACC and the supplier will work together in good faith to adapt learning from delivering ICPMSK, in order to continuously improve both the ICPMSK service and its ability to support kiritaki to achieve outcomes.

7.2 Relationship with employers

Where a kiritaki is employed at the date of injury, clear and consistent communication with their employer throughout their time in ICPMSK will ensure they are supported in achieving a return to

work. This includes addressing any obstacles that have been identified as a barrier to achieving a successful return to work, or to maintaining progress towards a successful return to work.

As part of the provider-led client management model, it is expected that ICPMSK providers will proactively engage with the employer of the kiritaki to support management of their claim. This includes understanding their current employment situation, confirming their work duties, exploring and advocating for recovery at work options, and facilitating gradual return to work programmes or work trials.

For further information to support providers' interactions and responsibilities relating to employers, please see the Employer engagement section of these Guidelines.

7.3 ICP Navigator

The ICP Navigator is a core member of the ICP IDT and is responsible for ensuring kiritaki are supported and engaged throughout their treatment and rehabilitation pathway towards their recovery goal. The ICP Navigator plays a key role in health navigation and broader support for kiritaki in engaging with ACC and wider health and social services.

The ICP Navigator is responsible for coordinating services around kiritaki to meet their recovery needs, including case management functions, such as liaising with the employer of the kiritaki and ACC, and supporting kiritaki in accessing entitlements outside of ICPMSK.

To avoid any confusion with navigation roles in other ACC services, it is important to refer to the ICP Navigator using the full title 'ICP Navigator'. The ICP Navigator could be a healthcare provider in the IDT, such as a physiotherapist, a Māori health practitioner, or a person with appropriate skills and experience, such as case management experience, who fulfils solely the navigation role.

The ICP Navigator's responsibilities include (but are not limited to):

- Ensuring that the individual needs of all kiritaki are met and they are supported to engage in the pathway, including coordinating cultural support.
- Managing identified psychosocial factors to support kiritaki to engage in an integrated care pathway
- Liaising with the key parties involved in the recovery of a kiritaki to inform their ICP Recovery Plan
- Plan and coordinate appropriate support, including (but not limited to) other members of their ICP IDT, their employer, and ACC.
- Liaising with key members involved with any return to work planning and providing support to ensure that the plan can be delivered as expected (where kiritaki is employed)
- Coordinating appointments and facilitating access to support for transport to appointments for kiritaki where required.
- Championing a digital-first approach, where appropriate, by guiding kiritaki to access supports such as transport and weekly compensation through MyACC.
- Supporting kiritaki with any queries they have about their treatment and helping them understand the options available throughout the pathway.
- Maintaining links with healthcare providers, community groups, and other organisations working with kiritaki outside of ICPMSK for consistency and quality of navigation through the pathway.

- Ensuring kiritaki receive supported transitions between services when they are entering and/or exiting ICPMSK.
- Ensuring kiritaki have the skills and access to services to manage their injury where it cannot be fully resolved through ICPMSK.
- Identifying additional supports kiritaki may require outside of ICPMSK IDT delegation and engaging with ACC to request these supports on their behalf.
- Leading communication with kiritaki, where appropriate, including decisions that ACC has made, ensuring their rights and responsibilities have been explained in a simple and meaningful way.

These guidelines have been established to ensure that the ICP Navigator provides consistent, effective, and high-quality support to kiritaki, enabling them to achieve their ICP Rehabilitation goals and make a sustainable return to work or independence.

7.4. Interdisciplinary Team

To ensure that ICPMSK provides kiritaki with the necessary support and interdisciplinary care, the core ICPMSK IDT in each region must include these professionals and/or capabilities:

Triage assessment:

- medical practitioner who holds a vocational scope of practice in musculoskeletal medicine, orthopaedic surgery, sports medicine, or neurosurgery (for spinal injuries only), or a general practitioner with special interest (GPSI), occupational medicine specialist, or rehabilitation medicine specialist
- ICP Navigator
- physiotherapist.

Integrated care pathway:

- orthopaedic specialist or neurosurgeon (for spinal injuries only)
- OR
- For clients on a non-surgical rehabilitation pathway a medical practitioner who holds a vocational scope of practice in musculoskeletal medicine, sports medicine, general practitioner with special interest (GPSI), occupational medicine specialist, or rehabilitation medicine specialist
- ICP Navigator
- physiotherapists
- vocational rehabilitation capability (where the kiritaki is employed at the date of accident)

For kiritaki on a non-surgical pathway surgeon oversight is not required however Suppliers must maintain access to surgeon advice throughout the service where the kiritaki is not progressing as expected on the non-surgical pathway.
In addition to the core team members for the integrated care pathway pain management service providers, psychology service providers, and other specialists must also be available where required to provide the necessary support and services for kiritaki.

The supplier may also incorporate providers from other disciplines into their IDT where these providers are required to best meet the needs of the kiritaki and support them to achieve their ICP Rehabilitation goals through the pathway.

These IDT requirements were established to ensure that all kiritaki receive comprehensive care and support from an IDT that meets their specific needs, allowing them to achieve their ICP Rehabilitation goals and make a sustainable return to work or independence.

7.5 Supplier responsibilities

The supplier is responsible for:

- Providing services within the requirements of:
    - Standard Terms and Conditions
    - ICPMSK Service Schedule (your Contract)
    - ICPMSK Operational Guidelines
- Identify and inform kiritaki of In scope services, supports and the providers available under ICPMSK, in order to allow kiritaki to make an informed choice when consenting to enter the service.
- Assigning an IDT that:
    - is made up of all of health professionals required to support kiritaki to achieve an outcome
    - can support kiritaki to work on and through factors identified in the ICP Complexity Tool that may require support to achieve their ICP Rehabilitation goal
    - has an appointed ICP Navigator who can support kiritaki and their whānau to navigate recovery, and liaise with ACC and other service suppliers
    - works cohesively as a unit to enable kiritaki to achieve a successful outcome
- Assigning a Clinical Director who:
    - meets the requirements of the Clinical Director role as outlined in the Contract
    - has oversight of the clinical management of kiritaki
    - has oversight of appropriate utilisation of transfer codes and exceptional funding
    - has oversight of service delivery by treating providers engaged by the supplier
    - meets with Relationship Managers to review the performance of the supplier under the Contract
- Ensuring kiritaki experience a smooth transition into and from ICPMSK
- Establishing communication with kiritaki promptly so they are aware of the next steps in their recovery journey, demonstrated by:
    - Making contact with the kiritaki to schedule a pre-screen or triage assessment (depending on the referral source) within 2 working days of the referral being

received

- Providing services promptly, including:
    - Completing pre-screen within three business days of the referral being received and/or
    - Arranging the appointment for triage within three business days of the referral being received
- Planning and delivery of appropriate best practice services for kiritaki
- Collaborating with kiritaki to create and update an ICP Recovery plan for their pathway, and sharing a copy of this with ACC
- Considering, identifying, and supporting the kiritaki to access additional supports (including cultural supports) required that sit outside of the ICPMSK Service
- Contacting the employer of the kiritaki at key points of the pathway and collaborating with them for return to work planning and recovery at work
- Providing a copy of the return to work plan to ACC and employer within 2 business days of the initial meeting with the kiritaki to develop the return to work plan or when updated
- Monitoring kiritaki and notifying ACC of any relevant changes to their recovery pathway in line with these guidelines
- Taking all practical actions to ensure the kiritaki attends, participates, and actively engages in their treatment and rehabilitation
- Providing all required datasets to ACC via the appropriate channel (for example, via an API)
- Explaining and obtaining kiritaki consent to collect, store, use, and share their information
- Clearly communicating decisions made by ACC to the kiritaki and their rights to review when required
- Ensuring all providers have annual practising certificates and meet the standards and expectations of their profession

7.6 ACC responsibilities

ACC is responsible for:

- If referring the kiritaki to ICPMSK, then ensure that they:
    - understand what ICPMSK Services are
    - understand the supplier will contact them to arrange attendance dates and times
    - understand the role of the IDT, more specifically the ICP Navigator, and ACC ICP Team

    - are aware that if they cannot keep an appointment or attend a session, they need to contact the supplier to reschedule at least 24 hours before the appointment
- Making prompt decisions on requests made by or on behalf of the kiritaki
- The creation and management of an Individual Rehabilitation Plan (IRP) in collaboration with the kiritaki when required
- Collaborating with ICPMSK suppliers, kiritaki, and other service suppliers where the kiritaki requires involvement from ACC
- Clearly communicating decisions made by ACC, including the issuing of decision documentation, to kiritaki and their rights to review when required
- Clearly explaining decisions made by ACC to kiritaki and their right to review when required, as well as issuing any decision documentation
- Taking practical actions when required to ensure the kiritaki attends, participates, and actively engages in the rehabilitation
- Supporting kiritaki transition to other Recovery Teams and ensuring there is continuity of care when ongoing support is required after exit from ICPMSK
- Providing recovery management support to ICPMSK suppliers so that they are empowered to own the primary relationship with the kiritaki
- Informing suppliers of any critical information held about the kiritaki that may have an impact on their provision of care or their ability to engage with the pathway
- Ensuring that any additional suppliers engaging with the kiritaki outside of ICPMSK are aware they need to liaise with the ICPMSK supplier
- Seeking clarification from suppliers if progress and outcomes are not being achieved
- Notifying and involving suppliers if there are any substantial changes to these Operational Guidelines

7.7 Kiritaki responsibilities

The kiritaki is responsible for:

- Attending appointments or rescheduling them with reasonable notice when unable to attend
- Actively participating in ICPMSK and any other programmes that ACC may arrange
- Discussing any problems that may hinder their recovery with their supplier and (when required) with the ACC ICP Team and then actively working with their supplier (or ACC where relevant) to resolve these.

8. Eligibility for ICPMSK

8.1 Who is eligible for ICPMSK?

Kiritaki who are eligible for ICPMSK have sustained a musculoskeletal injury to the shoulder, lower back, or knee region with confirmed cover for an accepted ICPMSK diagnosis (see appendix B). The injury must be a moderate to high level of complexity that requires specialist oversight and interdisciplinary treatment to achieve a return to work or return to independence.

Kiritaki must be eligible for treatment, live in a specific geographical location, and meet all the specific entry criteria outlined in your Contract. Kiritaki must also intend to reside in Aotearoa New Zealand for the duration of the pathway.

If the time between the date of the accident on a claim and the date of the referral to ICPMSK is greater than 12 months, entry to ICPMSK will only be appropriate for kiritaki with these confirmed diagnoses:

- ligament rupture with conservative management
- post-traumatic osteoarthritis (for example, ACL rupture ≥ 15 years ago)
- dislocation of shoulder
- previous surgery with internal fixation where removal of metalware is being applied for.

If the kiritaki doesn't have cover for one of these diagnoses, the supplier must lodge an ACC32 request for an updated diagnosis with supporting information, send it through to the claimsdocs@acc.co.nz email address, and await the cover decision from ACC before entering the kiritaki into ICPMSK.

8.2 Who is ineligible for ICPMSK?

i) Accredited Employer Claims

Kiritaki who have experienced their injury at work, and whose employer is participating under the Accredited Employers Programme (AEP), cannot be entered into ICPMSK. You can find a list of employers under AEP here.

If a kiritaki has experienced their injury outside of work and their employer is participating under AEP for non-work injuries, then the kiritaki is ineligible until such time as they decide to opt out of Third-Party Administration (TPA) management and be returned to ACC for management. At this point they can be considered for ICPMSK Pre-screen or ICPMSK Triage. Kiritaki will need to make an informed choice as to whether to continue with TPA management or opt out to enter ICPMSK. This should be discussed with the kiritaki by the TPA case manager prior to requesting entry into ICPMSK.

If a supplier runs a claim query on or attempts to enter a kiritaki who is under AEP/TPA management and ACC has this recorded against the referred claim, the supplier will receive a notification through their PMS that the claim is not eligible for ICPMSK. This notification should not be relied on as an indicator to determine whether the employer of the kiritaki is under AEP as ACC's records may not be up to date with correct employment information.

If, after entering a kiritaki to ICPMSK, the supplier subsequently discovers the employer of a kiritaki who had their injury at work is participating under the Accredited Employers Programme, they must exit the kiritaki from the ICPMSK service and notify ACC in the additional comments field that the claim should be managed under the Accredited Employers Programme.

For non-work injuries, the supplier should still make all reasonable efforts to ensure the kiritaki opts out prior to entering the service. They must also encourage the kiritaki to contact ACC to formally opt out so that the AE/TPA can be notified.

ii) Other Ineligible Claim Types

ACC may limit the type of claim that can enter ICPMSK due to other existing claim factors. Where a claim falls into this category you will receive a notification from your PMS advising that the claim is ineligible for ICPMSK. See section 9.1.2, Claim type exclusion check.

A kiritaki may be withdrawn from ICPMSK after entering the pathway at any given time at ACC's discretion due to other existing claim factors. Should a kiritaki need to be withdrawn from the pathway the ICPMSK provider will be contacted by ACC.

8.3 Service Suitability

When determining the eligibility of a kiritaki for ICPMSK, Suppliers are required to consider their suitability for the service. When assessing suitability of a kiritaki to enter the pathway, the supplier should consider the services the client has accessed prior to referral and progress towards achieving their rehabilitation goals under those services. Kiritaki who are progressing in achieving their rehabilitation goals and are highly likely to achieve those goals within their current services are not suitable to enter. Further to this, if another service is better suited to assist the kiritaki achieve their specific rehabilitation goals, then they should not be entered. The supplier should indicate the more appropriate service on the pre-screen or triage decline letter. In particular, kiritaki currently receiving vocational rehabilitation or training for independence services who are expected to achieve their outcome through these services should not be exit that service in order to be entered into an integrated care pathway. If a kiritaki receiving a vocational rehabilitation service or training for independence service is unlikely to achieve their outcome under these services and meets the other entry criteria, the kiritaki must contact their ACC recovery team member to discuss opting out of that service to enter an integrated care pathway.

The further consideration for whether a client is suitable for entry into ICPMSK is whether they are currently under the care of a specialist that is outside of your pathway who is, for any circumstance, unable to work within your pathway. A key principle of the services is the ability of all clinicians involved in the care of a kiritaki to work in an integrated IDT. Where this is not possible, the value of the pathway is compromised, other services will likely better meet the kiritaki's needs, and they should not be entered into your pathway.

8.4 Consent

(a) Consent
Kiritaki must consent to participating in ICPMSK Services. ACC's consent template is provided in Appendix C that can be adapted for supplier purposes.

(b) ACC ICP Team
Kiritaki must be made aware and agree to their claim being managed by the ACC ICP Team. This means that, if their claim is currently managed by another individual or team at ACC, they are agreeable to this being transferred over to the ACC ICP Team.

(c) Right to be Fully Informed
Kiritaki have the right to be fully informed about their healthcare and treatment. Suppliers must follow the Code of Health & Disability Services Consumers' Rights (the code). Namely, Kiritaki must be provided with honest and accurate answers to questions relating to services, including questions about the identity and qualifications of providers, the recommendations of providers, and how to obtain an opinion from another provider.

(d) Right to make an informed choice and give informed consent
Kirtikai must make an informed choice and give informed consent to participate in ICPMSK. Every Kiritaki also has the right to express a preference as to who will provide services and their ICPMSK Supplier accept this (see below Kiritaki transfer).

(e) Collection and Storage of Kiritaki Information
To participate in the ICPMSK service Kiritaki must provide the ICPMSK Service Provider with consent to collect, use, store, and share their information and this right must be regularly revisited with the kiritaki.

(f) Kiritaki Requesting Transfer Between Suppliers
In line with the principles of informed consent outlined above, where a Kiritaki has made the decision to transfer to another Supplier, the relevant Suppliers must work together in good faith, collaboratively and transparently to ensure a kiritaki's smooth and efficient transition between Suppliers that meets the needs and expectations of the kiritaki and ACC.

The process Suppliers must follow is:

i. The kiritaki who wishes to transfer ICPMSK Supplier must first formally notify the existing supplier that they wish to transfer to another supplier

ii. The initial Supplier completes an early exit, with the Reason of Early Exit – other, and populates the additional comments field with any pertinent information on the client's needs
iii. The initial Supplier returns funds to ACC as per existing Unallocated Funds/Partial refunds requirements
iv. The new Supplier re-enters the patient under their model of care. Contact the ICP team to obtain client notes and reports on file. No triage is billable.

A Supplier (or provider working within their network) deliberately seeking transfer of an ACC Kiritaki who is already receiving services into their pathway, without the express request of the kiritaki, is forbidden under the services schedule. Any misunderstandings, disagreements or conflicts between Suppliers regarding the Kiritaki transfer are expected to be addressed between suppliers within a timely manner and prompt action made towards finding a resolution that is satisfactory to the Suppliers involved.

As far as possible, the kiritaki's rehabilitation pathway and experience must not be hindered or limited by the conflict. If a conflict can not be resolved within a timely manner, being no longer than 5 Business Days, the Suppliers may revert to ACC's ICPMSK Portfolio for a final decision.

9. Service commencement

Assessment Step	Referrals received from:	Purpose	Outcome	Timeframes
ICPMSK Pre-screen	1. General Practitioners (GPs), 2. Rongoā Māori practitioners, 3. Kaupapa Māori health providers 4. Nurse Practitioners or Registered Nurses 5. Out of network Allied health providers 6. Employer of the kiritaki	Review to establish whether kiritaki injuries are likely to meet eligibility criteria in Appendix B before moving to a more resource intensive ICPMSK Triage step.	Where kiritaki is likely to meet clinical entry criteria in Appendix B, or it is not clear and objective assessment would be required = **Pre-screen Accept.** Kiritaki moves into ICPMSK Triage Where it is clear that kiritaki do not meet the clinical entry criteria in Appendix B = **Pre-screen Decline.** Inform ACC	Pre-screen completed promptly. Pre-screen must be completed within 3 business days of receipt of referral.

ICPMSK Triage*	1. An Allied Health provider engaged by the supplier, 2. ACC. 3. Referrals that have successfully passed Pre-screen	Assess the kiritaki injury, including appropriate investigations to determine eligibility. Assess kiritaki complexity and need to determine level of funding required to meet the kiritaki need.	Where Triage confirms an Accepted ICPMSK Diagnosis, that on the balance of probabilities, has been caused by the accident event **= Triage Accept.** Collect complexity information, IDT planning of a care pathway and select bundle. Kiritaki can enter ICPMSK. Where Triage does not confirm an Accepted ICPMSK Diagnosis, and/ or on the balance of probabilities this has not been caused by the accident event **= Triage decline.** Collect complexity information. Inform ACC	Kiritaki has passed pre-screen: Contact made to schedule triage appointment within 3 business days of pre-screen completion Referral has gone straight to triage: Contact made to schedule triage appointment within 3 business days of receipt of referral Assessment completed within 20 business days of receipt of referral
ICPMSK Triage Light	1. MSK or Orthopaedic specialist, 2. GP who has completed GPMRI training, 3. GPSI, 4. Another source where an Accepted	Assess kiritaki complexity and need to determine level of funding required to meet the kiritaki need where the Accepted ICPMSK Diagnosis has already been	Where previous Specialist input (e.g. Clinical services, GPSI, or GPMRI assessment) has already established an Accepted ICPMSK Diagnosis	Kiritaki has passed pre-screen: Contact made to schedule triage light appointment within 3 business days of pre-screen completion.

		ICPMSK Diagnosis has been confirmed prior to referral.	confirmed by a specialist and/ or appropriate imaging.	**= Triage Light Accept.** Collect complexity information and Kiritaki can enter ICPMSK	Referral has gone straight to triage light: Contact made to schedule triage light appointment within 3 business days of receipt of referral. Assessment completed within 10 business days of receipt of referral
				Where previous Specialist input (e.g. Clinical services, GPSI, or GPMRI assessment) has already established an Accepted ICPMSK Diagnosis, however the Triage assessor considers the referral inappropriate for ICPMSK **= Triage Light Decline** Collect complexity information and Inform ACC	

***Note:** If the referral source does not meet the criteria for full triage but you believe a full triage is required to establish an Accepted ICPMSK diagnosis, please contact the ICP Team to discuss

9.1 Referral to ICPMSK

Referrals for an ICPMSK pre-screen can be accepted from general practitioners (GPs), rongoā Māori practitioners, kaupapa Māori health providers, nurse practitioners or registered nurses, allied health providers, or an employer of the kiritaki. An exception to this applies where the referral is sent by a provider who is engaged by the supplier. In this case the referral must proceed directly to ICPMSK triage.

Referrals directly to ICPMSK triage can be accepted from a Referring Medical Specialist, a GP who has completed the GPMRI training, a General Practitioner with Special Interest (GPSI), or ACC.

9.1.2 Claim type exclusion check

ACC has specified claim types that are excluded from ICPMSK (based on the referred claim, or perhaps other open claims with ACC). ICPMSK pre-screen or ICPMSK triage cannot be completed for these exclusions.

After receiving a referral, the provider can use the claim query API (*see Appendix A*) to identify whether it is appropriate to proceed with a pre-screen or triage assessment. If an error response message is not received via the API (i.e. claim information is returned), then it is appropriate to continue with ICPMSK pre-screen or ICPMSK triage. If the error message advises to contact ACC, consider whether the claim is appropriate and contact the ACC ICP Team to request the claim to be entered.

If an exclusion is identified and the message does not advise ACC may be contacted, you must inform the kiritaki they are unable to be considered for ICPMSK pre-screen or triage due to type(s) of claims they have with ACC. If the kiritaki has any queries, please direct them to the ACC ICP Team. Due to kiritaki privacy reasons ACC does not share the specific claim type exclusion with Suppliers.

You are not required to submit a decline to ACC for an excluded claim type. The ACC API's will reject an attempted submission for this. A pre-screen is not able to be invoiced for excluded claim types that show in the claim type exclusion check since a pre-screen has not been completed.

9.2 ICPMSK pre-screen

As part of completing an ICPMSK pre-screen the provider must assess the claim information of the kiritaki to determine whether the kiritaki may be suitable, eligible or unsuitable and ineligible for the service. Where necessary, the supplier may also need to request and review medical information for the kiritaki from other sources to determine the appropriateness of proceeding to triage (e.g. their referrer, GP or imaging).

A clinical member of the ICPMSK IDT must then call the kiritaki and complete a subjective history to understand whether their injury (or injuries) is (or are) likely to meet the clinical entry criteria (see Appendix B).

If, following an ICPMSK pre-screen, it is established that a kiritaki is likely to meet the clinical entry criteria , then the kiritaki may proceed to ICPMSK triage. The kiritaki and their referrer should be notified of this outcome (unless the referrer is ACC).

If, following pre-screen, it is determined the kiritaki should be declined to proceed to triage the kiritaki, their referrer andACC should be advised of the outcome via submission of the Decline ICP Referral dataset.

9.3 ICPMSK triage

The purpose of Triage assessment in ICPMSK is to confirm whether or not the kiritaki has an Accepted ICPMSK Diagnosis.

Consideration must also be given as to whether, on the balance of probabilities, this diagnosis has been caused by the accident event.

During triage, the ACC Consideration Factor documents should be applied to help providers when considering eligibility to enter ICPMSK. These documents are guidelines that have been developed between ACC and the New Zealand Orthopaedic Association, and can be accessed using the links below:
ACC7637 Consideration Factors for Surgery Funding Requests – General Factors
ACC5715a Knee Surgery Entitlement – Consideration Factors
ACC5715b Shoulder Surgery Entitlement – Consideration Factors
ACC7881 Rotator Cuff Tears – Consideration Factors for ACC Cover
ACC8216 Lumbar Spine Pathology – Consideration Factors
ACC8162-foot-and-ankle-injuries – Consideration-Factors.pdf.

For more information see the Updated diagnosis section of these Guidelines.

Considering that a pre-screen may have been carried out in some cases (and some subjective information may already have been established), the Triage Assessment may include the provision of any/all of the following:

- taking of medical history relevant to the injury(ies) (including consideration of whether another accident event/claim may be considered as being significantly related or responsible for the injury(ies))*
- examination of the presenting injury condition(s)
- diagnosis of the presenting injury(ies)
- obtaining (at the supplier's expense where required) all necessary medical information to support the assessment of whether the kiritaki is appropriate to enter ICPMSK, including sufficient supporting information for the Accepted ICPMSK Diagnosis
- arranging access to, and the provision of, any necessary radiological investigation, including High Tech Imaging
- interpretation of diagnostic films/reports
- review of and/or amendment to any existing diagnosis that the kiritaki has covered on their ACC claim
- consideration of cover and causation of the Updated diagnosis
- performing any necessary and appropriate procedure(s)
- prescription of any necessary pharmaceuticals within the scope of practice
- identification of the cultural needs of kiritaki
- completion of the ICP Complexity Tool to understand injury and non-injury related factors that may impact delivery of the service
- liaison with other health and support services
- education about caring for the injury and expectations of recovery
- provision of injury prevention advice to minimise the risk of re-injury or complications
- referral to an appropriate registered health professional for any further treatment required inside or outside ICPMSK, including a referral for orthotics

completion of the necessary information so that data may be submitted via your PMS.

Physical examination should be carried out in-person. It is accepted that telehealth assessments may occur during exceptional situations where in-person consultation is not possible.

*This is especially relevant in cases of:-

- Knee and shoulder dislocations, where intention is surgical intervention
- Knee - Medial patellofemoral ligament tears or osteoarthritis
- Shoulder labrum tear, hill-sachs lesion, bankart fracture

Where best efforts have been made to determine which injury claim is relevant but there is still uncertainty, or where it is believed there may be another relevant event which you do not have the details for,please liaise with the ACC ICP Team for support.

9.3.1 Triage Light

Where kiritaki have been referred for triage assessment with an Accepted ICPMSK Diagnosis already having been confirmed, then further imaging and/or specialist opinion is not required in this triage assessment phase. Examples of this include where a kiritaki reports that they have been previously assessed by a specialist under the Clinical Services contract, by a GP with Special Interest (GPSI) or a GP who has completed the GPMRI training, or where billing for these services are present in the claim query information returned to the supplier by ACC.

Invoicing for these cases should occur under Triage Light .

9.3.2 Confirming an Updated Diagnosis to ACC

Where an Updated Diagnosis has been confirmed at the end of Triage and the provider feels that on the balance of probabilities this diagnosis has been caused by the accident event, then the provider must inform ACC using the diagnosis information set on the Accept ICP Referral and Triage outputs (*see Appendix A*). The supplier does not need to wait for ACC to confirm cover for the diagnosis to accept the kiritaki onto the pathway, but it does need to be supported by relevant diagnostic imagery and/or clinicalinformation for ACC to consider in its cover decision. The provider should collect this information and submit to ACC at the end of the triage assessment process.
For further information see the Updated diagnosis section of these Guidelines.

9.3.3 Approving entry into an integrated care pathway

Where ICPMSK triage confirms an Accepted ICPMSK Diagnosis (*see Appendix B*), with appropriate consideration of cover and causation and service suitability, then the provider may proceed into planning an appropriate integrated care pathway for the kiritaki, and enter the kiritaki into ICPMSK.

When entering a kiritaki into ICPMSK pathway the Supplier must inform ACC through submission of data via the Supplier's Practice Management System (PMS) relating to Accept ICP referral and Triage outputs (*see Appendix A*), and a copy of your Triage assessment letter. This includes completion of the ACC ICP Complexity tool, Patient Reported Outcome Measures and Clinical measures of strength, bundle selection, and initiation of an ICP Recovery Plan.

When approving entry to ICPMSK, please notify the referrer of the referral outcome. In addition to this, if the referrer was not the GP for the kiritaki, then the provider should gather consent from kiritaki to share this ICPMSK entry information with their GP. If consent is given, then the provider must double check who that GP is (in case it has changed) prior to sending them a copy of this ICPMSK entry information. The provider should also make a record of the consent from the kiritaki

as per standard practice.

When the dataset is submitted to ACC upon acceptance of a claim into an integrated care pathway and selection of a service, this claim will be assigned to the ACC ICP team for oversight going forwards.

9.3.4 Declining a referral for a kiritaki to ICPMSK

A kiritaki can have their referral declined at either:

Pre-screen – where the kiritaki does not meet the clinical criteria for ICPMSK and cannot progress to ICPMSK triage. Complexity information does not need to accompany a Pre-screen decline.

Triage – Where ICPMSK triage does not confirm an Accepted ICPMSK Diagnosis (*see Appendix B*), and/or where on the balance of probabilities the diagnosis has not been caused by an accident.

A referral may also be declined when a kiritaki does not provide consent for their information to be collected, used, shared and stored.

If a kiritaki declines to provide consent for information sharing at either pre-screen or triage however they still wish to participate in ICPMSK, please notify the ACC ICP Team so that they can proceed to have a conversation with the kiritaki about the information sharing required for participation in the pathway. At this point, do not submit any Decline ICP referral data. It is a requirement for the kiritaki to share this information to participate in the pathway – the ACC ICP Team will try again to obtain this consent by providing more detail on the reason for this to the kiritaki. If they are still unwilling to provide consent after this conversation, the ACC ICP Team will notify you that it will need to be considered that the kiritaki has declined entry to the pathway. After this conversation, the ACC ICP Team will confirm that the Decline ICP referral dataset can be sent.

If a kiritaki declines to provide consent for information sharing at the pre-screen stage and they no longer wish to participate in ICPMSK, submit the Decline ICP referral dataset via your PMS.

If a kiritaki declines to provide consent for information sharing during triage and they no longer wish to participate in ICPMSK instead of submitting the Decline ICP referral dataset via your PMS, please email this information to the ACC ICP Team. The email should still contain all assessment information which the kiritaki has consented to sharing (e.g. Triage assessment letter), but can omit the information which the kiritaki was not comfortable with sharing (e.g. complexity tool information).

When declining a referral for a kiritaki to ICPMSK, the provider must inform ACC via the Decline ICP referral dataset (*see Appendix A*) This includes a recommendation of next steps for the kiritaki so that ACC can determine how to progress their claim towards an outcome. If declining at triage, you must also include a copy of your triage assessment letter clearly detailing the clinical rationale for the decline (where relevant).

Below is a table of the decline reasons and examples of their use:

Decline reason:	When to use:	Example:	Example recommended next steps to ACC:

Accredited Employer	When you identify (before ACC identifies) that the employer is participating under the Accredited Employer Programme (AEP) for non-work and/or work injuries	At triage, you confirm the employer of the kiritaki as part of triage and check the list of AEP Employers to find their employer	"Confirm the employer of the kiritaki is participating as part of the AEP and recommend transfer of the claim for their management"
Alternate ACC service more appropriate for kiritaki *	When you identify that another ACC funded service is more appropriate to address the needs of the kiritaki	At triage, you confirm presence of an Accepted ICPMSK Diagnosis but the kiritaki is also experiencing pain symptoms that have been attributed to a persistent pain diagnosis, e.g. CRPS which requires Pain Management Service	"Consider a referral for Pain Management Services for the kiritaki to address their pain which is acting as a barrier to treating their MSK injury"
Body site out of scope/ineligible	When you identify that kiritaki has not sustained an injury diagnosis on the ICPMSK Accepted Diagnosis List	At triage, you confirm that the suspected lower back symptoms are attributed to a diagnosis in the hip – a body site out of scope for ICPMSK.	"Consider sending a referral for a Stay At Work Programme for the kiritaki to support return to their pre-injury role for their hip injury"
Kiritaki not contactable	When you are unable to contact the kiritaki despite numerous contact attempts over a period of a week	At pre-screen, you make 3 attempts to call the kiritaki over the course of a week and have attempted to verify contact details with the referrer, but you have been unsuccessful	"Contact the kiritaki to discuss participating in ICPMSK and re-refer if appropriate"
Kiritaki declined entry to ICPMSK	When the kiritaki does not provide their consent to participate in ICPMSK, or for ACC to collect, use, store, and share their information.	At pre-screen, you have a conversation with the kiritaki but they decline to engage in a triage assessment as they would like to continue to see their family physio for rehabilitation	"Contact the kiritaki and discuss other treatment and rehabilitation options that align with their choice"
Not eligible under ACC	When you are unable to determine a causal link between the presentation of the kiritaki and the accident event	At triage, you confirm the suspected shoulder symptoms have been attributed to subacromial bursitis and the medical notes do not support, on the balance of probabilities, that this diagnosis has	"Be advised that the need for treatment and rehabilitation for this kiritaki is not due to the accident event, but rather a non-injury related condition, which may impact

		been caused by the index accident event.	their eligibility to the ACC scheme"
Out of region*	When the kiritaki resides in a region that the ICPMSK supplier does not hold a contract for and therefore cannot treat the kiritaki	At pre-screen, you make contact with the kiritaki to find that they have moved for their partner's job to an area outside the region for which you are contracted to deliver ICPMSK	"Contact the kiritaki and make a new referral to an ICPMSK supplier that is available in the relevant region"
Other	When one of the above decline reasons does not match the reason that you are declining the referral to ICPMSK for this kiritaki		

*If declining a kiritaki because they are out of region, or another service is more appropriate, the supplier should consider sending a referral to a supplier who holds the relevant contract to avoid delay in the kiritaki receiving support. If this has been done, ACC must be notified via the 'Decline recommended next steps' field in the Decline ICP referral dataset (*see Appendix A*).

When declining a referral to ICPMSK, please notify the referrer of the referral outcome. In addition to this, if the referrer was not the GP for the kiritaki, then the provider should gather consent from kiritaki to share ICPMSK decline information with their GP. If consent is given, then the provider must double check who that GP is (in case it has changed) prior to sending them a copy of this ICPMSK decline information. The provider should also make a record of the consent from the kiritaki as per standard practice.

9.3.5 Triage data: the ICP Complexity Tool

During the triage assessment, the provider helps to identify psychosocial and cultural support needs, including having conversations with kiritaki (and whānau as appropriate) to cover off the categories of the ICP Complexity Tool (see Appendix E).

The ICP Complexity Tool requires the ICPMSK Service provider to have a separate conversation regarding the intent to collect, use, store, and share their information with ACC. Should kiritaki give their informed consent for the ICP Complexity tool, then after completing each category, you must submit this Complexity data to ACC via your PMS via either the Accept ICP referral and Triage outputs or Decline ICP referral (see Appendix A).

Should kiritaki decline to give their informed consent for the ICP Complexity Tool however they wish to continue to participate in ICPMSK, please notify the ACC ICP Team so that they can proceed to have a conversation with the kiritaki about the information sharing required for participation in the pathway.

Should kiritaki decline to give their informed consent for the ICP Complexity Tool and they no longer wish to participate in ICPMSK, the referral will be declined at triage. Instead of submitting the Decline ICP referral data via your PMS, please email the ACC ICP Team with the same information that is required for the Decline ICP referral data (see Appendix A). It is noted that the subcategories relating to work may not be appropriate for non-earners.
For further information refer to the ICP Complexity Tool User Guide.

Information collected from the initial period of ICPMSK will be used to determine the importance of these factors towards outcomes and funding, and future iterations of the ICP Complexity Tool may become integral to determining bundle allocation.

9.3.6 Triage data: Patient Reported Outcome Measure (PROM) scores

PROM scores provide some visibility of how kiritaki are impacted by their injury throughout their pathway.

For more information see the Patient Reported Outcome Measure scores section of these Guidelines.

9.3.7 Triage data: Clinical Outcome Measures

Clinical Outcome Measures help to provide some visibility around how kiritaki are impacted by their injury, and how closely they may approximate pre-injury levels of strength and function, especially at exit of the pathway.

Due to the acuity and/or severity of an injury and/or pain it is possible that clinical measures of maximal isometric strength are not appropriate to be tested in triage, and if so then this should be entered in the data under 'not tested'.

For more information see the Clinical Outcome Measures section of these Guidelines.

9.3.8 Triage data: Triage Letter PDF

Following Triage, the supplier is required to send a Triage Assessment letter PDF via Inbound Documents API. Where the Accepted ICP Diagnosis has been updated at Triage, this is required to be sent within 5 business days.

There is no prescribed format for this letter, but it should include:-

- A history of the event
    - Including clarification on the mechanism of injury
- History of the injury and treatment to date
    - Including the history of symptomology and response to treatment
- Relevant past medical history
    - Particularly where it relates to the same body site
- Examination
- Impression

    - Provisional/ Confirmed diagnosis (Note confirmed diagnosis must also be submitted via the relevant Accept/Decline API)
    - Causal link to accident
- Recommendations
    - Is there an intent to complete imaging, and timeframe for this?
    - Is a surgical or non-surgical pathway recommended?

9.4 ICPMSK IDT referral for MRI

The IDT has the option to refer the kiritaki to Magnetic Resonance Imaging (MRI) for knee and lower back on behalf of the Medical Specialist. The IDT referring for MRI must have agreement with individual specialist to name them on referrals, including ordering the investigation under their name and being accountable for acting on the report received.

The IDT must only refer the kiritaki for imaging services if necessary and appropriate. Refer to the referral guidelines in Appendices K and L. MRI referrals will be audited by ACC on an ongoing basis to ensure quality assurance processes and key performance indicators are met.

To be eligible for referral for an MRI by the ICPMSK IDT:

- kiritaki must be over 16 years of age
- kiritaki must have a covered injury for the knee or lower back
- The IDT must have concluded clinical signs and symptoms are consistent with an ICPMSK eligible diagnosis (as per accepted ICPMSK diagnosis list in operational guidelines)

The claim must not older than 12 months from date of accident The Kiritaki must have been physically assessed in person by at least one clinical member (physiotherapist or medical) of the ICPMSK IDT team and confirmed to meet the clinical criteria for the ICPMSK MRI referral pathway.

In the referral to radiology the supplier must identify

- the ICPMSK IDT (including the supplier name and vendor ID) as the referrer and name the medical specialist that will receive the report. (this ensures the HTIS supplier can validate authorisation for the referral)
- Body site to be imaged
- MOI and suspected injury pathology
- rationale for how the suspected injury was caused by the accident.

After a Kiritaki is assessed as eligible for Service, the ICPMSK IDT must:

- refer the Client for an MRI with the Kiritaki's preferred local ACC contracted HTI supplier;

-arrange for a follow-up consultation with the ICPMSK IDT Medical Specialist to discuss and/or communicate the results of the MRI (this may be either in-person or phone-call) and plan for further management with the Kiritaki .

10. ICPMSK funding

10.1 Bundle selection

The service bundles have been structured in a way that allows for differing kiritaki complexity. When accepting a kiritaki into an integrated care pathway, the supplier will select a service bundle according to how it is determined to best meet the kiritaki needs in the pathway. The supplier is responsible for aligning the most appropriate bundle to kiritaki complexity as informed by the IDT assessment undertaken at triage, the ICP Complexity Tool, and the complexity of the Accepted ICPMSK diagnosis confirmed through triage and any other diagnoses with accepted ACC cover.

Where a kiritaki presents with more than one Accepted ICPMSK diagnosis the Supplier may consider a bundle upgrade to support the original ICPMSK injury and additional ICPMSK injury or injuries. Alternatively, the Supplier may also consider service exit or re-entry. The Supplier must consider the level of funding that is appropriate to coordinate the supports needed for all injuries.

For clarity, the Supplier must not access more than one service bundle of funding at a time. The service bundle selected must accurately reflect the level of funding required to coordinate all supports that are necessary for the injuries sustained by the kiritaki.

10.2 Payment rules

The pre-screen and triage functions can only be invoiced once per claim, per supplier.

A pre-screen cannot be invoiced if a query of the kiritaki via the claim query API indicates that the kiritaki is ineligible for ICPMSK services.

The selection of service bundles is set up to allow suppliers to select the most appropriate bundle upon onboarding when considering kiritaki complexity. If a kiritaki requires additional support a supplier may access a higher service bundle through invoicing ACC for a transfer code.

The ICPMSK funding model is designed to enable this process of escalation in service bundles to accommodate changes in kiritaki complexity. This is in preference to overestimating the required service bundle and then undertaking a bundle reversal, which is an administratively burdensome task.

10.3 Transfer codes

Transfer codes are available where a higher service bundle is required once a kiritaki is participating in an integrated care pathway. ACC's expectation is that the Supplier always makes best efforts to select an accurate bundle for the kiritaki, however transfer codes are available for the situation in which complexity for a kiritaki changes significantly and unexpectedly during the pathway resulting in higher levels of resourcing being required to support them in achieving an outcome through the pathway.

Where a transfer code is utilised, it must be agreed and noted by the IDT and the Clinical Director that use of the transfer code is warranted. The supplier must also submit an updated Recovery Plan to ACC.

When reviewing use of a transfer code on a claim the Clinical Director must ensure that use of the transfer code is necessary and appropriate, and that the primary reason for the use of transfer code is to address both the medical complexity of the injury alongside the relevant factors of the ICP Complexity tool, to continue supporting the kiritaki to work towards achieving an outcome through the pathway. The Clinical Director's review of the use of a transfer code should be documented on the file, to be available for both discussions with ACC Engagement and Performance Management personnel, and for the purposes of an audit.

10.4 Unallocated funds

If a kiritaki ceases treatment due to an Exit or Loss of Eligibility all or part of the bundle that had been assigned to the kiritaki must be refunded to ACC. Please refer to your ICPMSK Contract for further details.

Where a supplier needs to return funds to ACC due to an early exit the below processes should be followed:

Kiritaki Exits the pathway on or before 14 calendar days from their completed triage assessment:

- Exit the kiritaki within 2 business days of meeting the Exit criteria
- Email providerhelp@acc.co.nz asking for a full reversal of the bundle **(one email per reversal).** Include the Vendor id, invoice number and bundle code in your email.

Kiritaki Exits the pathway between 15-60 Days following their completed triage assessment:

1) Email providerhelp@acc.co.nz and request a full reversal of the bundle cc. icpmskteam@acc.co.nz **(one email per reversal).** Include all fields in the template below when requesting the reversal:

Provider Help Reversal Details:	
ACC Vendor ID	
Invoice or Schedule No/s for reversal	
Service Bundle code & service date for reversal	

Unallocated Funds Information (ICPMSK team use)	
Exit date	
Unallocated fund amount	
Actual services and sessions delivered	

2) The supplier must then **reinvoice** ACC the **partial payment** of the bundle using the same bundle code. See page 19.2.1 Invoicing for your options for invoicing.

10.5 Exceptional funding

Exceptional funding can be accessed for a kiritaki where the Supplier finds that their needs within an integrated care pathway are exceedingly complex, and where resourcing to achieve an outcome is higher than the top service bundle by more than the midpoint between two bundles. For example, to access exceptional funding for a Lower Back/spine injury, resourcing required must exceed $10,000 (Service Bundle Lower Back/spine Level 8 plus half the difference between Service Bundle Lower Back/spine Level 7 and Service Bundle Lower Back/spine Level 8).

Examples of this may include but are not limited to:

- high complexity discovered at triage
- a significant increase in complexity during the pathway
- where significant funding has been utilised to attempt a non-surgical pathway but this does eventually result in surgery and where the completion of post-surgical rehabilitation to achieve an outcome would require exceptional funding.

To access exceptional funding, the supplier must have first accessed the top bundle relevant to an injury (for example, Spine (Level 8), Shoulder (Level 6)). The supplier must also have their Clinical Director review the claim to confirm that the kiritaki continues to be appropriate to receive ICPMSK services (e.g. cover and causation), and that the exceptional funding requested will support the kiritaki in achieving an outcome. This review should be documented as part of the clinical notes for the kiritaki, to be available for both discussions with ACC Engagement and Performance Management personnel, and for the purposes of an audit. All cases of exceptional funding will be reviewed by ACC to analyse how to continually improve the exceptional funding aspect of the ICPMSK service.

When accessing exceptional funding for a kiritaki you must inform ACC through submission of data via the supplier's PMS relating to either:

- Accept ICP Referral & Share Triage Outputs (if the need for exceptional funding is identified at triage/entry to an integrated care pathway), or
- ICP Service Bundle changes (if the need for exceptional funding is identified later in the pathway).
- (see *Appendix A* for more information on both of these datasets).

In these information flows, Suppliers will need to specify the rationale for needing exceptional funding. To help ACC understand the rationale, the supplier should briefly describe the journey to date under the pathway, and how the exceptional funding is intended to be used to support the kiritaki in achieving an outcome.

Example: *"Mr Smith has been engaging in a non-surgical pathway for the past 5 months for his ACL rupture. Treatment to date has included x2 weekly Physiotherapy, input to manage pain, and occupational therapy for return-to-work planning (currently completing light duties). There has been little progress and our specialist believes Mr Smith requires surgery. Exceptional funding will be used to provide further rehabilitation post-op so that Mr Smith can achieve a successful and safe return to work."*

The Supplier must also contact ACC with an updated ICP Recovery plan, and updated PROM and Clinical measures (with observation stage entered as 'ad hoc').

The Supplier can then begin to deliver services under exceptional funding without approval. However, when a provider has accessed exceptional funding on a claim, the ACC ICP Team will consider whether a case conference is required. Should it be required, the case conference will be used as an opportunity to collaborate with the provider and understand what help ACC could offer to improve the likelihood of the kiritaki achieving their rehabilitation outcomes.

The case conference may also be used if there is concern that the funding is being requested to address issues not directly linked to the injury. If a case conference is confirmed the provider must attend virtually , with the cost of this navigation time being attributed within any remaining bundle funding or the exceptional funding as relevant.

When the treatment has been completed, the Supplier completes an exit for a kiritaki (for more information see the Exit and evaluation of outcomes section of these guidelines).

Exceptional funding can only be invoiced once on a claim. The amount invoiced for exceptional funding must be based on the supplier's costs of the additional services provided to the kiritaki and must not exceed the price specified in the Contract.

11. Integrated care pathway

11.1 Service provision

Once a kiritaki is accepted into the pathway, the IDT sets out to provide the agreed ICPMSK interventions. At a minimum, this pathway must include:

- Oversight and management by the IDT including point of escalation to orthopaedic surgeon as required (or neurosurgeon for lower back as appropriate)
- Care Pathway Navigation by a dedicated ICP Navigator (for more information see the ICP Navigator section of these Guidelines)
- If the injury is to the knee or shoulder, Orthopaedic Specialist oversight.
- If the injury is to the lower back, an Orthopaedic Specialist or Neurosurgeon oversight.
- If the kiritaki will progress through a non-surgical rehabilitation pathway a musculoskeletal medicine specialist, sports medicine specialist, General Practitioner with Special Interest (GPSI) named supplier, Occupational Medicine Specialist, or Rehabilitation Medicine Specialist

- Physiotherapy
- Body-site specific clinical measures at the mid-point and completion of the ICP Recovery plan to assess and demonstrate progress towards the Clinical Measure Thresholds
- Obtain patient reported outcome measures (PROMs) from the kiritaki at the midpoint and at completion of the ICP Recovery Plan to assess and demonstrate progress of the kiritaki towards their Rehabilitation Goals
- Vocational rehabilitation (if the kiritaki is receiving weekly compensation from ACC), and
- The provision to ACC of all required Deliverables, datasets, reporting and related information.

This pathway must also include these services, as applicable, and at a level appropriate to meet the needs of a kiritaki:

- Medical specialist consultation (for example, sports physician or musculoskeletal medicine physician)
- Acute pain assessment and management (until such point as a persistent pain diagnosis is established)
- Specialist Pain Medicine Physician assessment
- Occupational therapy
- Preparation of an ARTP (request of surgery)
- Preparation of a CSARTP (request of injection)
- Pharmacology
- Dietician
- Interpreter
- Psychological support (excluding mental injury assessment and treatment of a mental injury)
- Other registered treatment providers (including Osteopathy, Chiropractor, Acupuncture, Podiatry)
- Provision of orthotics and braces
- Access to rehabilitation facilities, and/ or
- Any other In Scope Services (for a full list of In Scope Services *see Appendix I*)

These services may be delivered in a range of settings, and may include both physical and virtual environments, specifically:

- physiotherapy clinics
- private surgical hospitals
- specialist clinics
- exercise facilities
- the home of the kiritaki
- the workplace of the kiritaki
- other community locations, including marae, community centres, or culturally significant places.

While in-person services are preferred, telehealth may be used to provide the above services to support kiritaki living in remote regions.

11.2 Patient Reported Outcome Measures (PROMs)

PROM scores provide some visibility of how a kiritaki is impacted by their injury throughout their pathway. To measure these impacts in a standardised way, ACC has chosen these PROM scores to be used:

- Shoulder – the QuickDASH
- Lower back – the Oswestry Disability Index (ODI)
- Knee – the Knee Injury and Osteoarthritis Outcome Score (KOOS).

These PROMS must be submitted through the PROM and Clinical measures API (see *Appendix A)* via the supplier's PMS at these time-points:

- Baseline (at entry to the pathway following triage assessment)
- Mid-point
- Exit
- Ad-hoc measures may be taken at any time (for example, at the beginning of using exceptional funding if this has been required).

PROM summary:

Data point variables	Body site (select one or multiple)	Measurement standard	Actual measurement (Numeric)	Observation date and stage
Site-specific Patient Reported Outcome Measure (PROM)	Shoulder	QuickDASH	QuickDASH values range from 0–100	DD/MM/YYYY Observation stage: Baseline (entry) Mid-point Exit Ad-hoc if required (e.g. at the beginning of exceptional funding)
	Lower Back	Oswestry Disability Index	Oswestry values 0–100	
	Knee	Knee Injury and Osteoarthritis Outcome Score (KOOS)	KOOS values 0–100	

11.3 Clinical Outcome Measures

Clinical Outcome Measures provide some visibility about how the kiritaki is impacted by their injury, and how closely they may approximate pre-injury levels of strength and function, especially at exit of the pathway. To measure these impacts in a standardised way, ACC has chosen these Clinical Outcome Measures to be used:

- Shoulder – Isometric strength via Hand-held dynamometer
- Lower back – Isometric strength via Hand-held dynamometer
- Knee – Either Isometric strength via Hand-held dynamometer, Isometric strength via In line dynamometer, or Isometric strength via Isokinetic dynamometer. (Note: In line dynamometry data can be entered using the Hand-held dynamometry measurement standard for now).

The Clinical Measure Threshold has been set (for the shoulder and knee) at the Limb Symmetry Index (LSI) of 80% of the strength of the normal limb. For the lower back the Clinical Measure Threshold has been set at 80% of a normative value chosen from the research*.

Strength deficits below 80% strength have been associated in the literature with higher rates of re-injury. Information collected in the initial period of ICPMSK will be used to determine the importance of Clinical Measures towards re-injury rates, and future iterations of the KPI metrics for ICPMSK may include Clinical Measures as a lead indicator associated with re-injury.

Clinical Outcome measures of strength can be taken and submitted at any appropriate time-point through the pathway to help inform Suppliers of the trajectory of the recovery for kiritaki. At a minimum, Clinical Outcome Measures must be submitted through the PROM and Clinical measures API (see *Appendix A*) via the supplier's PMS at these time-points:

- Baseline (at entry to the pathway following triage assessment)
- Mid-point
- Exit
- Ad-hoc measures may be taken at any time (for example, at the beginning of using exceptional funding if this has been required).

Clinical Outcome Measures summary:

Data point variables	Body site (select one or multiple)	Measurement standard (select one measurement standard per injury site)	Actual measurement: Limb symmetric index (Shoulder and Knee), or Numeric Percentage (Lumbar spine)	Observation date and stage
Site-specific Clinical Measure	Shoulder	Shoulder – Hand-held dynamometer Isometric Abduction at 45 degrees	Shoulder: Measurement of the injured arm as a percentage of the measurement from the non-injured arm	DD/MM/YYYY Observation stage: Baseline (entry) Mid-point Exit Ad-hoc if required (e.g. at the beginning of using exceptional funding)

	Lower back	Lower back – Hand-held dynamometer Neutral prone isometric extension	Lower back: Measurement of the lower back as a percentage of the normative value of 20kg (195Nm)*	
	Knee	Knee – either Hand-held dynamometer Isometric knee extension at 90 degrees (with fixation), or In line dynamometer Isometric knee extension at 90 degrees, or Isokinetic dynamometer Isometric knee extension at 90 degrees	Knee: Measurement of the injured knee as a percentage of the measurement from the non-injured knee	

* (Reference: Blaiser, C De Ridder, R Williams, T et al. Reliability and validity of trunk flexor and trunk extensor strength measurements using handheld dynamometry in a healthy athletic population. Physical Therapy in Sport 34 (2018) 180-186 doi.org/10.1016/j.ptsp.2018.10.0051466-853X)

11.4 Patient Reported Experience Measure (PREM) scores

PREM scores provide some visibility about the experience of kiritaki in the pathway. The PREM aims to capture how kiritaki feel about their time in the pathway, including interactions with providers and whether their needs were met. The ICP PREM will be administered and collected by ACC when kiritaki exit the pathway.

11.5 Mid-point data collection

At the mid-point of the pathway it is expected that the provider reviews the following with the kiritaki, and submits this information to ACC via the supplier's PMS through the PROM and Clinical measures API (see *Appendix A*):

- site-specific Patient Reported Outcome Measure (PROM)
  (For more information see the Patient Reported Outcome Measure scores section of these Guidelines.)
- site-specific Clinical Outcome Measures
  (For more information see the Clinical Outcome Measures section of these Guidelines.)

The mid-point of a pathway may vary due to a number of factors (but is not limited to):

- The Accepted ICPMSK Diagnosis
- whether surgery is planned
- rehabilitation progress towards planned outcomes.

The provider can choose when they record mid-point data. This may include (but is not limited to) these examples:

- The half-way point between the beginning of the pathway and the estimated completion date for kiritaki being managed non-surgically.
- The point at which the surgeon has cleared a kiritaki to begin maximal resisted strengthening following their surgery.
- At some point between weeks 6 and 24 following the beginning of the pathway.

Reminder: It is expected that the ICP Recovery Plan should be updated by the ICP Navigator at any stage of the pathway where agreed interventions have been delivered, outcomes have been achieved, or plans have changed. The mid-point data collection may also serve as a reminder to review and update the ICP Recovery Plan as appropriate.

12. Surgery and ICPMSK

The ICPMSK Service Schedule operates in conjunction with the Elective Surgery Service Schedule to enable first specialist assessment, and subsequent assessments (if required) and then the completion and submission of the Surgical Assessment Report and Treatment Plan (ARTP) under ICPMSK, with surgery being delivered under Elective Surgery.

12.1 Surgical treatment pathway

Where a kiritaki has been assessed to require surgical treatment an ARTP must be completed to obtain prior approval from ACC for the proposed surgical procedure (unless the procedure meets the criteria for non-prior approval). The ARTP must also include any clinic-based pre-operative procedures that will be required as part of the procedure.

Note: If the procedure is on the non-prior approval list and meets the criteria, an ARTP is not required.

12.2 Non-prior approval surgery

The non-prior approval (NPA) Procedures List incorporates procedure codes that represent clinically low-risk elective surgeries which ACC rarely declines, such as the removal of metalware. The list of these surgeries is included in the Elective Surgery Operational Guidelines.

Procedures that meet the corresponding conditions in the NPA Procedures List are exempt from the funding approval process, which means they can be provided to the kiritaki without completing an ARTP. These procedures do not require prior approval from ACC. The supplier may complete the treatment and follow the standard invoicing process from clause 13 in the Elective Surgery

Operational Guidelines.

Cover criteria must be met before proceeding with the elective surgery procedure as this can impact future entitlements for the kiritaki. Cover updates should be requested as per 14.11 Updated Diagnosis in these guidelines.

Notes:

• The specialist must submit their ICPMSK consultation records to the ACC ICP Team detailing the proposed surgery to enable ACC to have enough information to set up supports for the kiritaki (for example, weekly compensation if requested). The ICP Navigator should assist the kiritaki to identify these supports and requesting these from ACC, either through MyACC or by contacting the ACC ICP Team.

• Where a specialist proceeds with an NPA procedure, and in theatre it becomes apparent another procedure needs to be performed that requires prior approval, the retrospective funding approval for alternative unanticipated treatment or alternative treatment process at clause 20 of the Elective Surgery Contract must be followed.

• ACC may amend this list as required and will provide the supplier with reasonable notice of any changes.

• ACC reserves the right to exclude specific suppliers from using the NPA Procedures List. ACC will contact these suppliers directly to advise they cannot use the list. This means they must complete the funding approval process and complete an ARTP to obtain ACC approval prior to providing treatment to the kiritaki.

12.3 Completing a Surgical Assessment Report and Treatment Plan (ARTP)

The Surgical ARTP is the only version that will be accepted and can be found here.

The Surgical ARTP must include:
• current Accepted ICPMSK Diagnosis
• specialist clinical opinion on the link between the Accepted ICPMSK Diagnosis, mechanism of injury, and treatment required (causal link)
• prognosis and expectations for recovery
• any supports required
• supporting documentation (for example, referral, clinical notes, radiology reports).

Complete the ARTP with as much detail as possible. At times, more information may be requested and will need to be provided so ACC can make a thorough assessment of the request. This will add delays to the approval process. The more information ACC receives with the initial ARTP, the faster decisions are likely to be made.

The ICPMSK supplier is responsible for:
• drafting the ARTP
• selecting an Elective Surgery Contract holder to act as the lead supplier of the surgery
• submitting the draft ARTP to the lead supplier for review and submission to ACC.

The selected lead supplier for the Elective Surgery Service Schedule has overall responsibility for the surgical ARTP and is responsible for:
• reviewing and completing the draft ARTP in conjunction with the ICPMSK named provider to the standard required
• submitting the completed ARTP electronically to the ACC ICP Team via ARTPS4ESU@acc.co.nz

Note: The time involved in preparing the ARTP is not separately chargeable, as this forms part of the ICPMSK service bundle.

12.4 The approval process

The ACC ICP Team will prioritise consideration of ARTPs based on the priority category selected on the ARTP. It is the responsibility of the Elective Surgery supplier, with the advice of the ICPMSK supplier, to assign a priority category to an ARTP.

ACC expects all suppliers to ensure that ICPMSK and Elective Surgery service processes are followed as per their respective contracts.

For information on where the approval process is up to, contact the ACC Provider Helpline on 0800 222 070 or the ACC Surgery Line on 0800 222 020.

It is expected that such an enquiry would normally come from the Elective Surgery supplier but recognise that a referrer may seek such an update to assist scheduling.

13. Clinical services and ICPMSK

ICPMSK operates in conjunction with Clinical Services to enable pre-operative anaesthetic assessment, interventional procedures (injections), as well as the completion and submission of the Clinical Services Assessment Report and Treatment Plan (CSARTP).

Injections can be invoiced under the relevant CSP code under Clinical Services, but the clinical time (if the provider is part of ICPMSK Services) is part of the service bundle – no Clinical Services consult should be invoiced alongside this. Where a Clinical Services consult for a client in the supplier's pathway is undertaken by a specialist outside of the pathway, and this is billed to ACC, this is considered an in scope service repayable to ACC. See Appendix I In Scope Services

Pre-operative anaesthetic assessments will be invoiced direct to ACC under the CLS codes under clinical services by the anaesthetist delivering the service once approval for surgery (or the decision to proceed for the NPA procedure) has been made.

13.1 Prior approval

Some procedures require prior approval, which is submitted to ACC using the CSARTP.

The CSARTP should include:

• current ICPMSK Accepted Diagnosis
• specialist's clinical opinion on the link between the ICPMSK Accepted Diagnosis, mechanism of

injury, and treatment required (causal link)
• prognosis and expectations for recovery
• supporting documentation (for example, referral, clinical notes, radiology reports)
• a breakdown of costs (where the procedure has no contracted code updated).

Note: Where a specialist wishes to perform a procedure that doesn't have a contracted code, they should complete and submit a CSARTP to ACC. This should provide details of the intended procedure, along with costings. ACC will consider this and, if approved, a Purchase Order will be supplied with an appropriate code to be used at invoicing.

Note: The time involved in preparing the CSARTP is not separately chargeable, as this forms part of the ICPMSK service bundle.

14. ICPMSK pathway: provider-led client management within the pathway

14.1 Return to Work Services in ICPMSK

Return to Work services must be provided to kiritaki who are in receipt of Weekly Compensation from ACC to ensure that they can achieve a successful and sustainable return to work. Vocational Rehabilitation should also be considered for any kiritaki who was in paid employment at the time of their injury, for example where there is a risk of them requiring time off work if input is not provided.

Return to Work services in ICPMSK are for kiritaki who are expected to achieve one or more of the following outcomes:

- Maintain employment with their current employer
- Same job, same employer
- Same job, different employer
- Modified job, same employer
- New job, same employer.

The Supplier must provide the following service components during Return to Work at a minimum:

- A completed worksite assessment and report for the kiritaki(standalone-workplace-assessment-acc5945.docx (live.com)) (e.g. ACC5945), of their pre-injury role including:
    - Evaluation of the workplace
    - Outline of the workplace job tasks for the kiritaki and corresponding functional requirements
    - Identification of physical, biomedical, cognitive, sensory and psycho-social employment factors.

- Undertaking of an assessment for the kiritaki at their place of pre-injury employment, unless otherwise agreed by ACC
    - In the majority of cases, it is expected that a worksite assessment is an essential and valuable part of a return to work plan for a kiritaki. Examples of when ACC may agree to an exception to this being completed include:-
        - A worksite assessment has already been completed bv the provider for the same kiritaki recently (e.g. due to a previous injury)
        - The employer refuses to allow the worksite assessment to take place, despite reasonable attempts by the provider to persuade the employer of the benefits of this, and to accommodate the employer's concerns
- Identifying the capability of a kiritaki to undertake their work tasks
- A return to work plan that will graduate the kiritaki back to their pre-injury role as their capacity improves. Although all attempts should be made to ensure the kiritaki receives payment for work completed in the first instance, this may include the provision of a work trial which an ICPMSK provider can request for a short duration i.e. 2-4 weeks. If a work trial needs to be extended due to a particular kiritaki need or employment requirement, please contact the ACC ICP Team.
- Identifying and addressing obstacles, barriers or concerns to ensure the kiritaki can effectively participate in their return to work plan.
- Contact with the kiritaki, employer and certifying provider to establish agreement and sign off for the return to work plan (with a copy of return to work plan to be sent to GP if they are not the certifying provider). Others involved in their recovery (e.g. their whānau and other treating providers) should be contacted with the consent of the kiritaki if required to coordinate the return to work.
- The fitting and trialling of simple equipment to facilitate recovery at work.
- Identifying and notifying ACC of any additional support that should be provided outside of the Service (e.g. follow up contact by ACC).
- Providing essential information about the kiritaki to ACC on their progress and identified issues, including immediately reporting participation or engagement issues (please refer to the Kiritaki barriers to participation and non-compliance section of these operational guidelines).

The worksite assessment and return to work plan must be submitted to ACC, the GP for the kiritaki, and their employer within 2 working days of initial return to work assessment.

The return to work plan must also be updated as needed during the pathway, and submitted to ACC, the GP for the kiritaki, and their employer within 2 working days of any updates made.

14.2 Employer engagement

For kiritaki who were employed at the date of injury, establishing early contact with the employer will help providers to gather and share more relevant information aimed at exploring and supporting a recovery at work. It also educates and empowers employers to make use of the resources and digital platforms available to help them support their employees.

You obtain consent from the kiritaki to engage with their employer. If needed, remind kiritaki you will keep their interests prioritised, and reinforce the benefits of recovery at work which is enabled through employer engagement. Please contact the ACC ICP Team if you are experiencing challenges in getting the consent so that we can support those conversations.

14.2.1. Initial Employer Conversation

The Initial Employer Conversation is an integral opportunity when it comes to supporting a kiritaki to return to work. The Initial Employer Conversation must be undertaken within two business days of triage completion.

This conversation:

- identifies employment risks and opportunities to address these
- allows verification of an employee's pre-injury duties, and opportunities for light/ alternative duties
- allows the provider to emphasise the value of recovery at work
- allows the employer to provide their preference around communication
- allows the provider to advise the employer of what to expect with their employee participating in ICPMSK and allows the employer to ask questions.

It is imperative that the privacy of the kiritaki is considered when engaging with the employer. For example, the provider should not share the details around how the accident occurred if the employer is unaware of these, as well as any compounding social or health factors.

Please see the guide in Appendix E for a more detailed explanation of how to complete an Initial Employer Conversation, including suggested prompts and questions.

As a baseline, the provider should:

- **Confirm the accident location** (for example, was this confirmed to be a work accident?). If there is disagreement between a kiritaki and the employer about this, advise the employer to contact ACC via the ACC ICP Team to consider a work injury dispute.
- **Verify that the kiritaki is still employed.** If they are no longer employed, continue gathering information and notify the ACC ICP Team.
- **Understand risks to employment**. This includes the employer's understanding and expectations around recovery timeframes, the communication between employer and employee, and how the business is and will be coping without them.
- **Promote recovery at work**. This includes exploring what this would look like in the workplace. If there is resistance, have a plan to re-visit this regularly if their recovery is ongoing.
- **Confirm work duties.** This is especially important if the kiritaki has lost their job or their job is at risk, as this will provide the baseline for the functional return to work the supplier will now be focusing on.

- **Obtain the employer's perspective**. This includes their view on barriers to return to work, or answering any questions they have.
- **Agree ongoing communication**. Ensure that this considers the employer's preferences , but also encourages follow-up if the employer has been resistant to the employee returning to the workplace/recovering at work.

The employer should also be encouraged to access Supporting your injured employee to recover at work (acc.co.nz) for more information on the options available and the benefits of a timely return to work for all parties.

Employers can also use MyACC for Business – a platform that allows them to view and manage information related to their levies, work related claims, and ERA claims. Employers can view their injured employee's work related claims information online and in real time, including the employee's work capacity information and any restrictions they might have. This can be used to help support the employees' recovery at work.

14.2.2. Employer Reimbursement Agreement (ERA) kiritaki

The Employer Reimbursement Agreement (ERA) is a contract ACC has with many employers who agree to pay weekly compensation to their injured employees on ACC's behalf. ACC reimburses employers for making these payments.

If a provider identifies that an employer has an ERA contract, they should check whether the employer has submitted a weekly compensation application to ACC so that the reimbursement process can begin. A copy of all medical certificates (including ongoing) should be provided to both ACC and the employer to keep everyone aligned on the reimbursement periods.

Once a kiritaki is engaging in work, the employer can submit abatement earnings details via MyACC4B. This is the most efficient way for our weekly compensation team to reimburse them. Alternatively, employers can complete an ACC38 Declaration of employee earnings form and email this through to erainformation@acc.co.nz

14.3 Supporting kiritaki to access entitlements through MyACC

Where a kiritaki needs access to ACC entitlements, it is expected that, where it is appropriate for the kiritaki and where these entitlements are available via MyACC, the provider will guide them through requesting them via MyACC.

Entitlements that can be requested through MyACC include:

- Weekly Compensation
- Transport
- Home Help/Attendant Care
- Child Care
- Prescription Reimbursements.

Where appropriate, kiritaki are also to be encouraged to use MyACC to send medical certificates and abatement details to ACC.

14.4 ACC-funded supports and interventions outside of ICPMSK

ACC may provide other support(s) to kiritaki that sit outside of ICPMSK services and are not covered by the ICPMSK service bundles.

Additional supports may be provided under the claim that ICPMSK is being provided for, or another ACC claim. The need for any additional supports must be causally linked to the covered injury. Additional supports include (but are not limited to):

- Weekly compensation (if eligibility is met).
- Aspects of vocational rehabilitation that are not covered in the ICPMSK Service bundles such as:
    - vocational rehabilitation review
    - vocational equipment.
- Social rehabilitation for these areas of entitlement:
    - aids and appliances (for example, equipment)
    - attendant care
    - childcare
    - home help
    - education support
    - housing modifications
    - transport for independence
    - other social rehabilitation.
- Ancillary services, including:
    - transport services where necessary to participate in treatment and rehabilitation
    - accommodation where a kiritaki or their escort or support person must travel outside of their region to access treatment (for example, surgery).
- Additional treatment (for example, Concussion Services).

An overview of supports kiritaki may be entitled to from ACC can be found here.

Please note that where a service is covered by an ICPMSK service bundle, it must be delivered within this bundle.

14.5 Implementing additional supports outside of ICPMSK

Where a kiritaki requires additional supports due to their covered injury the supplier should:

- Encourage them to request any additional supports through MyACC where appropriate (see the Supporting kiritaki to access entitlements through MyACC section of these Guidelines), ensuring that:
    - the kiritaki is aware they should be making requests in advance of the actual date support is needed so there is reasonable time for ACC to action it.

OR

- Email the ACC ICP Team with the recommendation for additional supports in the format specified below.

Specific details about the weekly compensation entitlement (e.g. personal details required to assess their weekly compensation entitlement, payment amounts, how their entitlement was calculated) will need to be managed between the kiritaki and ACC. You should direct the kiritaki to ACC's Contact Centre on 0800 101 996 in this situation.

If a request for support is urgent, please phone the ACC ICP Team directly.

Additional supports can be identified and recommended at any point of the pathway. When recommending them for a kiritaki, the supplier must consider what is reasonable for ACC to be funding based on their wider situation. For example, if a kiritaki has natural supports readily available who can transport them to appointments for treatment, then they should use these rather than requesting that ACC funds taxis.

The ACC ICP Team will consider the request for additional supports and respond to the supplier within three business days with any next steps.

The ACC ICP Team may contact the provider, or a kiritaki, to gather further information so that a decision can be made about the request for additional supports. The ACC ICP Team will always inform the provider of the outcome of the request. The ACC ICP Team may also ask the provider to inform a kiritaki of the outcome of the request for additional supports.

If the provider is unsure of which support to request from ACC but is aware there is a need for further support, they should contact the ACC ICP Team to discuss best next steps.

When requesting additional supports for a kiritaki via email, the provider must clearly give the details below so that the ACC ICP Team are able to act as efficiently as possible. The provider must advise the ACC ICP Team if there is a change in circumstances that may impact the need for additional supports. When recommending additional supports, the provider must:

- email the ACC ICP Team
- include the claim number, kiritaki name, and 'ICP Additional Support Recommendation' in the subject line
- check the email address being used is accurate
- only submit a request for one kiritaki per email.

The supplier should submit the details as outlined in the example in the table below:

List of additional supports being recommended:	*Social Rehabilitation Needs Assessment*

Expected outcome (how would a kiritaki benefit from the additional supports?)	*An SRNA will provide a comprehensive report of support recommendations to assist with several activities of daily living that Mrs Smith is struggling with.*
How is the need for the support causally linked to the covered injury?	*Due to Mrs Smith's rotator cuff tear, she is unable to keep on top of cleaning her home, caring for her six-month-old baby, completing her personal cares, and driving.*
Dates supports are required (if applicable)	*Assessment completed and potential supports need to be arranged over the next two weeks,*
Additional details (e.g. further supporting details, any kiritaki risks, preferred vendors/providers)	*Mrs Smith's parents are about to return to Australia and are no longer able to assist her. Her partner has used as much leave as possible but needs to return to work in the next two weeks. There are no other natural supports readily available.*

14.6 Accessing rongoā Māori

Rongoā Māori (traditional Māori healing) is available to kiritaki as part of their social rehabilitation. This is an ACC-funded service outside of ICPMSK and the ICPMSK service bundles.

ICPMSK providers should inform kiritaki that rongoā Māori is an ACC-funded service that is available to them, particularly when considering their cultural needs. Where a kiritaki would like to access rongoā Māori funded by ACC, providers can direct them to the ACC website for information on how to access this: Using rongoā Māori services (acc.co.nz). Kiritaki may also speak with the ACC ICP Team for more information on accessing ACC-funded rongoā Māori.

14.7 ICP Recovery Plan (document)

An ICP Recovery Plan captures the outcome(s), goals and interventions that will be part of the pathway, as well as other important information about them and their situation.

ICPMSK providers must:

- Create the ICP Recovery Plan for each kiritaki who enters ICPMSK, and
    - share a copy of the ICP Recovery Plan with ACC within 10 days of their entry into ICPMSK (that is, when the service bundle is assigned).
- Update the ICP Recovery plan as circumstances change during the pathway, and
    - share a copy of the updated ICP Recovery Plan with ACC within 10 days of being updated.
- Close a ICP Recovery Plan when a kiritaki is to be exited from ICPMSK, and
    - share a copy of the closed ICP Recovery Plan within 5 days of exiting a kiritaki from ICPMSK.

The ICP Recovery Plan information (see *Appendix F*) must, wherever possible, be sent to ACC as a PDF document using the Inbound Documents API within the supplier's PMS.

The ICP Recovery Plan must include reference to the following Outcomes (as relevant to the kiritaki) as described in Part B section 3 of the Service Schedule:-

- For an ACC Kiritaki who is an Earner:
    - a sustainable Return to Work
    - a sustainable Return to Independence
- For an ACC Kiritaki who is a Non-earner
    - a sustainable Return to Independence
- For both Earners and Non-earners:
    - Rehabilitation Goal(s), i.e. personal goals that are important to Kiritaki, and which the interdisciplinary team agree to work towards achieving or exceeding through the ICPMSK pathway.

ACC may use some of the information provided in the ICP Recovery Plan to inform the creation and management of an Individual Rehabilitation Plan (IRP) for a kiritaki. ACC holds full responsibility for the IRP.

14.8 Medical clearance for a pre-injury role

Throughout the time a kiritaki is on the pathway, both the supplier and ACC are required to continuously consider their eligibility for continued treatment and support under their ACC claim. For kiritaki who were employed at the time of their accident and eligible for weekly compensation, this includes regular consideration of their ability to perform their pre-injury role.

ICPMSK providers must continuously evaluate whether a kiritaki is unable, due to their covered injury, to engage in the employment which they had at the time of their injury. This requires consideration of what their pre-injury job tasks entailed and their current functional ability.

The fitness of a kiritaki for their pre-injury role can be confirmed via a medical certificate (ACC18) or an independent assessment by an occupational physician (Section 103 Assessment).

It is important to note that ability to engage in pre-injury employment does not require a kiritaki to be doing so (for example, they may not currently be working, but regardless can engage in their pre-injury role should it be available).

The preference for obtaining a clearance for a pre-injury role falls in the order below:

1. The kiritaki is supported to return to their pre-injury role by the ICPMSK provider, and clearance is obtained for this from their ICPMSK specialist or GP (where they are not engaged with a specialist).
2. The kiritaki is supported to regain fitness for their pre-injury role by the ICPMSK provider, but their GP is not confident to sign them off for this despite the assurances from the ICPMSK provider. The ICPMSK provider requests ACC to agree to a case conference to arrange an independent Section 103 Assessment.

3. The kiritaki is supported to regain fitness for their pre-injury role by the ICPMSK provider. They are then engaged with a specialist on the ICPMSK pathway, but they request ACC to consider an independent Section 103 Assessment to verify this. Note that a strong rationale will be required for why the ICPMSK specialist requires an independent assessment.

In cases where a Section 103 Assessment is completed, and it indicates further rehabilitation is required, ACC will agree next steps with the kiritaki and the ICPMSK provider. Where it indicates that the kiritaki has regained fitness for their pre-injury role, ACC will notify the provider of the intention to issue the decision to stop compensation to them. See the Issuing decisions to kiritaki section of these Guidelines for the next steps.

14.9 Whānau-based conversations

A kiritaki is a member of a whānau unit. Whānau input and support is integral to the kiritaki journey. Involving whānau in the decision-making and recognition of the impact of the injury on whānau is an important consideration for recovery.

Where it is requested by a kiritaki, or a cultural need is identified, providers need to be able to offer whānau-based conversations. This includes taking the time to hui kanohi ki te kanohi/face-to-face at a location where they feel most comfortable if required by a kiritaki.

This guidance aligns to ACC's Kawa Whakaruruhau (cultural safety policy).

14.10 Case conferences

The provider is the key point of contact for kiritaki throughout their time in ICPMSK, but there are some situations where ACC wants to support the provider with more complex conversations about their recovery. This includes:

- where a kiritaki is being considered for Obtain Employment
- to set expectations with a kiritaki about compliance with their rehabilitation
- where ACC needs to organise an external assessment, which could lead to an impact on continuing entitlements (for example, Section 103 assessment, Medical Case Review).

If the provider needs further assistance in supporting a kiritaki, they can also contact the ACC ICP Team to request consideration of a case conference. The ACC ICP Team will then discuss options and next steps with the supplier.

Where ACC determines a case conference is required, they will advise the supplier of potential times for this to occur. The supplier will then need to contact a kiritaki to organise this and advise ACC of the agreed time/date. The ACC ICP Team member will facilitate the meeting and document agreement to the next steps, ensuring these are distributed to all parties.

14.11 Updated Diagnosis

If information is received or assessment is completed (either at triage or during the pathway) that indicates a change of diagnosis (or diagnoses) for which ACC has accepted for cover, this is called an Updated Diagnosis/Diagnoses. The supplier will need to consider whether it is likely that this revised diagnosis is either:

- caused by the accident, or
- likely to be an existing condition that has become apparent (or more apparent) following the accident event (for example, symptomatic aggravation of a pre-existing pathology), or
- developed independent of the accident event (some time after).

The supplier cannot approve cover for a diagnosis on an ACC claim. If the supplier believes a diagnosis of a kiritaki is caused by the accident and needs to be added or changed on their claim then the supplier will need to submit a request to ACC to formally consider cover. If the supplier believes any diagnosis is unrelated to their accident, see 14.17 Non-injury related health.

This Updated Diagnosis process can occur at any time along the pathway, but likely times will be:

- following triage when entering **OR** declining the kiritaki entry to an integrated care pathway
- when new information is received that indicates a different diagnosis (or clarifies the diagnosis) relative to the diagnosis (or diagnoses) that have already been accepted for cover on the claim
- upon request from ACC.

14.11.1 Updated Diagnosis at Triage

When an Updated Diagnosis is identified by the completion of triage, the supplier can request consideration of cover by using either:

- the Accept ICP Referral & Share Triage Outputs dataset when accepting a kiritaki entry to ICPMSK (see *Appendix A*), or
- the Declined ICP Referral dataset when declining a kiritaki entry to ICPMSK (see *Appendix A*).

The supplier must also submit any supporting information to aid assessment of the Updated Diagnosis (see list of supporting information below). Supporting information should be submitted digitally (e.g. Inbound Docs), and through email to our ACC ICP Team where it cannot be shared digitally. This information must be submitted within 5 business days.

14.11.2 Updated Diagnosis after Triage

When a possible Updated Diagnosis is identified at any other point during the pathway after Triage, the supplier can request consideration of cover using other methods, e.g. an ACC18 or an ACC32. You must also submit any relevant and supporting information within 5 business days.

Supporting information includes everything required for ACC to consider approving the Updated Diagnosis, including, where relevant:

- lodgement notes (from the provider who lodged the ACC45)
- imaging reports
- medical officer assessment, including comment on imaging, Updated Diagnosis, and ICP Recovery Plan
- treatment notes.

ACC will follow their internal decision-making process to determine if cover can be accepted. This may include notifying the kiritaki and ICPMSK supplier that cover decision timeframes need to be extended if additional information is required. Where cover is accepted, the kiritaki and supplier (and employer where relevant) will be notified in writing.

See the Issuing decisions to kiritaki section of these Guidelines for next steps when ACC intends to decline the Updated Diagnosis.

14.12 Requesting a claim review from ACC

In some situations, the supplier may identify a need for an ACC review of a claim to determine appropriate next steps for a kiritaki. This could include when:

- there are potentially non-injury related medical conditions that are hindering their recovery
- the supplier wants to enter a kiritaki to ICPMSK, but they are more than 12 months post-injury, and the supplier needs ACC to consider approving cover for the relevant Accepted ICPMSK diagnosis first (that is, post-traumatic osteoarthritis, dislocation, or ligament rupture)
- there are indications that a kiritaki is likely to be able to return to independence/their pre-injury role, but their GP is not able to provide clearance or does not agree
- the supplier is requesting independent specialist advice to provide guidance on appropriate treatment/rehabilitation
- there is a possibility a kiritaki may not be eligible for ACC support for another reason under the legislation (for example, indications are that the injury might be wilfully self-inflicted).

In these situations, the supplier should provide their request, reason, and rationale by email to the ICPMSK Team, along with all supporting documentation required for ACC to complete the review. This should include:

- lodgement notes (from the provider who lodged the ACC45)
- imaging reports
- any relevant medical reports, including comment on imaging, and ICP Recovery Plan
- treatment notes.

The ACC ICP Team will then be in contact to advise the next steps. The supplier should continue to provide appropriate support to the kiritaki in the interim.

For specific situations linked to this process, please see the following sections of these Guidelines:

- Non-injury related health
- Disentitlement
- Medical clearance for a pre-injury role
- Issuing decisions to kiritaki.

14.13 Obtain Employment

Background

ACC and the supplier's primary responsibility is to support the kiritaki to return to their pre-injury role, or fitness for this role, should they no longer have their job to return to. Obtain Employment is a consideration for kiritaki who are unlikely to return to their pre-injury role and need to begin looking at alternative work types.

Knowing a kiritaki and the progress of their recovery is a key factor in considering when it might be appropriate explore the alternative pathway of 'obtaining employment'. Efforts to maintain the pre-injury role should be thoroughly explored before considering this.

Loss of momentum within vocational rehabilitation is one of the main reasons kiritaki struggle to return to work. Research shows that the longer someone is out of work, the harder it is for them to return. The timeliness of the transition between maintaining employment and obtaining employment/work readiness is critical to achieving a successful outcome.

When to consider Obtain Employment

The obtain employment process begins with an IOA, and is initiated by the supplier sending an 'IOA request template' to ACC. As soon as it becomes apparent that a kiritaki may not be able to return to their pre-injury role, the supplier is required to notify ACC so that we can consider referring for an IOA. ACC may also notify the supplier where reporting indicates kiritaki may be at risk of a prolonged recovery and should be considered for an IOA. A kiritaki can still be participating in other treatment and rehabilitation within ICPMSK when they begin the pathway to obtain employment, including a vocational rehabilitation component of ICPMSK which continues to explore their pre-injury role.

IMPORTANT: Before initiating the process of considering Obtain Employment, the ICP supplier must first review the covered injuries/diagnoses for the kiritaki and ensure these are correct, up to date, and represent the cause of their incapacity.

Examples

Situation	**Action**
When a kiritaki continues to be employed and will return to their pre-injury role over a prolonged period of time	• encourage them to gradually increase their participation at work (partial duties or hours) and continue with current rehabilitation • consider additional supports which may assist the return to work • if a kiritaki struggles to make progress, send an Initial Occupational Assessment (IOA) request template to ACC (*see Appendix G)*
When a kiritaki loses their job, and will require significant functional and vocational rehabilitation to regain fitness for their pre-injury employment	• confirm with the specialist and/or GP their perspective on the likelihood of return to pre-injury employment • detail their pre-injury work tasks, including those which they can/can't manage • send an IOA request template to ACC (*see Appendix G)*

When a kiritaki loses their job, but is likely to regain fitness for their pre-injury employment in the near future	• continue to work towards functional ability to return to the pre-injury role in the ICPMSK Service • see Medical clearance for pre-injury role section of these Guidelines
When a kiritaki might not regain fitness for their pre-injury employment due to a combination of injury and non-injury related reasons	• refer to Non-injury related health and Requesting a claim review from ACC sections of these Guidelines • if capacity is confirmed to be still due to covered injury, send an IOA request template to ACC (*see Appendix G)*
When it is unclear if a kiritaki is going to be able to regain fitness for pre-injury role, and further information/external clinical opinion is needed to verify this	• confirm with the specialist and/or GP their perspective on the likelihood of return to pre-injury employment • detail the pre-injury work tasks for the kiritaki, including those which they can/can't manage • send an IOA request template to ACC (*see Appendix G)*

Process

The supplier notifies ACC by sending the IOA request template (*see Appendix G)* to the ICPMSK Team via email. Once this has been received, the ICPMSK Team will consider the rationale and contact the ICPMSK supplier with a decision.

If it is agreed that referral for an IOA is appropriate, ACC will request that the supplier organises a case conference, where the process will be explained to the kiritaki.

ACC will then refer for the IOA and Initial Medical Assessment (IMA). The supplier will be notified of these appointments and is expected to remind the kiritaki and support them to organise anything required to attend, such as transport.

Once these assessments are completed, ACC will request that the supplier organises a further case conference. At this conference recommended rehabilitation will be agreed, including which aspects will be the supplier's responsibility versus which will be separately referred by ACC.

Once all aspects of agreed rehabilitation have been completed, ACC will internally verify if a kiritaki is likely to obtain employment. If so, ACC will request that the supplier exits the kiritaki, and attends a case conference, so that next steps can be explained to them.

If at any stage during the obtain employment process it is determined that a kiritaki should exit the ICPMSK pathway for another reason, this should still be completed as normal. While waiting for any ACC decisions throughout the process, the supplier will also continue to provide treatment and rehabilitation as per their ICP Recovery Plan.

14.14 Issuing decisions to kiritaki

Making decisions relating to cover and entitlements a kiritaki can receive under their ACC claim is the responsibility of ACC. As the primary contact for the kiritaki on an integrated care pathway, the ICP Navigator holds the relationship with the kiritaki that enables them to be able to explain a decision relating to their claim, answer any questions, and advise next steps.

Where ACC intends to issue a decision that a kiritaki may consider detrimental, ACC will contact the ICP Navigator first to notify them of the anticipated decision and explain the reasons for this and the next steps. See the table below for examples:

Decision	**Reason**	**Next steps**
ACC declines cover for an Updated Diagnosis, but this diagnosis is not the reason that the kiritaki is receiving treatment in the ICPMSK pathway	Clinical review has determined that the condition was not caused by the accident.	Kiritaki can continue to receive treatment for their covered injury on the ICPMSK pathway, since this is still within scope, but will need to consider any treatment for the declined diagnosis outside of ACC funding.
ACC declines cover for an Updated Diagnosis, which is the actual cause of incapacity for the kiritaki and need for treatment	Clinical review has determined that the condition was not caused by the accident.	Kiritaki will need to be exited from the ICPMSK pathway, and any other supports relating to this condition will also be suspended. Kiritaki can be supported and/or signposted to continue treatment outside of ACC funding where appropriate.
ACC declines a request for home support for the kiritaki	A social rehabilitation assessment indicates that there are other options to enable them to be independent at home, such as equipment and natural support.	Other recommended options will be organised to support their independence.

Note: Decisions to suspend compensation as a result of non-compliance are sent by ACC. See the 'Kiritaki barriers to participation and non-compliance' section of these Guidelines.

Following notification that ACC intends to issue a decision on the claim, the ICP Navigator must attempt to contact the kiritaki to advise of the pending decision.

The ICP Navigator should explain the decision in a way that shows partnership with ACC, and clearly explain why ACC is making the decision. The ICP Navigator should also outline options for alternative support available to a kiritaki, to allow them to understand the reasoning and next steps available.

When contacting a kiritaki to deliver a decision the ICP Navigator should carry out the following:

Action	**Next steps**	**Timeframe**

Attempt to contact the kiritaki	Leave a message requesting a call back if appropriate Notify the ICPMSK IDT that the kiritaki should contact the ICP Navigator	By the end of the following business day
Follow-up attempt to contact the kiritaki	Leave a further message requesting a call back if appropriate	Further three business days
Further attempt to contact the kiritaki	Notify ACC that you have been unable to communicate the decision to them	Further five business days

Note: ACC will notify the supplier if timeframes are more/less urgent than those above. All contact should ideally be attempted by phone since this will allow the kiritaki to ask questions at the time.

Once ACC has received notification that the decision has been discussed with the kiritaki, ACC will issue the formal written decision to them, the supplier, and their employer (where relevant).

It is expected that the ICP Navigator will be able to manage any questions from the kiritaki about the decision based on the rationale supplied by ACC. However, the kiritaki will also be provided with an explanation of their review rights for their decision and can be encouraged to consider this avenue if they believe the decision to be incorrect.

In some situations, the ACC ICP Team may determine to discuss the decision with the kiritaki directly. This could be, for example, for privacy reasons or due to the urgency of the communication. In these situations, the supplier will still be notified of any implications which may impact them or their service.

Following the decision, kiritaki can continue to receive support from the supplier outside of ICP where appropriate. Where alternative support is needed, they should be referred by the ICP Navigator to appropriate community supports and/or referred back to their GP with guidance for ongoing needs. Please see the section of these Guidelines for further information.

14.15 Kiritaki barriers to participation and non-compliance

During the pathway, ICP Navigators support kiritaki to become responsible for as much of their own rehabilitation as practical. These expectations include that they:

- undergo medical or surgical treatment for their personal injury
- attend assessment appointments
- carry out their part of any agreed interventions
- avoid activities that they agree are counterproductive to achieving the outcome.

These expectations can be delivered as part of onboarding kiritaki to ICPMSK and are a point of reference if there are any concerns about attendance and engagement through the pathway.

Some kiritaki may experience barriers to participation and are not regularly attending and/or are inconsistent with their communication with members of the IDT. The ICP Navigator should have a conversation with the kiritaki first to explore the reasons for why they are not engaged with ICPMSK and consider strategies to mitigate this. This could include:

- transport assistance

- re-considering the time of appointments and how they could be impacting their other important commitments
- agreement on more effective and practicable ways to communicate with them
- other social rehabilitation supports to enable them to have time to focus on their treatment and rehabilitation.

Where attempts have been made to improve the engagement of a kiritaki in their pathway, and they are still disengaged with appointments and communication, then ACC wants to support the supplier by having a case conference to consider the obstacles the kiritaki is facing in participating, and what is required to work through these obstacles (including how ACC can assist). This will include consideration of the need for kiritaki to comply with reasonable rehabilitation obligations, and implications of non-compliance.

To enable this, the supplier needs to contact ACC to consider how we can assist and if the circumstances meet ACC's thresholds for non-compliance. This contact should occur early to help set expectations and avoid setbacks for the kiritaki in their recovery. This could be that they:

- Repeatedly miss appointments without reasonable notice/cause
- are non-contactable for a period of time (that is, unable to schedule appointments)
- do not agree to the treatment or rehabilitation needed to progress their recovery.

ACC will organise a case conference to explore these obstacles and what is needed to address obstacles to participation, ACC's expectations, and the implications if these are not met. As part of this, a plan will be made for how compliance will be monitored moving forward.

It is important to note that addressing barriers to participation and non-compliance are not the same. Non-compliance is when a kiritaki unreasonably fails or refuses to comply with a reasonable request from ACC. These requests may include (but are not limited to) attending appointments arranged by us, participating in rehabilitation or providing information.

If the kiritaki refuses to participate in their rehabilitation without reasonable grounds, ACC isn't obliged to provide certain interventions and supports to them.

ACC can withhold support for a kiritaki if, without good reason, they:

- fail to comply with any requirements of the legislation related to their claim
- refuse to undergo medical or surgical treatment that will assist their recovery from injury
- fail to comply with what they agreed to in an individual rehabilitation plan created by ACC.

However, ACC must warn kiritaki about the impacts on their entitlements of not complying. If the failure or non-compliance continues, ACC may stop entitlement payments or withdraw support and send them a decision letter notifying them of this.

Should kiritaki re-engage with the IDT and continue in their pathway, they should be given the opportunity to complete ICPMSK. Following this decision, ACC and the supplier should still continue to work together to try to regain engagement of the kiritaki in their rehabilitation in the first place. It is only with continued non-compliance, having followed the above process, and with the ICPMSK claims team's direction, that the supplier should exit the kiritaki as non-compliant.

If, after previous warning of non-compliance, a kiritaki begins to disengage from ICPMSK again, the supplier will send information about the non-compliance to the ACC ICPMSK Team, who will notify the supplier and kiritaki of what is required of them in writing. In most cases, a further case conference to explain responsibilities to the kiritaki should not be required for subsequent episodes of non-compliance.

14.16 Disentitlement

ACC is not permitted to provide entitlements, including those included in ICPMSK, to kiritaki in certain cases.

To ensure adherence to ACC's obligations, the supplier must notify ACC at the earliest opportunity if they receive information indicating that a kiritaki:

- may be incarcerated, including held on remand
- has an injury that may have been self-inflicted
- may have sustained their injury in the course of committing a criminal offence.

This will enable ACC to consider the full criteria for disentitlement. On receipt of this information, ACC will consider if the kiritaki should be disentitled and notify the supplier of the outcome. See the Issuing decisions to kiritaki section of these Guidelines for next steps.

14.17 Non-injury related health

ICP suppliers are expected to take into account non-injury related health conditions of kiritaki when planning their treatment. Where the non-injury health of the kiritaki is presenting a barrier or inhibitor to their recovery, the supplier should notify ACC's ICP Team. This is of particular importance when the non-injury related condition may be the main cause of their presentation, making the kiritaki ineligible for ICPMSK. The supplier must make it clear in the notification and any consultation notes if this is the case, and the information provided should have everything the ACC ICP Team need to confirm their ineligibility. This should include clearly stating that the clinical team's belief is that the condition of the kiritaki is no longer predominately caused by their covered injuries. See 15.1.3.2 Not eligible under ACC for more information.

Once the ACC ICP Team receives the notification, they will review this and confirm internally if:

- treatment should continue, with advice around any specific considerations
- treatment and supports should cease (see the Issuing decisions to kiritaki section of these Guidelines)
- an independent medical assessment is required to determine next steps.

Where an independent medical assessment is required, ACC will ask the supplier to arrange a case conference, where the purpose of this can be explained to the kiritaki and agreed.

ACC will arrange a referral for a Medical Case Review with an appropriate specialist. The supplier will be notified of these appointments and is expected to remind kiritaki and support them to organise anything required to attend, such as transport.

Once the report is received, ACC will review the recommendations and then notify the supplier of the next steps.

While waiting for any updates or decisions from ACC throughout the process, the supplier will also continue treatment and rehabilitation (as per the ICP Recovery Plan) uninterrupted.

14.18 Kiritaki with other entitlements

Where a kiritaki requires support or interventions outside of ICPMSK and the ICPMSK supplier also holds the contract for this service then ACC will, with the consent of the kiritaki, endeavour to have all services managed by the same supplier when this is appropriate. This is to ensure that services are delivered cohesively.

Where an additional supplier is engaged for the delivery of treatment, rehabilitation or supports (for example, home help), ACC should advise this supplier of the involvement of the kiritaki in the ICPMSK pathway, their current inputs, and relevant contact details.

Likewise, the ICP supplier should keep the additional supplier informed of any relevant information that may impact delivery of their services. See the table below for examples.

Background	**Situation**	**Action**
ICP kiritaki is receiving domestic support from an additional supplier	Their functional ability has improved, meaning they can complete more actions independently around the home.	ICPMSK supplier notifies the additional supplier of the change in functional ability. The additional supplier considers this information at the next service review.
ICP kiritaki is receiving Concussion Services support from an additional supplier	Kiritaki has had an aggravation of their injury and is required to adjust their rehabilitation programme.	ICPMSK supplier updates the Concussion Services keyworker, so that any planning for the concussion can be adjusted as appropriate.
ICP kiritaki is engaged in a Back to Work programme, considering alternative work types, from an additional supplier	Kiritaki has been scheduled for surgery and will need a period of recovery following this.	ICPMSK supplier updates the additional supplier, so that the Back to Work programme can be considered to be put ‘on hold’.

14.19 Kiritaki with additional injury claims

When a kiritaki has an additional injury, or a previous injury requires additional support, the ICP Navigator is required to ensure they are receiving adequate support for all claims or organise this as appropriate.

It's essential that support is requested and provided for the claim for which the support is relevant, rather than it all being under the claim through which ICPMSK is funded.

In most cases, it is anticipated that the ICP Navigator can ensure the needs of the kiritaki are met across all claims for which they are requiring support. This could include:

- treatment under Cost of Treatment Regulations delivered concurrently for the other accident, to be managed either by the same providers or an additional supplier
- supporting the kiritaki to access entitlements via self-service (MyACC)
- requesting that ACC's ICPMSK Team refer for additional entitlements to manage the additional injury.

Please see table below for examples.

Situation	**Action**
While completing their exercise programme as prescribed by the ICPMSK supplier, the kiritaki falls and badly sprains their wrist and lodges a new claim.	ICP supplier continues to support the kiritaki with rehabilitation under the ICP pathway, and also treats their wrist sprain under the Cost of Treatment Regulations. The ICP Navigator supports them to apply for equipment and domestic support via MyACC, ensuring these are applied for in relation to the new accident.
The kiritaki is under the ICPMSK pathway, and is involved in a car accident, sustaining a concussion.	The IDT monitors concussion symptoms whilst they continue to provide rehabilitation to the kiritaki. The ICP Navigator has a clinician arrange a Concussion Services referral if treatment for the concussion is needed. The ICP supplier continues to support the kiritaki with rehabilitation concurrently under ICPMSK.
The kiritaki is engaged in their ICPMSK pathway, but has a reaggravation of a mental health diagnosis related to a previous physical injury claim that is covered by ACC. The symptoms are not so severe that they cannot engage in their pathway, but they do require support relating to these.	The ICP Navigator notifies the ACC ICPMSK Team about the need for additional support relating to a previous claim. The ICPMSK Team send a referral for psychological services on this claim. The ICPMSK supplier continues supporting the kiritaki with their ICP Recovery Plan and monitors the impact of their psychological needs on this.

If the compounding impacts of multiple injuries, or an additional injury's complexity is such that the supplier believes it is no longer appropriate for the kiritaki to be managed under the ICPMSK pathway, they can consider an early exit.

This exit would be due to the complexity of the other injuries making it inappropriate for the kiritaki to be continuing with their ICP Recovery Plan until these issues are resolved. The ICPMSK supplier would select the reason as 'other' and provide the new injury's complexity as their rationale for the early exit. They should also ensure that the additional supports required are clearly identified for follow-up by ACC. The ICPMSK supplier could also indicate what would need to be resolved for them to consider re-entry at a later date (if appropriate).

In some situations, where the additional injury presents a complexity or meets some other exclusion criteria that means it is no longer appropriate for the kiritaki to be managed under the ICPMSK pathway, ACC will notify the supplier and request them to complete an early exit.

15. Exit and evaluation of outcomes

When exiting a kiritaki from an integrated care pathway please review and update the ICP Recovery Plan and send this finalised version to ACC before submitting the exit information. Then you must inform ACC of this exit through submission of data via your PMS relating to Client exit (see *Appendix A*). This will include the appropriate exit category, PROM, and Clinical Measure Outcome.

Once a kiritaki meets the exit criteria the Supplier must exit the kiritaki from the ICPMSK service within 2 Business Days. For clarity, the date of exit is determined by the date that the exit criteria is met.

Please also notify the referrer to the integrated care pathway of the outcome. In addition to this, if the referrer was not the GP of the kiritaki, then the provider should gather consent from kiritaki to share ICPMSK outcome information with their GP. If consent is given, then the provider must double check who that GP is (in case it has changed) prior to sending them a copy of this ICPMSK outcome information. The provider should also make a record of the consent as per standard practice.

ACC will also contact the kiritaki to administer a PREM.

An ACC ICP Team member may contact the provider following exit information being received if any further information is required.

15.1 Exit categories

When submitting exit dataset to ACC, the supplier needs to provide an exit reason. The potential reasons and categories they fall into are summarised in the table below, then summarised in more detail in the remainder of this section.

Category	**Exit Reason**
Exit with outcomes successfully achieved	ICPMSK Outcomes Achieved
Early Exits	ICPMSK Outcomes Partially Achieved
	ICPMSK Outcomes Not Achieved
	Non-compliance
	Kiritaki opts for an alternative service
Loss of eligibility exits	New ACC Diagnosis (outside of ICPMSK scope)
	Not eligible under ACC

	Kiritaki moved out of the region
	Other

15.1.1 Exit with outcomes successfully achieved

15.1.1.1 ICPMSK Outcomes Achieved

An exit with ICPMSK Outcomes Achieved is where a kiritaki has achieved **all** of their Outcomes. The following provides guidance for whether an Outcome is achieved:

- If the kiritaki is an Earner, achievement of a sustainable Return to Work means they have either achieved their goal as outlined in their Return to Work plan, or received medical clearance for their pre-injury role. This will have also resulted in the cessation of Weekly compensation.
- Achievement of a Sustainable Return to Independence means that the kiritaki requires no further treatment or entitlements for the ICPMSK related injury.
- Achievement of any Rehabilitation Goals (Personal) means that the kiritaki considers that they have achieved or exceeded those goals.
- Achievement of the Clinical Measure Thresholds means that the kiritaki has achieved or exceeded the Clinical Measure threshold (80% of the strength of the opposite limb (Shoulder or Knee), or 80% of the normative value (Lower back)).

15.1.2 Early exits

An early exit is where a kiritaki exits before they have achieved their outcome(s), and where the Supplier has some degree of influence over this process. This includes where a kiritaki is entered with a high level of confidence of an ICPMSK diagnosis but subsequently the diagnosis does not meet ICPMSK diagnosis criteria or confirms kiritaki ICPMSK ineligibility, and the client is therefore exited from the pathway.

Once a kiritaki meets Early exit criteria the Supplier must exit the kiritaki from the ICPMSK service within 2 Business days. For clarity, the date of exit is determined by the date that the exit criteria is met.

Early exits will be monitored by ACC and discussed in the wider performance framework.

15.1.2.1 ICPMSK Outcomes Partially Achieved

An exit with the ICPMSK Outcomes Partially Achieved is where a kiritaki has made some progress towards the outcomes agreed with the kiritaki at entry to the service but has not been able to achieve all of their Outcomes, and where the interdisciplinary team have determined that further ICPMSK services are unlikely to result in the achievement of all of these Outcomes. Specifically this means that the kiritaki has not achieved their Outcomes in one or more of the following ways:-

- If the kiritaki is an Earner, then they will have not achieved a sustainable Return to Work. This could include remaining on alternative duties, reduced hours or otherwise still in receipt of Weekly Compensation.

- The kiritaki will have not achieved a sustainable Return to Independence.
- If the kiritaki has set Kiritaki Rehabilitation Goals (Personal), then they will have not achieved those goals.
- The kiritaki will have not achieved the Clinical Measure Thresholds (80% of the strength of the opposite limb (Shoulder or Knee), or 80% of the normative value (Lower back)).

15.1.2.2 ICPMSK Outcomes Not Achieved

An exit with the ICPMSK Outcomes Not Achieved is where a kiritaki has not made any progress towards achieving their Outcomes, and where the interdisciplinary team have determined that further ICPMSK services are unlikely to result in the achievement of these Outcomes, specifically:

- If the kiritaki is an Earner, then they will have made no progress towards achieving a sustainable Return to Work (remaining in receipt of full weekly compensation), and;
- The kiritaki will have made no progress towards achieving a sustainable Return to Independence, and;
- If the kiritaki has set Kiritaki Rehabilitation Goals (Personal), then they will have made no progress towards achieving those goals, and;
- The kiritaki will have made no progress towards achieving the Clinical Measure Thresholds (80% of the strength of the opposite limb (Shoulder or Knee), or 80% of the normative value (Lower back)).

Note: It is expected that the bundle funding has been exhausted (+/- exceptional funding, as applicable) or there would be a change reverse the bundle and reinvoice for a lower bundle (as applicable).

15.1.2.3 Non-compliance

An exit through non-compliance may occur after these steps have been taken:

- The ICPMSK kiritaki has failed to attend appointments, treatment, and/or respond to attempts to communicate, and the provider has attempted to address this lack of engagement with the kiritaki.
- The provider has contacted ACC about this lack of engagement.
- The ACC ICP Team have contacted (or attempted to contact) the kiritaki to discuss the reason for, and the possible outcomes of, continued non-compliance (and/or sent information about non-compliance and the potential cessation of entitlements to them).
- The kiritaki has not resumed treatment appointments and communication with the provider, and the provider has informed ACC.
- ACC have optionally contacted (or attempted to contact) the kiritaki a further time, and being unsuccessful, have contacted the provider to confirm that they may exit the kiritaki, or

Contact has been established with the kiritaki but they are failing to cooperate with ACC and have provided an unreasonable refusal to undergo medical or surgical treatment that will assist their recovery from injury.

15.1.2.4 Kiritaki opts for an alternative ACC service

An exit where the kiritaki opts for an alternative ACC service is where they have chosen not to

proceed with their ICPMSK programme without meeting their outcomes. Instead, they opt for, or are recommended to participate in, an alternative ACC treatment service to achieve their outcomes (for example, Allied health, Clinical Services).

Note: When kiritaki opt out of ICPMSK without having achieved their ICP Rehabilitation goal, they will require some other form of ACC service to attempt to achieve it. It would be preferable for providers to have a formal discussion with kiritaki to confirm the reasons for opting out of ICPMSK, discuss what form of ACC service may suit them better, and link them into those services if practicable. Should providers be unable to contact a kiritaki, they should then share their treatment recommendations with ACC at this exit point.

15.1.3 Loss of eligibility exits

A Loss of Eligibility exit is where a kiritaki exits ICPMSK before they have achieved their Rehabilitation goal(s), but where the Supplier does not always have influence over this process. While Loss of Eligibility exits will be monitored, Suppliers will not be held accountable for these exits in the Performance framework.

15.1.3.1 New ACC diagnosis (outside of ICPMSK scope)

An exit where the new ACC diagnosis lies outside of ICPMSK scope is where the change in diagnosis/new diagnosis for a kiritaki remains ACC related (regarding causation), but their injury is not in scope for ICPMSK (for example, elbow, wrist/hand, hip, ankle/foot).

Note: Where a new ACC diagnosis remains ACC related (causation) and is an Accepted ICPMSK Diagnosis, that kiritaki will not exit at that time and continue with their integrated care pathway.

By comparison, where their ongoing symptoms are not ACC related (causation) they will exit the service under Exclusion – Not eligible under ACC (see below).

Where kiritaki continue to have Accepted ICPMSK Diagnosis as their significant injury, alongside a change in diagnosis that lies outside of ICPMSK scope (but that will not prevent their participation in the Integrated care pathway), then they should continue to be managed for their Accepted ICPMSK Diagnosis under ICPMSK. The new diagnosis may continue to receive services outside of ICPMSK (for example, physiotherapy under Allied Health Contract or Cost of Treatment Regulations). Where possible, and with kiritaki consent, these additional supports can be provided by the same providers.

15.1.3.2 Not eligible under ACC

An exit where a kiritaki is not eligible under ACC is where ACC (and/or the provider) considers that the kiritaki is no longer eligible for treatment under the ACC Act. This will be due to the injury presented being no longer wholly and substantially due to a personal injury caused by an accident. The supplier should first notify the ICPMSK Team that this is the case, making it clear in both the notification and any supporting information provided what the actual cause is. ACC will then give confirmation to the provider that the kiritaki is ineligible for the service and must exit.

Note: This decision may come about due to the outcome of consideration of updated diagnoses, or consideration of applications for surgery, or claim review. See 14.17 Non-injury related health for more information.

15.1.3.3 Kiritaki moved out of the region

An exit where a kiritaki has moved out of the region to an area where the current supplier cannot continue to provide care to them through one of their regional providers.

Where the supplier identifies that kiritaki would benefit from continuing to receive ICPMSK services in that new region, the provider should include an exit recommendation for ACC to consider a new referral. Alternatively, the supplier can arrange a direct referral to a new supplier that holds the ICPMSK Contract for the same body site(s) in that new region to minimise any gap in services being provided.

15.1.3.4 Other

An exit due to other reasons encompasses any exit reason not covered above and may include reasons such as health complications (serious physical or mental health), or a significant life event that results in kiritaki being unable to engage with their integrated care pathway.

'Other' should also be selected as a reason if the exit is due to a kiritaki having a new injury which the provider believes presents a level of complexity that means they cannot sufficiently engage in their ICPMSK rehabilitation. This rationale should be provided in the free text field.

15.1.4 Additional comments field

When submitting exit information for kiritaki who have not achieved their outcome(s) or requires further support from ACC, the provider will be prompted to provide additional information about the kiritaki's recovery journey. The provider must provide responses to the below questions: :-

- Employment risks and barriers - what employment risks or barriers were identified?
- Health and Social factors – what other health or social factors impacted recovery?
- Cultural needs – what cultural needs were identified and how were these met?
- Further treatment needs or self-management plan – what is the current functional ability of the kiritaki following treatment and what is their ongoing treatment/self-management plan?
- Recommended next steps – what further support does the client need from ACC, or what are your recommended next steps?

For ease of reference, providers are requested to provide their response below the question, to make it clear which is being responded to.

15.2 Kiritaki re-entry

A kiritaki who has previously been receiving support under ICPMSK and exited, may occasionally need to be considered for a further entry into ICPMSK. Prior to re-entry to ICPMSK, the provider must first contact the ACC ICP Team to request approval. Approval would be withheld in very limited circumstances (e.g. exit was for non-compliance and there remains low confidence the kiritaki would comply/engage with the pathway).

If approved for re-entry, the supplier will need to email their Accept ICP Referral & Share Triage Outputs (*see Appendix A*) to the ACC ICP Team instead of using their PMS. The rest of the pathway can then be managed as described in these guidelines.

The potential reasons for re-entry include:-

- a kiritaki has moved out of the region covered by the ICPMSK supplier and is referred to a new supplier in the new region.
- a kiritaki has exited the service to complete other rehabilitation (e.g. pain management) and is now suitable to re-engage
- a kiritaki has exited the service before achieving an outcome due to a significant situation that restricted their ability to engage in the service, e.g. health complication, or life changing event, and the kiritaki is now ready to re-engage
- a kiritaki achieved an outcome through a previous integrated care pathway, however a further surgery is being planned, e.g. total knee joint replacement after previous ACL reconstruction.

Where a kiritaki is re-engaging with the same ICPMSK supplier within 3 months of the Client exit notification (*see Appendix A*), the supplier should resume rehabilitation. A request for a change in service bundle (higher or lower) will be considered where relevant.

Where a kiritaki is re-engaging with ICPMSK in the following circumstances:

- a new supplier within 3 months of the Client exit notification (*see Appendix A*), or
- the same supplier, or a new supplier where more than 3 months have elapsed since the exit notification,

then that supplier may consider whether it is appropriate to complete a new triage. It is expected that if kiritaki do not require further imaging or specialist review, then invoicing for these cases should occur under Triage Light (See 8.3.1). The supplier will notify ACC of the service entry by sending the ICP referral and Triage outputs information via email to the ACC ICP Team as above.

16. ICPMSK provider performance monitoring

16.1 ICPMSK Performance Monitoring Framework

ICPMSK enables suppliers to take a substantive, active role in leading kiritaki recovery, while driving safe and sustainable continuous improvement in partnership with ACC. ACC will ensure our shared accountability by regularly monitoring and evaluating a supplier's performance using supplier and ACC collated data. ACC will provide high-quality accurate feedback on performance and support to inform improvement of services as required.

Under this service, the Performance Monitoring Framework will encompass a four stage evaluation and improvement process, which incorporates and aligns to improvement clauses under ACC's Standard terms and conditions for health contracts:

Stage One	Stage Two	Stage Three	Stage Four

The Supplier will proactively manage service change variation and implement self-management of performance issues leading to improved kiritaki outcomes. Suppliers will make decisions and use their judgement to provide the best care to kiritaki. The supplier will identify and correct any issues and/or risks and keep ACC informed of any impacts to Kiritaki outcomes or goal attainment. ACC will use Supplier and ACC claim data to identify issues and variations to enhance kiritaki outcomes through joint governance and oversight.	If required, ACC will implement any interventions or remedy actions regarding improvement of performance. Performance-based service limitation may include (but is not limited to) capping service referral volumes, ceasing service referral volumes, reduced future opportunities, or introducing periodic reviews to verify performance outcomes.	ACC and the supplier will work collaboratively to resolve any service-level compliance issues and restore full-service provision via the introduction of an agreed performance improvement plan (PIP). ACC and the Supplier will agree on service remedy provisions relating to a return to expected service improvements within an agreed timeframe. If the PIP fails to achieve the desired outcomes, ACC will progress to the next stage of performance management.	If there is no further improvement following the agreed PIP, ACC will formally review its position on the contractual relationship in alignment with clause 20 of the Standard terms and conditions for health contracts.

The ICPMSK Performance Monitoring Framework reflects a combined health and wellbeing approach that acknowledges and targets the breadth of factors that may impact an injured person's recovery.

Assessment of service outcomes in these areas will allow all suppliers working in ICPMSK to support best recovery, and achievement of return to activity, return to work, and quality of life outcomes.

16.2 Performance measurement

The key objectives of the ICPMSK performance requirements for the service are to deliver increased kiritaki vocational rehabilitation outcomes and/or increase kiritaki levels of community

independence and participation in their everyday activities. These value-based health outcomes will drive a reduced need for further rehabilitation and re-injury.

Suppliers will be measured on:

- Improved kiritaki outcomes.
- Appropriate bundle funding for kiritaki.
- Reduction in Weekly Compensation following ICPMSK.
- Reduction in re-injury following ICPMSK.
- Reduced subsequent surgeries following ICPMSK.
- Complete and accurate Deliverables, datasets, and information.

Further information on our Key Performance Indicators can be found in Section 11 of the ICPMSK Service Schedule and in Appendix H - Equivalent Injury Cohort dataset.

Measuring success in achieving kiritaki outcomes through ICPMSK will require ACC, suppliers, and kiritaki to capture, analyse, and report new sources of data and information. These metrics give initial visibility on key areas relevant to new strategic goals. As data accumulates, priority evidence-based performance targets will be set. Insights and feedback on individual supplier performance against national benchmarks will be shared via the supplier's regular Engagement and Performance cycle.

ACC recognises that some kiritaki may not experience a full recovery or achieve all their ICPMSK Rehabilitation goals due to the severity of their injury, and this does not necessarily mean that the supplier has failed in providing appropriate and quality services to them.

16.3 Service quality measurements

The table below outlines how suppliers and ACC will measure the quality of ICPMSK Services over time. The information and data will be collected to form a baseline of initial benchmarks, averages, and kiritaki experience, and be used to drive continuous improvement. These will also be used to increase progress towards the achievement of kiritaki health outcomes in ICPMSK.

These metrics give initial visibility on key areas relevant to new strategic goals. As data accumulates, priority metrics and service evidence-based performance targets will be set. It is therefore vital that suppliers collate and discuss these objectives with ACC as they will be used to support and inform service improvement.

The information listed in the table below must be collated by the Supplier for discussion with ACC every month. ACC does not require suppliers to report these metrics to ACC directly, however, if ACC makes a reasonable request for this information, suppliers will have kept these records using correct business practice and all applicable laws.

ACC and the Supplier will use the information to ensure on-going continuous improvement, inform design, delivery, and evaluation of ICPMSK. Suppliers will also use the data metrics to identify and manage service change variation.

Quality objectives	Quality measure	Data source
Improved Outcomes	The Supplier will review the value of their pathways through kiritaki return to work and return to independence outcomes and evaluate/document ways that their pathway can be continuously improved. The Supplier will record and evaluate kiritaki Clinical Outcome Measures of strength, per body site, against the required 80% normative value on exit. This information will assist ACC to determine the importance of Clinical Measures towards re-injury rates.	Supplier reported data
Service Exit and Early Exit	All kiritaki exits from ICPMSK will be reported to ACC within five business days. The Supplier must exit the kiritaki from the Services within 2 Business Days from the date that the exit criteria or requirement applies. For clarity, the exit date is the date the exit criteria is met and must be outlined on the exit API document. ACC will measure all kiritaki early exit usage and compare all suppliers against Early Exit Criteria.	Supplier reported data
ICPMSK Entry Declines	Number of referred kiritaki declined entry due to not meeting the required entry criteria at Triage. Number of referred kiritaki declined due to not meeting the required entry criteria at Pre-Screen Assessment. Supplier must notify ACC within five Business days regarding all kiritaki service entry declines. The Supplier must provide rationale for the service decline as part of their notification to ACC.	Supplier reported data
Mana Taurite | Equity	ACC wants to improve access to the services for all kiritaki including Māori and priority populations and allow ACC kiritaki choice and autonomy through offering an increased range and flexibility of services that will support on-going improvement. Māori kiritaki can exercise their authority to make decisions about their preferred outcomes and care solutions. ACC wants Māori kiritaki to achieve their vocational and independence goals at a comparable rate to non-Māori. ACC will partner with our suppliers to achieve equitable wellbeing outcomes for Māori kiritaki.	PREM Data reports
Patient Reported Experience Measures (PREM)	Kiritaki must have the opportunity to provide feedback on their perception of change following service. ACC will ensure that 100% of kiritaki are offered the opportunity to rate experience and provide feedback to	ACC Reported Data

	the supplier via an ACC Patient Reported Experience Measure upon exit of the service. ACC will measure and benchmark all PREM results by supplier and nationally. Suppliers will use PREMs to realise continuous improvements for their ICPMSK service and for our shared kiritaki	

17. Service linkages and exclusions

Services included within the ICPMSK service bundles must not be invoiced for outside of the ICPMSK pathway. For a full list of In Scope Services that must be covered by an ICPMSK service bundle please refer to Appendix I.

Some services will interact with ICPMSK through delivery both within an integrated care pathway and outside of a pathway.

Pain management services: When a kiritaki is in an integrated care pathway, it is expected that services to address acute pain presentation are delivered within the pathway with no other pain management services provided outside of ICPMSK.

If a kiritaki progresses to having a confirmed persistent pain diagnosis by a member of the IDT they should exit the integrated care pathway to participate in a pain management service. Should the kiritaki complete a pain management service and be able to engage in further rehabilitation under an integrated care pathway, they may then re-enter ICPMSK if it remains appropriate.

Psychology services: Where a kiritaki requires psychology services to support them in engaging in rehabilitation for their physical injury under an integrated care pathway, these services should be provided within ICPMSK.

If, through psychology input, the provider suspects that the kiritaki may have a mental health diagnosis (for example, PTSD, depressive disorder), which may be the result of the accident and coverable by ACC, they should contact the ACC ICP Team to request that ACC organises a Mental Injury assessment for cover outside of ICPMSK.

If through a Mental Injury assessment, it is confirmed that a kiritaki has a mental injury diagnosis, but this is not having a substantial impact on their ability to engage in ICPMSK, they can remain in the pathway. Psychology support under ICPMSK should stop and the kiritaki should be referred separately for psychological services outside of ICPMSK if required to address their mental injury.

Where a kiritaki requires psychology services to support a mental injury due to their physical injury, and the mental injury is having a significant impact on their ability to engage in and achieve an outcome from ICPMSK, the kiritaki should be exited from ICPMSK. Should the psychological needs stabilise, and they would still benefit from further rehabilitation under an integrated care pathway, they may then re-enter ICPMSK.

A summary of the interactions between ICPMSK, Clinical Services, Elective Surgery, and High-Tech Imaging can be found below.

Contract	Services	Included in ICP service bundle	Excluded from ICP service bundle
Clinical Services	Completion and submission of ARTP and CSARTP	✓	
	Consultation for injections	✓	
	Delivery of injections		✓
	Anaesthetics pre-surgery assessments		✓
	Pre-surgery investigations		✓
	Clinic/room-based procedures		✓
	Purchase and provision of braces, casts, and splints	✓	
High Tech Imaging			✓
Elective Surgery			✓

18. Working with kiritaki who may pose a health and safety risk

ACC may not always have access to detailed information concerning the history of a kiritaki, but if a kiritaki has a Care Indicator activated by ACC on their claim, this will be indicated by ACC when a supplier or provider has sent a claim query to ACC at pre-screen or triage.

Kiritaki who meet two or more of the following criteria are considered to pose a potential risk to safety and will have a Care Indicator activated by ACC:
• Have continued to demonstrate intimidating and/or offensive behaviour (for example, body language and verbal dialogue has made employees feel unsafe).
• Been abusive, verbally or in writing.
• Made racist or sexist comments.
• The current actions being undertaken on their claim by ACC are known to have caused or are expected to cause a significantly negative response from the kiritaki. For example, prosecution, fraud investigation, cessation of weekly compensation, etc.

Kiritaki who meet any one of the following more serious criteria will also have a Care Indicator activated:

• Have been or are physically violent (this unacceptable behaviour may not have occurred directly towards ACC employees).
• Have a history of violence or aggressive behaviour or have known convictions for violence.

• Made threats previously against ACC, ACC employees or agents acting on ACC's behalf.
• Intimidated an employee through written abuse or verbal abuse (face-to-face or over the telephone) to the extent they felt unsafe.
• Exhibited homicidal ideation.

18.1 Communication regarding care indicated kiritaki

Where a referral to ICPMSK for a kiritaki with a Care Indicator is sent by ACC, a Recovery Team member will advise the supplier prior to the supplier's initial contact with the kiritaki.

Where the referral is not received by ACC, the supplier will be informed if a kiritaki has a Care Indicator through the information sent to the supplier by ACC. This information would be sent as a result of a claim query being sent by the supplier to ACC when a supplier receives a referral, either prior to pre-screen or triage.

If the supplier is already providing services to the kiritaki, ACC will inform the supplier as soon as possible if ACC receives new information about kiritaki risk.

The supplier should report any threatening behaviour to the police immediately if they feel that it is warranted in the circumstances and advise ACC and any other parties that there is a risk as soon as possible.

All threats by kiritaki or their representatives must be reported to ACC in writing using the online form on the ACC website. Please report these to ACC so that we can do our part to protect the safety of other suppliers and ACC staff working with the kiritaki or their representatives.

18.2 Stopping an assessment or services due to Health & Safety concerns

Supplier and provider safety is the highest priority, and any assessment should be terminated if the kiritaki, or their representatives cause a provider to feel threatened or unsafe. Notify a member of the ACC ICP Team as soon as possible and fully document the reasons for the termination of the assessment.

18.3 Reporting health and safety risks and incidents

Health and safety risks and incidents, including notifiable events (as defined by WorkSafe): threats and other health and safety risks must be reported to ACC using the procedure and online form on our website – Reporting health and safety incidents (acc.co.nz).

19. ICPMSK invoicing

19.1 Costs

ICPMSK Service costs which are associated with the service you provide to the kiritaki include:

- Pre-screen

- Triage
- Triage Light
- ICPMSK Service bundles
- Bundle transfers
- Exceptional funding.

The maximum amount ACC will pay the supplier for ICPMSK Service costs is outlined in the ICPMSK Service Schedule. The amount that ACC will pay the supplier in respect of a kiritaki is determined by the ICPMSK Service bundle allocated to the kiritaki, which is specified in the ICPMSK Service Schedule.

Surgery invoicing and payment is to occur as per the Elective Surgery Service Schedule and operational guidelines.

19.2 Invoicing

Suppliers should invoice ACC for payment of costs for the kiritaki at the relevant stage of their journey e.g. invoice for pre-screen costs submitted within 1 month after completion. To receive a payment for ICPMSK Service costs, the supplier must send ACC an electronic invoice which meets the minimum invoicing requirements outlined in the ICPMSK Service Schedule. ICPMSK services must be invoiced against the same claim that the covered injury for which the kiritaki is receiving ICPMSK is on.

ICPMSK Service costs must be submitted, and will be paid, using electronic invoicing. Information outlining how to set up electronic invoicing can be found in the following table:

What to Do	**Website page: www.acc.co.nz**
How to set up electronic invoicing	Home Page > Health and Service Providers > Getting Set Up Online https://www.acc.co.nz/for-providers/set-up-online/?smooth-scroll=content-after-navs
How to invoice ACC	Home Page > Health and Service Providers > Invoicing Us > How to Invoice Us https://www.acc.co.nz/for-providers/invoicing-us/how-to-invoice-us/?smooth-scroll=content-after-navs#sending-invoices-online

19.2.1 Using electronic invoicing

There are three electronic invoicing solutions:

A Practice Management System (PMS), which can generate electronic invoices to ACC.

The **eBusiness Gateway** via an electronic invoice form (ACC47e), where suppliers can submit single kiritaki invoices as they are ready to invoice.

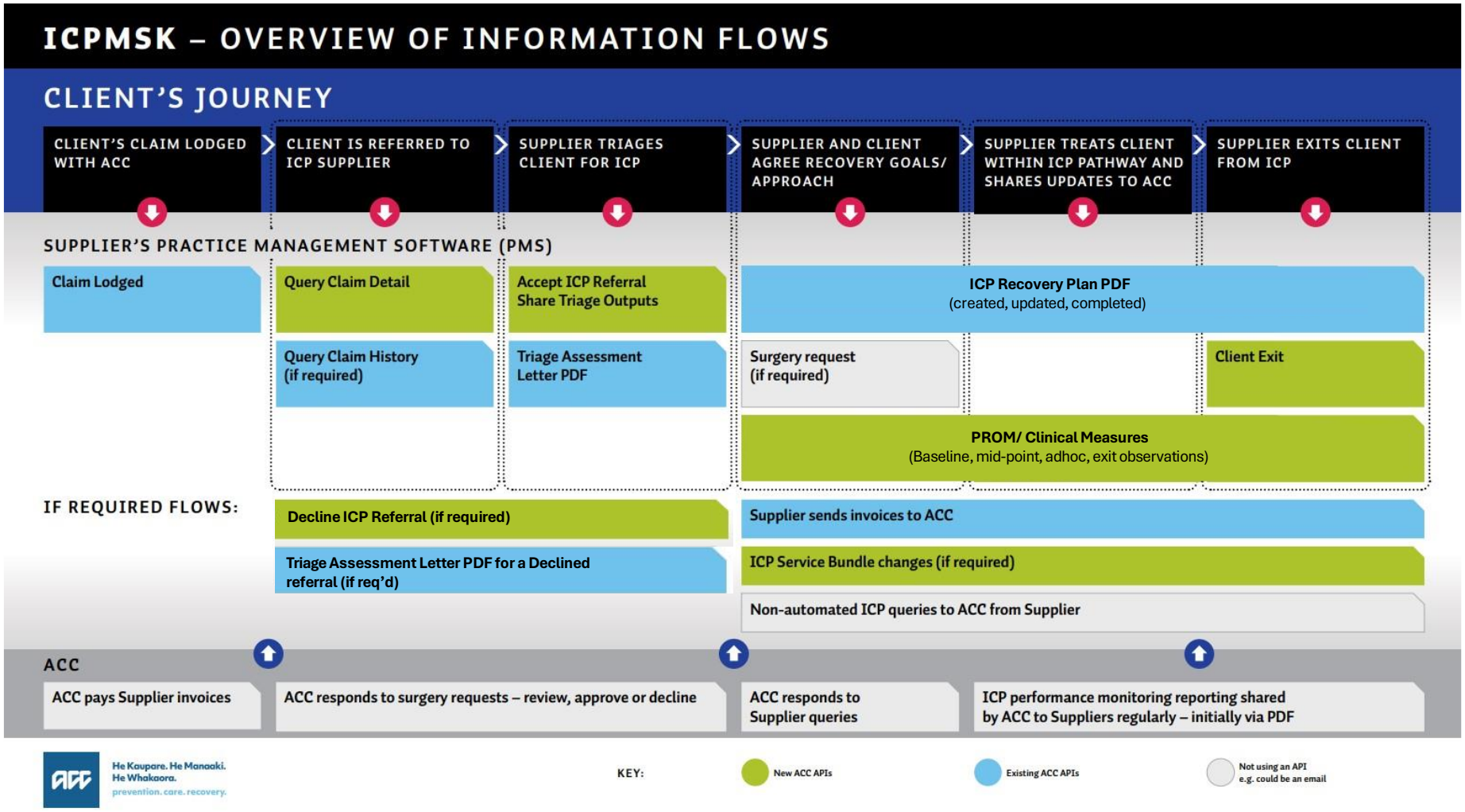
SendInvoice, which is an ACC digital application that takes invoicing data entered into a prescribed CSV file (spreadsheet). This is suitable for bulk invoicing. To learn more about SendInvoice, read the user guide or view the 'how-to' videos on ACC's Youtube channel.

If the supplier is using a PMS or SendInvoice to invoice ACC for kiritaki treatment, please ensure that the ICPMSK Service codes are set up within this system (see the ICPMSK Service Schedule for the ICPMSK codes).

More information on electronic invoicing can be found on ACC's website: https://www.acc.co.nz/for-providers/set-up-online/#getting-set-up-using-a-practice-management-system

Appendices

Appendix A – ICPMSK Information Flows



ICPMSK Information flows: Summary of data points

KEY:
- **New ICP APIs**
- Existing **ACC APIs**

*__ICP Magic keys:__ Suppliers must provide in each data flow for security & identification purposes:
- Claim # (can be ACC45# or claim ID)
- Client DOB
- Supplier ACC Vendor ID
- ACC Provider ID

CLIENT'S JOURNEY

CLIENT is REFERRED to ICP SUPPLIER

Query Claim Detail
- ICP magic keys*

ACC Shares Claim Detail
- **Claim ID & ACC45#**
- **Accident date & description**
- **Work accident?** Y/N
- **Active care or vulnerable situation indicator on Client**
- **Weekly comp:** days paid,, first date & latest date of weekly comp entitlement
- **Diagnosis** codes, code type, description(s) & injury side(s) of covered injury(s)
- **Incapacity**: type, start date, end date, hrs/day, days per week, other restrictions/details, & incapacity source type
- Services received, dates & vols

SUPPLIER TRIAGES CLIENT FOR ICP

Accept ICP Referral & Share Triage Outputs
(via "ICP Case Creation" API)
- **ICP magic keys***
- **ICP service type**: 'MSK' & status 'Active'
- **Referral received by Supplier date**
- **Triage assessment date**
- **Date Client entered ICP date**
  (aka ICP referral acceptance date)
- **Diagnoses in scope for ICP** – code type, code value, side
- **Referral source type** e.g. GP referral
- **Client ICP participation agreement**
- **Client Consent for ACC to collect, use, store & share their info** *(Supplier collects this on ACC's behalf)*
- **Service bundle** *(is the implicit referral acceptance of Client into ICPMSK)*
- **Exceptional funding fields** (if req'd)
- **Complexity tool outputs** (of Client's non-injury related needs)

Triage Assessment Letter PDF
(via ACC "Inbound Documents" API)
Note: No prescribed format for this letter

Supplier declines a referral - if required *(via "ICP Referral Decline" API)*
- **ICP magic keys***
- **Status: 'Declined'**
- **ICP service type 'MSK'**
- **Referral source type**
- **Date referral received by Supplier**
- **Date referral declined**
- Referral decline reason
- Decline recommended next steps

__If triage was completed, then also send:__
- **Date of triage assessment**
- **ACC Client Authority**
- **Complexity tool outputs (per case creation)**

SUPPLIER & CLIENT AGREE RECOVERY GOALS/ APPROACH

Recovery Plan & Rehabilitation Goals. PDF – when created, updated, completed
(via ACC Inbound Docs API)
For specified datapoints please refer to ICPMSK Operational Guidelines

PROM & Clinical Measures at baseline, mid-point & exit
(via "ICP Measurement PROM" & "ICP Measurement Clinical" APIs)
- **ICP Magic keys***
- Status: 'Final'
- **Effective date/time** (date measurement was taken)
- **Stage**: Baseline, mid-point, exit, or adhoc
- **Code**
  - **PROM:**
    - **Shoulder is QuickDASH**
    - **Lower back is Oswestry**
    - **Knee is KOOS**
  - **Clinical Measure:**
    - **Shoulder abduction 45 degrees – Hand held dynamometer**
    - **Lower back neutral prone extension - Hand held dynamometer**
    - **Knee extension - Hand held dynamometer OR**
    - **Knee extension - Isokinetic dynamometer**
- **Value** (measurement value) or data absent reason (not tested or unable to test)

SUPPLIER TREATS CLIENT WITHIN ICP PATHWAY & SHARES UPDATES TO ACC

Invoice Submission *(via ACC "Invoice Submission" API)*
See ACC's Developer Resource Centre website for more detail

SUPPLIER EXITS CLIENT FROM ICP

Supplier exits Client from ICP
(via "ICP Case Exit" API)
- **ICP magic keys**
- **Status: 'Finished'**
- **Exit date**
- **Exit reason**
- **Exit reason supporting details**
- **Additional support needed?**
- **Outcome summary**

A key part of ICPMSK is the sharing of meaningful data between the supplier and ACC. To enable this, software solutions were developed which can be accessed through your practice management system (PMS).

This appendix provides further details on what information you need to provide ACC and what you will receiving throughout the client's recovery journey.

Majority of this information will be submitted and received via your practice management system (PMS).

Some items need be shared as PDF. These must be shared using our Inbound Docs API whenever possible. When not possible, the PDF document can be emailed to the ACC ICP Team.

Accessing and entering client details

When accessing and providing ICPMSK client information you will need to provide the following details through your PMS:

- Provider ID
- Vendor (Supplier) ID
- Claim Number (ACC45 Number)
- Client Date of Birth

Can't find your client's claim?

A client's claim may be excluded from these information flows due to specific claim types and/or complexities. You will be notified whether this applies to the claim in the response message returned through our APIs to your PMS System. For more information on this, refer to the Eligibility & Triage guide.

Client is referred to ICP Supplier

After receiving a referral for a client you can access the following information flows to help build an understanding of their situation.

Query claim detail
This information flow will provide you the following details for the claim queried:

- ACC45#
- Claim ID
- Cover status (e.g. "Accepted")
- Accident description
- Accident date
- Did the accident happen at work? (Yes/No)
- Active risk or vulnerability indicators present (Yes/No)
- Number of weekly compensation days paid
- First and latest date weekly compensation entitlement paid
- Diagnosis code, description, and body side
- Incapacity type *(*fit for selected duties or fully unfit)
- Provider HPI number (an Identifier for the certifying provider)
- Incapacity start and end date (including approved incapacity end date)
- Incapacity hours per day/days per week
- Incapacity physical restrictions (e.g. lifting, prolonged standing - only relevant if incapacity type is 'fit for selected work')
- Services received: Services received and volumes by each service type and when they occurred in the following fields:

- Service code (e.g. PHY3)
- Service date (e.g. 201-09-14)
- Service description (e.g. physiotherapy treatment)
- Quantity value (e.g. 00:45)
- Quantify units (e.g. hours)

Query claim history

If you require more information about the kiritaki, this information flow will provide you a list of the injury claims for kiritaki, including:

- Claim number
- Cover status (e.g. Accepted)
- Injury details
- Partial NHI number
- Accident date
- Diagnoses

Supplier triages client for ICP

After triaging the kiritaki, you will need to share the below information with us. This will provide us visibility over the journey for the kiritaki, their situation, confirmation of injuries, and record of their consent.

Accept ICP Referral & Share Triage Outputs

- Client NHI number
- Date referral received by supplier
- Date of triage assessment
- ICP entry date
- Diagnoses in scope for ICP, including:
- Diagnosis code type
- Diagnosis side
- Covers all claim diagnoses (Y/N)
- Referral source type
- Client ICP participation agreement (Yes/No)
- ACC Client Authority (Yes/No)
- Service bundle
- Exceptional funding required (Y/N)
- Exceptional funding rationale
- Exceptional funding supporting details
- Complexity Tool outputs

Triage assessment letter

PDF of triage letter. There is no prescribed format for this letter, but it should include:-

- A history of the event
    - Including clarification on the mechanism of injury
- History of the injury and treatment to date
    - Including the history of symptomology and response to treatment
- Relevant past medical history
    - Particularly where it relates to the same body site
- Examination

- Impression
    - Provisional/ Confirmed diagnosis (Note confirmed diagnosis must also be submitted via the relevant Accept/Decline API)
    - Causal link to accident
- Recommendations
    - Is there an intent to complete imaging, and timeframe for this?
    - Is a surgical or non-surgical pathway recommended?

Supplier & client agree recovery goals/approach

When entering kiritaki into ICPMSK you must submit the following details to us to reflect the pathway of care.

PROM/Clinical measures (baseline observations)

- Patient reported outcome measures
- Site specific clinical measures

ICP Recovery Plan Document (created)

- PDF of ICP Recovery Plan as detailed in section 14.7 of these Operational Guidelines

Surgery ARTP request (if required)

Supplied via email to ARTPS4ESU@acc.co.nz.

ICP Service Bundle changes (if required)

- ACC Provider ID (This represents the person submitting this information to ACC)
- New service bundle requested
- Request for exceptional funding + rationale (if required)
- Rationale for service bundle change, with supporting information

Supplier treats client within ICP pathway and shares updates to ACC

While you are treating a kiritaki under a pathway, you need to share the information below with us. This will help to provide us visibility over the progress of the kiritaki.

PROM/Clinical measures (mid-point and adhoc observations)

- Patient reported outcome measures
- Site specific clinical measures

ICP Recovery Plan Document (Updates)

- PDF of ICP Recovery Plan as detailed in section 14.7 of these Operational Guidelines

ICP Service Bundle changes (if required)

- ACC Provider ID (This represents the person submitting this information to ACC)
- New service bundle requested
- Request for exceptional funding + rationale (if required)
- Rationale for service bundle change, with supporting information

Supplier exits client from ICP

When exiting kiritaki from ICPMSK the following information must be submitted to ACC.

PROM/Clinical measures (exit observations)

- Patient reported outcome measures
- Site specific clinical measures

ICP Recovery Plan Document (completed)

- PDF of ICP Recovery Plan as detailed in section 14.7 of these Operational Guidelines

ICP Service Bundle changes (if required)

- ACC Provider ID (This represents the person submitting this information to ACC)
- New service bundle requested
- Request for exceptional funding + rationale (if required)
- Rationale for service bundle change, with supporting information

Client exit details

- Exit date
- Exit reason and rationale
- Notification to ACC if additional support is needed
- Description of outcome/additional support required (if relevant)

Referral declined

When declining a referral onto ICPMSK the following information must be submitted to ACC

Decline ICP referral –

If declined at pre- screen - Supplier will provide

- ACC Provider ID
- Referral source
- Date referral received by supplier
- Date referral declined
- Reason for ICP referral decline
- Decline recommended next steps

If declined at triage, Supplier will provide all of the above, and:

- Date of triage assessment
- ACC Client Authority
- Complexity tool outputs
- Triage Assessment Letter PDF

Appendix B – Accepted ICPMSK Diagnosis list

The below list may be used in the following circumstances:

- Pre-screen

A kiritaki via regular referral (from GP, allied health provider, Kaupapa Māori health provider, rongoā Māori practitioner, Nurse Practitioner or Registered Nurse, or employer) may proceed from pre-screen into Triage having a subjective history consistent with one of (or a combination of) the diagnoses in the below table.

- Triage

A kiritaki via successful pre-screen, or from a provider who is engaged by the supplier, or from an ACC referral may proceed from Triage into an integrated care pathway following triage by having objective examination, imaging (as required), and Medical Practitioner opinion (who holds a vocational scope of practice in musculoskeletal medicine, orthopaedic surgery, sports medicine, or neurosurgery (for spinal injuries only), or a General Practitioner with Special Interest (GPSI)) confirm of one of (or a combination of) the Accepted ICPMSK diagnoses in the below table.

- Triage Light

A kiritaki via specialist referral where an Accepted ICPMSK Diagnosis (included in the table below) has already been established via assessment, imaging, and specialist review prior to referral to ICPMSK Triage, would be expected to be invoiced as Triage Light.

Knee – Ligament/ Tendon Reconstruction, ORIF, Joint Replacement	Fracture involving the tibial condyle (or tibial end of the knee)
	Fracture involving the femoral condyle (or femoral end of the knee)
	Anterior Cruciate Ligament Rupture with/ without meniscal tear
	Posterior Cruciate Ligament Rupture
	Medial and/ or Lateral Ligament Rupture
	Post-Traumatic Osteoarthritis
	Patellar Tendon rupture
	Traumatic Patellar dislocation
Knee - Arthroscopy and Debridement	Fracture of the patella
	Medial and/ or Lateral Meniscal tear or other internal derangement
	Osteochondral fracture
Shoulder	Fracture clavicle
	Fracture humerus (or humeral end of shoulder)

	AC Joint dislocation
	Fracture glenoid (or scapular end of shoulder)
	Glenohumeral joint dislocation
	Post-Traumatic Osteoarthritis
	Rotator cuff full thickness tear (rupture)
	+/- Biceps tendon high grade tear
	+/- traumatic Labral tear
Lower back	Lumbar disc prolapse, or extrusion, with radiculopathy
	Lumbar fracture
Other	Previous fracture mentioned above managed with ACC funded surgery, and now requires removal of metalware

Treatment provider declaration

The information collected by this form will be used by ACC to assess whether a patient's claim is covered under the ACC scheme, to manage claims and to assess and provide appropriate rehabilitation, treatment, and compensation to patients. We also use personal information for other lawful purposes connected with our functions and activities under the Accident Compensation Act 2001.

Patient declaration and consent

• I am obtaining my patient's consent by (Mandatory)
☐ Recording my patient's (or authorised representative's) verbal consent to the declaration and authorisation statements on their clinical record.

Declaration and authorisation statements

Read out the following to your patient (or their authorised representative):

Collecting and using your personal information

Details of how and why we collect, use, store and disclose information are set out in our Personal Information and Privacy Policy, which may be viewed on our website www.acc.co.nz/privacy/privacy-disclaimer/

ACC collected your personal and health information to assess whether your claim is covered under the ACC scheme, to manage your claim, and to assess and provide appropriate rehabilitation, treatment and compensation to you. We also use personal information for other lawful purposes connected with our functions and activities under the Accident Compensation Act 2001 (including research, policy development, maintaining a claims database, systems testing, levy setting, internal processes including investigations, training and processing information requests).

In this service (Integrated Care Pathways Musculoskeletal (ICPMSK)) ACC are collecting some of this personal and health information through the ICP Complexity tool. This information will be used by the treatment provider to help assess and provide the appropriate level of rehabilitation and treatment. This information will be shared with ACC for other lawful purposes connected with our functions and activities under the Accident Compensation Act 2001 (including research, policy development, maintaining a claims database, systems testing, levy setting, internal processes including investigations, training processing information requests).

ACC may need to obtain medical and other records about you from third parties such as your general practitioner (GP), specialists, other medical professionals or treatment providers, or your employer.

Providing information to ACC is voluntary. However, if relevant information is not provided, ACC may not be able to determine whether you are eligible for cover or for particular entitlements. Under the Accident Compensation Act 2001, you must provide information that is relevant to your claim when ACC reasonably requires you to provide it. ACC may decline to provide any entitlement if you unreasonably refuse to give ACC any relevant information or to authorise ACC to obtain records that may be relevant to your claim.

ACC shares personal and health information with other agencies for the purposes of managing claims and

entitlements, to fulfil our other statutory functions, and in other situations where permitted or required by law. These agencies include government agencies, external providers (e.g. treatment providers) and your employer (including for non-work related injuries).

You have the right to access and request correction of personal and health information that ACC holds about you.

The Privacy Act 2020 and the Health Information Privacy Code 2020 apply to your personal and health information.

For more information about privacy, to request access or correction of your personal and health information, or if you have a question or concern, contact us:

privacy.officer@acc.co.nz

The Privacy Officer
Accident Compensation Corporation
PO Box 242
Wellington 6011

I declare:

· that the information given in this form is true and correct and that I have not withheld any information likely to affect my application. I will inform ACC of any change in circumstances which may affect my entitlements.

I authorise:

· ACC to collect the following information and to use and disclose it in accordance with the purposes set out above and in ACC's Privacy Policy:

- medical and other records which are or may be relevant to my claim
- details of my accident
- tax records, employment details and history which are or may be relevant to my claim

· the holders of such information to provide it to ACC
· the treatment provider to lodge this claim for .

In the collection, use, disclosure and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.

_____

ACC Provider ID

ACC Vendor ID

DD/MM/YYYY

I certify that, on the date shown, I have personally examined the patient and that in my opinion the condition is a result of an accident.

· ☐ (Mandatory)

I also certify that I have discussed the Patient Declaration and Consent with the patient (or their representative) and have recorded their consent to it and to me lodging the claim on their behalf.

· ☐ (Mandatory)

This consent form is being submitted by (select an option) (Mandatory)
☐ As the submitter of this form I am the Health Provider who has met with the patient
☐ As the submitter of this form I have been provided with the data in this submission, by a Health Provider who has seen the client and informed the client of their obligations.

Appendix D- ICP Complexity Tool v1

Question	Low Need	Medium Need	High Need
Comorbidities category:			
<u>Co-morbidity factors:</u> 1. How many of the below factors does the kiritaki currently have? • Age – Over 65, • Smoker, • Pre-existing chronic health condition, (e.g. arthritis, diabetes or heart*), • Co-existing head injury resulting in moderate concussion symptoms, • Obesity (BMI above 30). *where each health condition would counts for 1 additional factor, i.e. arthritis and diabetes = 2 factors	One or nil factors	Two or three factors	Four or more factors
Psychosocial category:			
<u>Social support network</u> 2. How would you describe family and social support networks for the kiritaki?	Supportive family and/ or social network that are able to provide support at the frequency required to achieve the expected outcome for the kiritaki.	The kiritaki has some family and/ or social network in the region but they are not able to provide support at the frequency required to achieve the expected outcome for the kiritaki.	The kiritaki is managing their injury on their own Or there is the presence of dysfunctional family dynamic, e.g. spouse or parent influence.

Question	Low Need	Medium Need	High Need
<u>Active participation</u> 3. How would you describe approach and attitude by the kiritaki to their recovery from what you know to date?	The kiritaki appears able and actively engaged in their recovery, and their willingness to do so is demonstrated by engagement in their attitudes and behaviours (active approach). e.g. responds to phone calls and emails, performs home exercises or homework evidence (such as activity diary).	The kiritaki appears able to engage but does not consistently demonstrate this willingness through their attitudes and behaviours. e.g. does not perform home exercises or homework, participates to the minimum requirement when not supervised in clinic Or, recovery for the kiritaki will depend on the quality of medication or treatment or surgery delivered to them (passive approach).	The kiritaki appears able to engage, but engages minimally or not at all, with their management plan and treatment. e.g. frequently misses scheduled appointments, does not respond to emails or phone calls to reschedule appointments.
<u>Patient resilience</u> 4. How would you describe the effectiveness of current coping strategies of the kiritaki to deal with their injury situation?	The kiritaki is coping well. No emotional distress regarding their injury situation. Confident of dealing with problems.	The kiritaki reports low levels of emotional stress regarding their injury situation*, and they have a few effective strategies that help a little. *e.g. stress, anxiety, worry, concern.	The kiritaki reports high levels of emotional stress regarding their injury situation, and they are not coping* well using their normal strategies. *e.g. resulting in lack of sleep, overuse of medication, outbursts at friends and family.
<u>Medication use</u> 5. How well is pain for the kiritaki controlled using the medication prescribed by their Health practitioner, kaiatawhai, or rongoā Māori practitioner?	The kiritaki reports their pain is well controlled with the pain medication prescribed by their Health practitioner, kaiatawhai, or rongoā Māori practitioner. e.g. Numerical Pain Rating Scale 0 – 3/ 10.	The kiritaki reports that their pain is mostly well managed using the pain medication prescribed by their Health practitioner, kaiatawhai, or rongoā Māori practitioner, and some other options for pain controlled would help. e.g. 4 – 6/ 10	The kiritaki reports that their pain is not well controlled despite the pain medication prescribed by their Health practitioner, kaiatawhai, or rongoā Māori practitioner and further support is needed, e.g. medication review. e.g. 7 – 10/ 10

Question	Low Need	Medium Need	High Need
<u>Equitable access</u> 6. How would you describe the apparent ability and attitude of the kiritaki to access care to rehabilitate from their injury?	The kiritaki appears easily able and willing to access care for their injury.	The kiritaki appears willing to engage but would benefit from low levels of support and/ or navigation in order to obtain access to care for their injury*. *e.g. due to social circumstances such as education, housing, finances, transport, employment, mood disorder (affecting aspects of depression, acute anxiety episodes etc.)	The kiritaki appears willing to engage but would benefit from high levels of support and/ or navigation in order to obtain to access, and continue to engage with, care for their injury*. *e.g. due to social circumstances such as education, housing, finances, transport, employment, mood disorder (affecting aspects of depression, acute anxiety episodes etc.)
<u>Health literacy</u> 7. How would you describe ability of the kiritaki to read and understand health information, and their ability to learn about their injury?	The kiritaki can easily read, understand and complete medical forms. The kiritaki can easily use information to learn about their injury/ medical conditions. The kiritaki can easily process that information to make decisions about their care pathway.	The kiritaki needs minimal help* to read, understand, and complete medical forms. And/ or the kiritaki needs minimal help* to learn about their injury/ medical conditions because of a difficulty understanding information. *e.g. admin/ reception staff or treatment provider explanation And/ or the kiritaki needs minimal help to make decisions about their care pathway.	The kiritaki needs significant help* to read, understand, and complete medical forms. And/ or the kiritaki needs significant help* to learn about their injury/ medical conditions because of a difficulty understanding information. *e.g. formal translator or family member translating And/ or the kiritaki needs significant help to make decisions about their care pathway.
<u>Cultural support</u> 8. Would the kiritaki benefit from support* in addition to mainstream health services? *e.g. culture, language, religion, community	The kiritaki indicates that the type and frequency of supports typically provided in a mainstream service is sufficient to help the kiritaki achieve their expected outcome.	In additional to physical health needs, the kiritaki indicates that a low level of specific support and/ or navigation needs in the areas of mental health, spiritual health, and/ or family health* is required in order to achieve expected outcome for the kiritaki. e.g. Whare Tapa Wha model of healthcare	In addition to physical health needs, the kiritaki indicates a high level of specific support and/ or navigation needs in the areas of mental health, spiritual health, and/ or family health* is required in order to achieve expected outcome for the kiritaki. e.g. Whare Tapa Wha model of healthcare

Question	Low Need	Medium Need	High Need
Contextual category:			
<u>Housing/ accommodation</u> 9. Has the kiritaki indicated that they are living in a difficult or unsafe housing/ accommodation situation, or that their situation may evolve to such a situation over the duration of their recovery?	The kiritaki lives in a stable and safe housing/ accommodation and does not expect that to change over the duration of their recovery.	The kiritaki reports that there is a low possibility that their existing housing/ accommodation situation may become difficult or unsafe.	The kiritaki reports that they are currently living in a difficult or unsafe housing/ accommodation situation, Or the kiritaki reports that it is highly likely that their existing housing/ accommodation situation may become difficult or unsafe.
<u>Finances</u> 10. Does financial stress currently impact the kiritaki thoughts, feelings, and/ or behaviour?	The kiritaki reports that their financial situation will most likely allow them to attend the intended care pathway working towards achieving their expected outcome.	The kiritaki reports that changes their financial situation may result in low to moderate challenges that could affect their participation and/ or present a financial barrier to rehabilitation towards achievement of their expected outcome.	The kiritaki reports that changes their financial situation may result in high level challenges that could affect their participation and/ or present a financial barrier to rehabilitation towards achievement of their expected outcome.
<u>Travel</u> 11. How confident is the kiritaki that they will be able to attend ICPMSK appointments with respect to transport?	The kiritaki is confident that they will be able to attend all ICPMSK appointments with respect to transport, e.g. vehicle access, driver's license or support person, distance is close, cost is reasonable	The kiritaki thinks that attending all ICPMSK appointments with respect to transport will be a little challenging, but they are confident of overcoming that challenge with help	The kiritaki thinks that attending all ICPMSK appointments with respect to transport is going to be really challenging, and they are not confident of being able to achieve this outcome.

Question	Low Need	Medium Need	High Need
Return to Activities of Daily Life (ADL's) 12. When considering the degree of challenge in expected pathway for the kiritaki, how confident are they that they make a full return to independence in all of their Activities of Daily Life (ADL's)? e.g. domestic activities, hygiene care, mobility, transport	The kiritaki is appropriately confident that they will be able to return to independence in all of their ADL's, given the degree of challenge in expected pathway for the kiritaki.	There is a low to moderate level mismatch between the confidence of the kiritaki in returning to independence in all of their ADL's, and the degree of challenge in the expected pathway for the kiritaki. e.g. the pathway for the kiritaki presents a low to moderate level of challenge, but they perceive that it will be much more difficult.	There is a high-level mismatch between the kiritaki confidence of returning to independence in all of their ADL's, and the degree of challenge in the in expected pathway for the kiritaki. e.g. the pathway for the kiritaki presents a low level of challenge, but they perceive it will be very difficult and they will not be swayed from this opinion.
Return to sport 13. When considering the degree of challenge in expected pathway for the kiritaki, how confident are they that they will make a full return to their typical sport or recreational activities.	The kiritaki is appropriately confident that they will be able to return to their typical sport or recreational activities given the degree of challenge in expected pathway for the kiritaki	There is a low to moderate level mismatch between the confidence of the kiritaki in returning to their typical sport or recreational activities, and the degree of challenge in expected pathway for the kiritaki. e.g., the pathway for the kiritaki presents a low to moderate level of challenge, but they perceive that it will be much more difficult.	There is a high-level mismatch between the confidence of the kiritaki in returning to their typical sport or recreational activities, and the degree of challenge in the expected pathway for the kiritaki. e.g. the pathway for the kiritaki presents a low level of challenge, but they perceive it will be very difficult and they will not be swayed from this opinion.
Disciplines category:			
Number of disciplines 14. What is the expected mix of health professionals needed in caring for the kiritaki?	Largely Rehabilitation and RTW (Allied health team).	Allied health, and Specialist opinion on surgery/ non-surgical pathway	Allied health, Specialist, Pain management type inputs and/ or Counselling/ Psychology and/ or high levels of navigation.

Question	Low Need	Medium Need	High Need
Vocational category:			
<u>Employment</u> 15. What is the current job/ employment status for the kiritaki?	The kiritaki is still at work full-time and full duties. Or the pre-injury job of the kiritaki is still available, and they are confident that they will be able to return to that e.g. Same job, same employer	The pre-injury job of the kiritaki is no longer available, or the kiritaki perceives a significant risk of losing their job. The kiritaki will, or may have to, find a new job in the same line/ type of work. e.g. Similar job, new employer	The pre-injury job of the kiritaki is no longer available, or the kiritaki perceives a significant risk of losing their job. The kiritaki is not confident that they will be able go back to the same type of work (e.g. electrician) they were doing before their injury. e.g. New job, with same employer or new employer
<u>Workplace support</u> 16. What level of support does the kiritaki receive or expect to receive from their workplace (including employer, HR, work colleagues)?	The kiritaki has or expects good support from their boss, and/ or their work colleagues. e.g. employer provides time to attend appointments, flexible work hours, support for changes needed in work duties or schedule, willing to talk about concerns. Colleagues ask how the kiritaki is doing, offer to help in some way.	The kiritaki does not have or does not expect support from their boss and/ or their work colleagues. e.g. employer provides mostly negative feedback on RTW progress, recommendations for changes in hours/ duties are not followed consistently, Colleagues are distant or hostile when the kiritaki functions below capacity.	The workplace (employer, HR, and/ or work colleagues) are being unhelpful in the process of Return to work. e.g. employer is resistant to the return to work process and has become a significant challenge to the kiritaki being able to achieve this outcome.
<u>Return to work</u> 17. When considering the degree of challenge in expected pathway of the kiritaki, how confident are they that they will make a full return to their normal working hours and duties.	The kiritaki is appropriately confident that they will be able to return to their normal working hours and duties given the degree of challenge in the expected pathway for the kiritaki.	There is a low to moderate level mismatch between the confidence of the kiritaki in returning to their normal working hours and duties, and the degree of challenge in the expected pathway for the kiritaki. e.g. the pathway for the kiritaki presents a low to moderate level of challenge, but they perceive that it will be much more difficult.	There is a high-level mismatch between the confidence of the kiritaki in returning to their normal working hours and duties, and the degree of challenge in the expected pathway for the kiritaki. e.g. the pathway for the kiritaki presents a low level of challenge, but they perceive it will be very difficult and they will not be swayed from this opinion.

Appendix E-Initial Employer Conversation Guide

The following may be used as a guide to carrying out an Initial Employer Conversation.

Provide an explanation to the employer around your role as an ICPMSK provider and how this service may be different from existing services such as a Stay At Work (SAW) programme.

Where did the accident happen?
Report the employer's understanding of the accident event. It's possible to find differences in opinion between the employee's description of the accident and the employer's. If this were to occur, please let the ICPMSK Claims Team know so that they can help to resolve this situation between parties.

Does the kiritaki still have employment with you?
ACC has an obligation to support the kiritaki back to their old job and begin creating a return to work plan. If a return to their old job is no longer relevant to this plan, then other ACC processes need to be put in place by the ICPMSK Claims Team.

Establish the current situation between the kiritaki and employer
If there has been recent contact between the employer and the employee, what does the employer understand about their employee's injury and recovery plan?
This will tell you whether the employer knows what is going on, and how the relationship is between employer and their employee.

What is the expected timeframe that the employee is expected to be away from work due to their injury?
Report the employer's understanding of recovery timeframes. It's possible to find differences in opinion between the employee's understanding of their medical certificate and timeframes for recovery and the employer's understanding. If this were to occur, please let the ICPMSK Claims Team know so that they can help to resolve this situation between parties.

How is the employer managing the workload in the business while their employee is away from work?
There may be circumstances where the employer's description about this indicates that there is some urgency in having the employee back at work as soon as practical, and vice versa.

How are they staying in connection/communication with their employee?
It is important for employees to stay connected with their workplace and maintain their relationships with their employer and fellow employees while they are away. If a kiritaki is not staying in touch with their employer, then attempts should be made to improve these connections and relationships.

Are there any risks to the kiritaki keeping their employment?
Please let the ICPMSK Claims Team know urgently if the employer reports any risk to job security so that they can follow-up.

Confirm work duties
What are the employee's usual work duties and demands (what do they do at work daily)?
This helps us understand the potential for the kiritaki to recover at work. We already have an understanding from the kiritaki, and medical certificate, of what the kiritaki can do and what they should avoid for now.

It's possible to find differences in opinion between the employee's understanding of their hours and duties, and the employer's understanding. If this were to occur, please let the ICPMSK Claims Team know so that they can help to resolve this situation between parties.

Explore recovery at work options
What experiences does the employer have with ACC in helping injured employees get back to work?
Employers have varying degrees of prior experience with ACC and return to work. Once their current level of understanding is identified, further education can be layered on top of this. The employer may also have interest in learning more about specific aspects of return to work.

Provide guidance around the importance of the employee recovering at work
Many employers don't know much about what is involved with having a person back at work while they have an ACC claim. Some employers are unclear about whether their worker needs to be certified fully fit to return to the workplace, or not.

Has the employer seen their employee's medical certificate? What of their usual work could they be doing now?

Are there any other tasks they could be doing for you? Or what do you think needs to happen for them to come back to work in any capacity?
Spend time understanding the employer's position on what recovery at work options they think may be available. This may identify where other common options could be suggested that they were not aware of (that is, sometimes an employer can arrange for something different for their worker to do). This will also help to draw out the employer's view of potential barriers to return to work and the reasons why recovery at work cannot be arranged right now.

Guidance can then be provided to the employer about the information that can be found on ACC's website. This guidance includes how to understand medical certificates and how to manage payments if their employee comes back to work on reduced hours. **See** Supporting your injured employee to recover at work (acc.co.nz).

Understand obstacles
Are there any other things you think we need to work through to help the kiritaki get back to work?
Are there any concerns about their employee's motivation to return to work?
This wrap-up question gives the employer an opportunity to raise any issues or other priorities that we may be able to help with.

Close out and next steps
- Confirmation of the return to work target date
- Confirm whether a future check-in is required
- Check for any further questions.

Appendix F-ICP Recovery Plan

Kiritaki Information	Mandatory. Kiritaki information that identifies who the ICP Recovery Plan and Rehabilitation Goals belongs to	
Fields:	*Field Description:*	*Field Rules:*
Claim Number	Claim number, or ACC45 number, for the claim that the Recovery Plan is being created for	*Mandatory field always. Free text field.*
Kiritaki Name	The full name of the Kiritaki that the Recovery Plan belongs to	*Mandatory field always. Free text field.*

ICPMSK Outcome(s)	Mandatory. The outcome(s) a Kiritaki is aiming to achieve from ICPMSK.	
Fields:	*Field Description:*	*Field Rules:*
ICPMSK Outcome Description	The description of the Outcome(s) a Kiritaki is aiming to achieve from ICPMSK	*Mandatory field always. Can be updated during the pathway. Select one or both of the following:* • *Sustainable return to work (for earners)* • *Sustainable return to independence (for earners and non-earners)*
Target Date	The date being targeted for an Outcome's completion	*Mandatory field always. Can be updated during the pathway. Must be formatted as DD/MM/YYYY*
Completion Date	The actual date of an Outcome's completion	*Must be updated when an Outcome is completed. Must be updated if an Outcome Status is present. Must be updated before exiting a Kiritaki. Must be formatted as DD/MM/YYYY*
Status	The status of an Outcome	*Must be updated if there is an Outcome Completion Date present. Must be updated before exiting a Kiritaki. Select **one** of the following for each Outcome:* • *Achieved* • *Partially achieved* • *Not achieved* • *No longer relevant*
ICPMSK Outcome Rationale	A brief description as to why the selected Outcome(s) was/were chosen	*Mandatory field always. Can be updated during the pathway. Free text field.*

ICPMSK Interventions	Mandatory. The agreed inputs a Kiritaki will receive under ICPMSK as part of their rehabilitation	
Fields:	*Field Description:*	*Field Rules:*
ICPMSK Intervention Type	Description of the Intervention(s) a Kiritaki will receive as part of their pathway	*Mandatory field always. Can be updated during the pathway.* ***Select all applicable*** *from the following:* • *Return to Work Support under ICP* • *Work Readiness Support under ICP* • *Pain Management Support under ICP* • *Psychological Support under ICP* • *Support for Independence under ICP* • *None of the above*
Target Date	The date being targeted for an Intervention's completion	*Mandatory field always except if 'None' of the above' only. Can be updated during the pathway. Must be formatted as DD/MM/YYYY*
Completion Date	The actual date of an Intervention's completion	*Must be updated when an intervention has been delivered and completed. Must be updated if an Intervention Status is present. Must be updated before exiting a Kiritaki. Must be formatted as DD/MM/YYYY*
Status	The status of an Intervention	*Must be updated when an intervention has been delivered and completed. Must be updated when there is an Intervention Completion Date present. Must be updated before exiting a Kiritaki. Select one of the following:* • *Achieved* • *Partially achieved* • *Not achieved* • *No longer relevant*
ICPMSK Intervention Completion Description	A brief description of the result from an Intervention's completion	*Mandatory field when there is an Intervention Status present except 'No longer relevant'. Free text field.*

Kiritaki Rehabilitation Goals	Personal goals that are important to Kiritaki, and which the interdisciplinary team agree to work towards achieving or exceeding through the ICPMSK pathway.	
Fields:	*Field Description:*	*Field Rules:*
Rehabilitation Goal Description	Description of the Rehabilitation Goal(s) the Kiritaki is aiming to achieve from ICPMSK	*Should be updated if the Kiritaki has identified Rehabilitation Goals. Freetext. Maximum of 5 Rehabilitation Goals.*
Target Date	The date the Rehabilitation Goal is aimed to be completed	*Mandatory field if rehabilitation goal(s) present. Can be updated during the pathway. Must be formatted as DD/MM/YYYY*
Completion Date	The actual date of Rehabilitation Goal's completion	*Must be updated when a Rehabilitation Goal is completed. Must be updated before exiting a Kiritaki. Must be formatted as DD/MM/YYYY*
Status	The status of a Rehabilitation Goal	*Must be updated if there is a Completion Date present. Must be updated before exiting a Kiritaki. Select one of the following for each Rehabilitation Goal:* • *Achieved* • *Partially achieved* • *Not achieved* • *No longer relevant*

Vocational Information	Mandatory for earners. Details of the current employment situation of the kiritaki	
Fields:	*Field Description:*	*Field Rules:*
Vocational Information	Description of the vocational situation for the kiritaki, including: • Employment type e.g. full time, • Job type • Workplace support • Return to work details • Other important vocational details	*Must be completed if the Kiritaki is employed. Free text field. Can be updated during the pathway.*

Kiritaki Rehabilitation Goals	Personal goals that are important to the Kiritaki, and which the Interdisciplinary Team agree to work towards achieving or exceeding through the ICPMSK pathway.	
Fields:	*Field Description:*	*Field Rules:*
Rehabilitation Goal Description	Description of the Rehabilitation Goal the Kiritaki is aiming to achieve from ICPMSK	*Should be filled if the Kiritaki has identified Personal Goals. Freetext. Maximum of 5 Rehabilitation Goals.*
Rehabilitation Goal Target Date	The date being targeted for a Rehabilitation Goal's completion	*Mandatory field always. Can be updated during the pathway. Must be formatted as DD/MM/YYYY*
Rehabilitation Goal Completion Date	The actual date of a Rehabilitation Goal's completion	*Must be updated when a Rehabilitation Goal is completed. Must be completed before exiting a Kiritaki. Must be formatted as DD/MM/YYYY*
Status	The status of the Personal Goal	*Must be updated if there is an Outcome Date. Must be updated before exiting a Kiritaki. Select one of the following:* • *Achieved* • *Partially achieved* • *Not achieved* • *No longer relevant*

Other Information	Other information that is important to note about the Kiritaki.	
Fields:	*Field Description:*	*Field Rules:*
Co-morbidities Information	Description of any Co-morbidities information including: • Other related injuries • Other medical conditions	*Should be updated when there is relevant Co-morbidities information. Free text. Can be updated during the pathway.* *Do not use this field to request any additional supports.*
Psychosocial Information	Description of any Psychosocial information including: • Social support network details • Cultural needs • Medication use	*Should be updated when there is relevant Psychosocial information. Free text. Can be updated during the pathway.* *Do not use this field to request any additional supports.*
Contextual Information	Description of any important Contextual information including: • Living situation • Activities of daily living which are currently challenging due to their injury	*Should be updated when there is relevant Contextual information. Free text. Can be updated during the pathway.* *Do not use this field to request any additional supports.*
Disciplines Information	Description of Disciplines including: • Expected core disciplines required (e.g. Physiotherapy, Vocational Rehabilitation) • Expected non-core disciplines required (e.g. Occupational Therapy, Specialist Pain Medicine Physician)	*Should be updated when there is relevant Disciplines information. Free text. Can be updated during the pathway.* *Do not use this field to request any additional supports.*

Date Created & Consent to Plan	Mandatory. Confirmation of the date that the Recovery Plan was created or updated, and the Kiritaki has agreed to the plan	
Fields:	*Field Description:*	*Field Rules:*
Date Recovery Plan Created/Updated	The date the Recovery Plan was created, or updated with new information	*Mandatory field always. Can be updated during the pathway. Must be updated when changes are made. Must be formatted as DD/MM/YYYY*
Kiritaki has verbally agreed to the plan	Confirmation that the Kiritaki has agreed to the Recovery Plan	*Mandatory field always. Must obtain agreement before submitting to ACC. 'Yes' or 'No' selection.*
Provider Name	Name of the Provider who created or last updated the Recovery Plan	*Mandatory field always. Can be updated during the pathway*
Navigator Name	Name of the ICP Navigator for the kiritaki	*Mandatory field always. Can be updated during the pathway*

Example ICP Recovery Plan

ICPMSK RECOVERY PLAN & REHABILITATION GOALS

Kiritaki Information (mandatory)

Claim Number/ACC45 Number	123456789	Kiritaki Name	Rāwiri Wilson

ICPMSK Outcome(s) (mandatory)

ICPMSK Outcome Description	Target Date	Completion Date	Status	Outcome Rationale
Return to my pre-injury role	03/05/2024	01/05/2024	Achieved	Rāwiri is unable to work due to his injury. He would like to achieve a full return to his pre-injury role as a Dentist.

ICPMSK Interventions (mandatory)

Intervention Type	Target Date	Completion Date	Status	Completion Description
Return to work support under ICPMSK	03/05/2024	01/05/2024	Complete	Rāwiri is now ready to return to their pre-injury role as a Dentist at full hours and duties.
Pain Management support under ICPMSK	03/05/2024	01/05/2024	Complete	Rāwiri has learned of strategies to manage his pain and help mitigate the risk of increased pain symptoms

Kiritaki Rehabilitation Goals

Rehabilitation Goal Description	Target Date	Completion Date	Status
I want to return to being able to squat 80kg for a full set of 12 reps.	03/05/2024	01/05/2024	Achieved

Vocational Information (mandatory for earners)

Rāwiri works as a full time Dentist, working Tuesday – Saturday at 40 hours per week. His role requires them to be on their feet most of the day, with frequent bending and twisting movement. Rāwiri has a good relationship with his employer, and is not at any risk of losing his job (spoke with Practice Manager, Sandy, on 04/07/23). Sandy is happy to support a gradual return to work and can offer light duties (reception work, calling and booking appointments, data entry) when it is an appropriate time.

Other Information (optional)

Co-morbidities Information	Rāwiri has type 2 diabetes and asthma which are both well managed and will not impact his recovery and rehabilitation
Psychosocial Information	Rāwiri has his partner and elder sister available for any support that he needs. Rāwiri identifies as Māori. We have discussed Rongoā Māori services as to compliment his pathway. Rāwiri will contact ACC to request a referral.
Contextual Information	Rāwiri lives in an apartment in the inner city with his partner and two young children. Rāwiri is unable to drive due to his injury, and will request Taxis through MyACC if his partner is unable to take him to any injury related appointments.
Disciplines Information	Rāwiri will require surgery, pre-operative and post-operative physiotherapy, and vocational rehabilitation disciplines as part of his pathway

Date Recovery Plan created/ updated:	01/05/2024
Kiritaki has verbally agreed to the plan:	Yes
Provider Name (person who last updated the plan):	Chris Brooke
Navigator Name:	Ally Hawkins

Black Text = Information captured at creation
Green Text = Information captured at closure, prior to exit

Appendix G-Request to consider IOA/IMA referral

Use this template to provide your rationale on whether for ACC to refer for an IOA and IMA assessment.

Before you begin

Most kiritaki will be able to recover enough from an injury to return to their pre-injury work.

Efforts to maintain the pre-injury role should be thoroughly explored before considering a referral for an IOA and IMA (within a realistic timeframe).

What input has been provided to date to support the kiritaki to maintain their pre-injury employment, and what progress has been made?
What are the pre-injury job tasks, and which aspects are they unable to complete?
What is the likelihood of the kiritaki being able to return to their pre-injury employment in the future? Provide rationale, support required and potential timeframes.
Is the inability to return to their pre-injury employment purely due to their injury? What are the other factors?
Anything else you want us to consider?

Appendix H-Equivalent Injury Cohort Data Set.

<table>
<tr><td colspan="4">ACC will measure the Supplier's delivery of the Service against the following Key Performance Indicators, each based on a continuous measurement period:</td></tr>
<tr><th>Objective</th><th>Indicator</th><th>Calculation</th><th>Target</th></tr>
<tr><td>Improved Outcomes</td><td>The proportion of ACC Kiritaki entering the Service who achieve the Exit Criteria</td><td>The number of ACC Kiritaki that enter the Service and achieve the Exit Criteria compared with the number of ACC Kiritaki that enter the Service and Early Exit.
Based on a three-month rolling average.</td><td>To be monitored and benchmarked by body site against other suppliers</td></tr>
<tr><td colspan="4">Summary
This is the number of kiritaki who start their ICP journey and achieve their goals compared with those who exit the service early.</td></tr>
<tr><td rowspan="4">Average ACC Kiritaki Service Bundle Charges</td><td rowspan="3">The average total Charges paid for ACC Kiritaki who achieve the Exit Criteria</td><td rowspan="3">The average (mean) total Charges of, as applicable, the Service Bundle, Service Bundle Transfer(s) and Exceptional Funding for an ACC Kiritaki that enter the Service and achieve the Exit Criteria.
Based on body site of injury.</td><td>Knee (arthroscopy and debridement):
$3,050 or less</td></tr>
<tr><td>Knee (Ligament / Tendon Reconstruction, ORIF, joint replacement):
$4,450</td></tr>
<tr><td>Lower back:
$6,050</td></tr>
<tr><td>Charges paid for ACC Kiritaki who Early Exit</td><td>The average (mean) total Charges of, as applicable, the Service Bundle, Service Bundle Transfer(s) and Exceptional</td><td>To be monitored and benchmarked by body site against other suppliers</td></tr>
</table>

		Funding for an ACC Kiritaki that enter the Service and Early Exit.	
Summary 1. **The average cost of** services for kiritaki that achieved their goals within the pathway (by body site) 2. **The average cost of** services for kiritaki that exit the service under early exit criteria (by body site)			
Reduced Weekly Compensation days	Reduction in ACC Kiritaki receiving weekly compensation that have undergone surgery	The weekly compensation days for ACC Kiritaki that enter the Service* and undergo a surgery related to their injury. Compared against the baseline of the weekly compensation days for the Equivalent Injury Cohort who undergo a surgery related to their injury but do not enter the Service. For each ACC Kiritaki, from the date of injury up to three years after the date of injury	**20% or greater reduction of days below** **Body site, Diagnosis** Baseline WC Days from the date of injury to three years after the date of injury **Knee Arthroscopy and Debridement** 51.50 days **Knee Ligament/Tendon Reconstruction, ORIF, joint replacement** 113.47 days **Lower Back/spine** 247.78 days **Shoulder (incl Clavicle/blade)** 187.06 days
	Reduction in ACC Kiritaki receiving weekly compensation who do not receive surgery	The weekly compensation days for ACC Kiritaki that enter the Service* and do not undergo a surgery related to their injury. Compared against the baseline of the weekly compensation days for the Equivalent Injury Cohort who do not undergo a surgery related to their injury and do not enter the Service. For each ACC Kiritaki, from the	To be monitored and benchmarked by body site against other suppliers

<table>
<tr><td></td><td></td><td>date of injury up to three years after the date of injury</td><td></td></tr>
<tr><td colspan="4">Summary
1. The number of days of weekly compensation that a kiritaki receives, when they are supported in ICPMSK and <u>do</u> receive surgery, compared to other ACC kiritaki who are not supported in ICPMSK.
2. The number of days of weekly compensation that a kiritaki receives when they are supported in ICPMSK and <u>do not</u> undergo surgery, compared to other ACC kiritaki with the same injury cohort who are not supported in ICPMSK (and also do not receive surgery).</td></tr>
<tr><td>Reduced Weekly Compensation Post-Surgery</td><td>Reduction in ACC Kiritaki who only receive weekly compensation post surgery.</td><td>Percentage of ACC Kiritaki, based on body site of injury, that enter the Service and undergo a surgery related to their injury. That had an Inactive Weekly Compensation prior to surgery, and have an Inactive Weekly Compensation after surgery at:
13 weeks
26 weeks
1 year
2 years</td><td>Body site, Diagnosis
Baseline Percentage of claims not receiving WC after surgery as at 13 weeks after the date of surgery.
Target Percentage of claims not receiving WC after surgery as at 13 weeks after the date of surgery
Knee Arthroscopy and Debridement
Baseline: 95%
Target: 97%
Knee Ligament/Tendon Reconstruction, ORIF, joint replacement
Baseline: 80%
Target: 89%
Lower Back/spine
Baseline: 79
Target: 89%
Shoulder (incl Clavicle/blade)
Baseline: 64%
Target: 70%</td></tr>
</table>

	Reduction in ACC Kiritaki who receive weekly compensation prior to and post surgery.	Percentage of ACC Kiritaki, based on body site of injury, that enter the Service and undergo a surgery related to their injury. That had active weekly compensation prior to surgery, that have an Inactive Weekly Compensation after surgery at: • 13 weeks • 26 weeks • 1 year • 2 years	**Body site, Diagnosis** Percentage of claims not receiving WC after surgery as at 13 weeks after the date of surgery Percentage of claims not receiving WC after surgery as at 13 weeks after the date of surgery **Knee Arthroscopy and Debridement** Baseline: 62% Target: 73% **Knee Ligament/Tendon Reconstruction, ORIF, joint replacement** Baseline: 22% **Target: 50%** **Lower Back/spine** Baseline: 17% **Target: 41%** **Shoulder (incl Clavicle/blade)** Baseline: 15% Target: 23%
Summary 1. **Percentage of kiritaki supported in ICPMSK who were not receiving weekly compensation prior to surgery that began receiving weekly compensation after surgery.** The percentage is measured at 13 weeks, 26 weeks, 1 year and 2 years post-surgery. 2. **The percentage of kiritaki supported in ICPMSK who received compensation prior to their surgery that no longer receive it at specific time points post-surgery.** This percentage is measured at 13 weeks, 26 weeks, 1 year and 2 years post-surgery.			
Reduced Rates of Re-injury	Reduction in ACC Kiritaki who receive surgery re-injuring (lodgement of a new claim for the same body site) themselves	The re-injury rates for ACC Kiritaki that enter the Service* and undergo a surgery related to their injury. Compared against the baseline of the re-injury rates for	**15% or greater reduction** **Body site, Diagnosis** **Baseline re-injury rates 1 year after the date of accident**

		the Equivalent Injury Cohort who undergo a surgery related to their injury but do not enter the Service at: • 1 year • 2 years • 5 years after the date of surgery.	Baseline re-injury rates 2 years after the date of accident Baseline re-injury rates 4 years after the date of accident. Baseline re-injury rates 5 years after the date of accident. **Knee Arthroscopy and Debridement** 1 year 10% 2 years 20% 4 years 34% 5 years 40% **Knee Ligament/Tendon Reconstruction, ORIF, joint replacement** 1 year 14% 2 years 27% 4 years 41% 5 years 46% **Lower Back/spine** 1 year 11% 2 years 22% 4 years 39% 5 years 46% **Shoulder (incl Clavicle/blade)** 1 year 13% 2 years 22% 4 years 35% 5 years 40%

<table>
<tr><td></td><td>Reduction in ACC Kiritaki who do not receive surgery re-injuring (lodgement of a new claim for the same body site) themselves.</td><td>The re-injury rates for ACC Kiritaki that enter the Service* and do not undergo a surgery related to their injury. Compared against the baseline of the re-injury rates for the Equivalent Injury Cohort who do not undergo a surgery related to their injury and do not enter the Service as at;
1 year
2 years
5 years after the date they achieve the Exit Criteria or Early Exit.</td><td>To be monitored and benchmarked against other suppliers</td></tr>
<tr><td colspan="4">Summary
1. Percentage of kiritaki who were supported in ICPMSK and had surgery subsequently reinjuring the same body site compared to kiritaki who were not supported in ICPMSK (with the same covered injury cohort) at 1 year, 2 years and 5-years post-surgery.
2. Percentage of kiritaki who were supported in ICPMSK and did not have surgery subsequently reinjuring the same body site compared to kiritaki who were not supported in ICPMSK (with the same covered injury cohort) at 1 year, 2 years and 5-years post-exit.</td></tr>
<tr><td>Reduced Rates of Subsequent Surgery</td><td>Reduction in ACC Kiritaki receiving surgery requiring subsequent surgery for the same body site</td><td>The subsequent surgery rates for ACC Kiritaki that enter the Service* and undergo a surgery related to their injury. Compared against the baseline of subsequent surgery rates for the Equivalent Injury Cohort who undergo a surgery related to their injury but do not enter the Service at;</td><td>10% or greater reduction
Body site, Diagnosis
Baseline Subsequent Surgery Rate
1 year after the date of surgery
Knee Arthroscopy and Debridement
2.70%
5.17%
Lower Back/Spine</td></tr>
</table>

		• 1 year • 2 years • 5 years after the date of surgery	6.76% **Shoulder (incl Clavicle/blade)** 4.00%
Summary **Percentage of kiritaki within ICPMSK who undergo surgery that have further surgery to that body site** compared with kiritaki not rehabilitated in ICPMSK but with an equivalent injury and surgery type. This is measured at the 1, 2 and 5-year timeframe post-surgery			
High Quality Data	Complete and accurate deliverables, datasets and information	Deliverables, datasets and information meeting their requirements completely and accurately, and correctly delivered to ACC within required timeframes	**100% complete, accurate and on time**
Summary **The information required to be delivered for ICPMSK is completed in an accurate and timely manner.**			
*For the purposes of the calculation, the ACC Kiritaki that enter the ICPMSK Service includes: • ACC Kiritaki that achieve the Exit Criteria, and • ACC Kiritaki that Early Exit. It does not include ACC Kiritaki that exit the Services due to a Loss of Eligibility.			

Appendix I-In Scope Services

Contract Class	Code	Code Description
Acupuncturist	ACU01	Acupuncture Treatment
Acupuncturist	ACUP1	Acupuncture Treatment
Acupuncturist	ADD	Add diagnosis request to ACC32 team
Acupuncturist	COPY	Photocopying of Clinical Notes
Acupuncturist	CPY	Photocopying of Clinical Notes
Acupuncturist	FCT2	Paymt to Specified Treatmt Provider for full cost
Acupuncturist	STPR	Complex Clinical Notes/Rpts by Physios, Osteos etc
Allied Health Services	ACC2152	Treatment Injury Informatn on Lodgemt-Hourly Rate
Allied Health Services	ADD	Add diagnosis request to ACC32 team
Allied Health Services	COPY	Photocopying of Clinical Notes
Allied Health Services	CPY	Photocopying of Clinical Notes
Allied Health Services	POD14	Podiatry Services - Written Report & Liaison
Allied Health Services	POD21	Podiatry Services - Initial Consultation
Allied Health Services	POD22	Podiatry Services - Follow-up Consultation
Allied Health Services	PODFS	Podiatry Services - Footwear supports up to $150
Allied Health Services	PODFS1	Podiatry Services - Footwear Supports over $150
Allied Health Services	PODLL	Podiatry Services - Lower limb orthotics upto $150
Allied Health Services	PODLL1	Podiatry Services - Lower Limb orthotics over $150
Allied Health Services	PODMB	Podiatry Services - Moon boot
Allied Health Services	PT01	Physiotherapy Consultation - Initial
Allied Health Services	PT14	Physiotherapy Services - Written Report & Liaison
Allied Health Services	PT2	Physiotherapy Consultation - Follow up
Allied Health Services	PT40	Physiotherapy Consultation - Initial, CSC Pilot
Allied Health Services	PT41	Physiotherapy Consultation - Follow up, CSC Pilot
Allied Health Services	PTE1	Physiotherapy Services - Crutches Hire
Allied Health Services	PTE1P	Physiotherapy Services - Crutches Hire, CSC Pilot
Allied Health Services	PTE2	Physiotherapy Services - Moon Boot
Allied Health Services	PTE2P	Physiotherapy Services - Moon Boot, CSC Pilot
Allied Health Services	PTE3	Physiotherapy Services - Knee Brace
Allied Health Services	PTE3P	Physiotherapy Services - Knee Brace, CSC Pilot
Allied Health Services	PTS1	Physiotherapy Services - Specialist First Consult
Allied Health Services	PTS2	Physiotherapy Services - Specialist Follow Up
Allied Health Services	STPR	Complex Clinical Notes/Rpts by Physios, Osteos etc
Anaesthetist	CS01	Other Specialist Consultation - REGULATIONS
Chiropractor	ADD	Add diagnosis request to ACC32 team
Chiropractor	CH1	Chiropractic Treatment
Chiropractor	COPY	Photocopying of Clinical Notes
Chiropractor	CPY	Photocopying of Clinical Notes

Chiropractor	FCT2	Paymt to Specified Treatmt Provider for full cost
Chiropractor	STPR	Complex Clinical Notes/Rpts by Physios, Osteos etc
Clinical Services	ACC2152	Treatment Injury Informatn on Lodgemt-Hourly Rate
Clinical Services	ACC554	ACC554: Medical Certificate for Lump Sum/IA applic
Clinical Services	COPY	Photocopying of Clinical Notes
Clinical Services	CPY	Photocopying of Clinical Notes
Clinical Services	CS100	Clinical Services - Simple Assessment (Initial)
Clinical Services	CS200	Clinical Services - Complex Assessment (Initial)
Clinical Services	CS400	Clinical Services - Second Opinion Assessment
Clinical Services	CS500	Clinical Services - Reassessment
Clinical Services	CS61	Clinical Services - Subsequent Assessment: Simple
Clinical Services	CS62	Clinical Services - Subsequent Assessment: Complex
Clinical Services	CS900	Clinical Services - Second Opinion Assmt Complex
Clinical Services	CSE1	Clinical Services - Moonboots prov by Specialists
Clinical Services	CSE2	Clinical Services - Simple Orthotics
Clinical Services	CST21	Clinical Ser: Reapplicatn casts/splints above knee
Clinical Services	CST22	Clinical Ser: Reapplicatn cast/splint above elbow
Clinical Services	CST31	Clinical Ser: Reapplicatn casts/splints below knee
Clinical Services	CST32	Clinical Ser: Reapplicatn cast/splint below elbow
Clinical Services	MEDR	Complex Clinical Notes/Reports by Med Practitioner
Clinical Services	TRAV05	Off-Site Travel Supplement - Providers Only
Functional Capacity Evaluation	FCE01	Full Functional Capacity Evaluation (Standard)
Functional Capacity Evaluation	FCE02	Task specific functional capacity evaluation
Functional Capacity Evaluation	FCE03	Full Complex FCE-Serious or Multiple Injuries only
Functional Capacity Evaluation	FCE15	Case Conference for Functional Capacity Evaluation
Functional Capacity Evaluation	FCEDNA	Claimant Non-attendance. Applies to FCE01, 02, 03
Functional Capacity Evaluation	FCET6	FCE - Other provider travel
Functional Capacity Evaluation	FCETD10	FCE - Travel Distance > 20 km
Functional Capacity Evaluation	FCETD7	FCE - Remote Access Fee
Functional Capacity Evaluation	FCETT1	FCE - Travel time >1 hour
Functional Capacity Evaluation	FCETT5	FCE - Travel Time >20km, 1st hour
GP Receiving Rural Bonus	ACC2152	Treatment Injury Informatn on Lodgemt-Hourly Rate
GP Receiving Rural Bonus	COPY	Photocopying of Clinical Notes
GP Receiving Rural Bonus	CPY	Photocopying of Clinical Notes
GP Receiving Rural Bonus	MEDR	Complex Clinical Notes/Reports by Med Practitioner
GP Receiving Rural Bonus	RPE2	Moonboots provided to client via Rural GP
GP Receiving Rural Bonus	RPE3	Rural GP - Thermoplastic orthotics
GP Special Interest	GPSI	GPSI Assessment

General Medicine	COPY	Photocopying of Clinical Notes
General Medicine	CPY	Photocopying of Clinical Notes
General Medicine	CS02	Specified specialist consultation - REGULATIONS
General Medicine	CS02A	Specified Specialist Consultation Requested by ACC
General Medicine	FCT4	Payment of Full Cost of Medical Specialist Consult
General Medicine	MEDR	Complex Clinical Notes/Reports by Med Practitioner
General Medicine	MST2	Specified Specialist Telehealth Initial Consult
General Medicine	MST4	Specified Specialist Telehealth Follow-up Consult
General Practice Medical Notes Request and Transfer Service	MED1	Med Notes: Specific Info Request - Low complexity
General Practice Medical Notes Request and Transfer Service	MED1A	Med Notes: Specific Informatn Request - Additional
General Practice Medical Notes Request and Transfer Service	MED1R	Med Notes: Specific Info Request - Low: Restricted
General Practitioner	COPY	Photocopying of Clinical Notes
General Practitioner	CPY	Photocopying of Clinical Notes
General Practitioner	MEDR	Complex Clinical Notes/Reports by Med Practitioner
General Surgeon	CS01	Other Specialist Consultation - REGULATIONS
General Surgeon	CS206	Repair Recent Wound - Superficial < 7 cm
General Surgeon	CS207	Repair Recent Wound - Deeper Tissue <7 cm
General Surgeon	CS208	Repair Recent Wound - Superficial > 7 cm
General Surgeon	CS209	Repair Recent Wound - Deeper Tissue > 7 cm
General Surgeon	CS218	Fractures, Clsd Reduc - Humerus
General Surgeon	CS223	Fractures, Clsd Reduc - Tibia/Fibula-Shaft
General Surgeon	CS224	Fractures, Clsd Reduc - Tibia/Fibula, Upper
General Surgeon	CS225	Fractures, Clsd Reduc - Tib/Fib w Joint Traction
General Surgeon	CS227	Haematoma, Abscess, Infect - Simple Aspiration
General Surgeon	CS228	Haematoma, Abscess, Infect - Inc/Drain Local Anaes
General Surgeon	CS229	Haematoma, Abscess, Infect - Inc/Drain Gen Anaesth
General Surgeon	CS230	Foreign Body Removal - Local Anaesthetic
General Surgeon	CS238	Dislocations, Clsd Reduc - Shoulder
General Surgeon	CS239	Dislocations, Clsd Reduc - Patella
General Surgeon	CS241	Plaster Upper Limb - Above Elbow
General Surgeon	CS243	Plaster Lower Limb - Above Knee
General Surgeon	CS244	Plaster Lower Limb - Below Knee
General Surgeon	CS245	Other Aspiration Of Joint
General Surgeon	FCT4	Payment of Full Cost of Medical Specialist Consult
General Surgeon	MEDR	Complex Clinical Notes/Reports by Med Practitioner
General Surgeon	MST1	Other Specialist Telehealth Initial Consult
General Surgeon	MST3	Other Specialist Telehealth Follow-up Consult
Neurosurgeon	CS02	Specified specialist consultation - REGULATIONS

Neurosurgeon	CS02A	Specified Specialist Consultation Requested by ACC
Neurosurgeon	CS241	Plaster Upper Limb - Above Elbow
Neurosurgeon	CS243	Plaster Lower Limb - Above Knee
Neurosurgeon	CS244	Plaster Lower Limb - Below Knee
Neurosurgeon	FCT4	Payment of Full Cost of Medical Specialist Consult
Neurosurgeon	MST2	Specified Specialist Telehealth Initial Consult
Neurosurgeon	MST4	Specified Specialist Telehealth Follow-up Consult
Non-Contracted Purchasing	ACC2152	Treatment Injury Informatn on Lodgemt-Hourly Rate
Non-Contracted Purchasing	ACC554	ACC554: Medical Certificate for Lump Sum/IA applic
Non-Contracted Purchasing	ACCOM1	Accommodation for Assessor or Service Provider
Non-Contracted Purchasing	ADMIN1	Co-ordination & admin costs - Voc Rehab
Non-Contracted Purchasing	ADMIN2	Co-ordination & Administration - Social Rehab
Non-Contracted Purchasing	GPC1	Gradual Process Workplace Assessment
Non-Contracted Purchasing	GPCTD10	Gradual Process Workplace Assmt Travel per km>20km
Non-Contracted Purchasing	GPCTT1	Gradual Process Workplace Assmt Travel Time <1hr
Non-Contracted Purchasing	TRAN1	Interpreter or Translator Services
Non-Contracted Purchasing	TRAVD1	Travel distance (No Threshold Required) - Provider
Non-Contracted Purchasing	TRAVR1	Hire of Rooms for Consultation or Assessment
Non-Contracted Purchasing	TRAVT3	Travel time - No Threshold Required - Providers
Non-Contracted Purchasing	TRAVT4A	Provider Travel - Unspecified
Non-Contracted Purchasing	TRAVT6	Travel time >1 hour (Gradual Process)
Nurse	COPY	Photocopying of Clinical Notes
Nurse	CPY	Photocopying of Clinical Notes
Nurse	MD4	Dislocatn, shoulder: closed red. collar&cuff immob
Nurse	MD5	Dislocation, patella - closed reductn & cast immob
Nurse	MEDR	Complex Clinical Notes/Reports by Med Practitioner
Nurse	MF12	Fractured distal humerus, by cast immobilisatn
Nurse	MF13	Fractured prox/shaft humerus, immob by collar&cuff
Nurse	MF16	Fractured fibula (w/o tibial #) immob w strapping
Nurse	MF8	Fractured Clavicle
Occupational Therapist	ADD	Add diagnosis request to ACC32 team
Occupational Therapist	COPY	Photocopying of Clinical Notes
Occupational Therapist	CPY	Photocopying of Clinical Notes
Occupational Therapist	FCT2	Paymt to Specified Treatmt Provider for full cost
Occupational Therapist	OT01	Occupational Therapy
Occupational Therapist	STPR	Complex Clinical Notes/Rpts by Physios, Osteos etc
Orthopaedic Surgeon	COPY	Photocopying of Clinical Notes

Orthopaedic Surgeon	CPY	Photocopying of Clinical Notes
Orthopaedic Surgeon	CS01	Other Specialist Consultation - REGULATIONS
Orthopaedic Surgeon	CS01A	Other Specialist Consultation Requested by ACC
Orthopaedic Surgeon	CS206	Repair Recent Wound - Superficial < 7 cm
Orthopaedic Surgeon	CS207	Repair Recent Wound - Deeper Tissue <7 cm
Orthopaedic Surgeon	CS208	Repair Recent Wound - Superficial > 7 cm
Orthopaedic Surgeon	CS209	Repair Recent Wound - Deeper Tissue > 7 cm
Orthopaedic Surgeon	CS218	Fractures, Clsd Reduc - Humerus
Orthopaedic Surgeon	CS223	Fractures, Clsd Reduc - Tibia/Fibula-Shaft
Orthopaedic Surgeon	CS224	Fractures, Clsd Reduc - Tibia/Fibula, Upper
Orthopaedic Surgeon	CS225	Fractures, Clsd Reduc - Tib/Fib w Joint Traction
Orthopaedic Surgeon	CS227	Haematoma, Abscess, Infect - Simple Aspiration
Orthopaedic Surgeon	CS228	Haematoma, Abscess, Infect - Inc/Drain Local Anaes
Orthopaedic Surgeon	CS229	Haematoma, Abscess, Infect - Inc/Drain Gen Anaesth
Orthopaedic Surgeon	CS230	Foreign Body Removal - Local Anaesthetic
Orthopaedic Surgeon	CS234	Foreign Body Removal - Muscle/Tendon/Deep Tiss
Orthopaedic Surgeon	CS238	Dislocations, Clsd Reduc - Shoulder
Orthopaedic Surgeon	CS239	Dislocations, Clsd Reduc - Patella
Orthopaedic Surgeon	CS241	Plaster Upper Limb - Above Elbow
Orthopaedic Surgeon	CS243	Plaster Lower Limb - Above Knee
Orthopaedic Surgeon	CS244	Plaster Lower Limb - Below Knee
Orthopaedic Surgeon	CS245	Other Aspiration Of Joint
Orthopaedic Surgeon	FCTCS4	Payment of Full Cost of Medical Specialist Consult
Orthopaedic Surgeon	MEDR	Complex Clinical Notes/Reports by Med Practitioner
Orthopaedic Surgeon	MST1	Other Specialist Telehealth Initial Consult
Orthopaedic Surgeon	MST3	Other Specialist Telehealth Follow-up Consult
Orthotic Services	ORT20	Orthotics - Initial consultation - Simple
Orthotic Services	ORT21	Orthotics - Initial consultation - Complex
Orthotic Services	ORT22	Orthotics - Follow-up consultation to Simple
Orthotic Services	ORT23	Orthotics - Follow-up consultation to Complex
Orthotic Services	ORT24	Orthotics - Follow-up consult, long term injury
Orthotic Services	ORTFS1	Orthotics - Footwear supports over $300
Orthotic Services	ORTFSA	Orthotics - Footwear supports equal or under $300
Orthotic Services	ORTFW	Orthotics - Footwear or mods/refurb/repair to $300
Orthotic Services	ORTFW1	Orthotics - Footwear or mods/refurb/repair $300+
Orthotic Services	ORTLL	Orthotics - Lower limb equal to or under $300
Orthotic Services	ORTLL1	Orthotics - Lower limb over $300
Orthotic Services	ORTMB1	Orthotics - Moonboots over $300
Orthotic Services	ORTMBA	Orthotics - Moonboots equal to or under $300
Orthotic Services	ORTSP	Orthotics - Spinal including cervical up to $300

Orthotic Services	ORTSP1	Orthotics - Spinal including cervical over $300
Orthotic Services	ORTUL	Orthotics - Upper limb equal to or under $300
Orthotic Services	ORTUL1	Orthotics - Upper limb over $300
Osteopaths	ADD	Add diagnosis request to ACC32 team
Osteopaths	COPY	Photocopying of Clinical Notes
Osteopaths	CPY	Photocopying of Clinical Notes
Osteopaths	FCT2	Paymt to Specified Treatmt Provider for full cost
Osteopaths	OST1	Osteopathic Treatment
Osteopaths	STPR	Complex Clinical Notes/Rpts by Physios, Osteos etc
Other Specialists	COPY	Photocopying of Clinical Notes
Other Specialists	CPY	Photocopying of Clinical Notes
Other Specialists	CS01	Other Specialist Consultation - REGULATIONS
Other Specialists	CS01A	Other Specialist Consultation Requested by ACC
Other Specialists	CS02	Specified specialist consultation - REGULATIONS
Other Specialists	CS207	Repair Recent Wound - Deeper Tissue <7 cm
Other Specialists	CS208	Repair Recent Wound - Superficial > 7 cm
Other Specialists	CS209	Repair Recent Wound - Deeper Tissue > 7 cm
Other Specialists	CS218	Fractures, Clsd Reduc - Humerus
Other Specialists	CS223	Fractures, Clsd Reduc - Tibia/Fibula-Shaft
Other Specialists	CS224	Fractures, Clsd Reduc - Tibia/Fibula, Upper
Other Specialists	CS225	Fractures, Clsd Reduc - Tib/Fib w Joint Traction
Other Specialists	CS227	Haematoma, Abscess, Infect - Simple Aspiration
Other Specialists	CS228	Haematoma, Abscess, Infect - Inc/Drain Local Anaes
Other Specialists	CS230	Foreign Body Removal - Local Anaesthetic
Other Specialists	CS234	Foreign Body Removal - Muscle/Tendon/Deep Tiss
Other Specialists	CS238	Dislocations, Clsd Reduc - Shoulder
Other Specialists	CS239	Dislocations, Clsd Reduc - Patella
Other Specialists	CS241	Plaster Upper Limb - Above Elbow
Other Specialists	CS242	Plaster Upper Limb - Below Elbow
Other Specialists	CS243	Plaster Lower Limb - Above Knee
Other Specialists	CS244	Plaster Lower Limb - Below Knee
Other Specialists	CS245	Other Aspiration Of Joint
Other Specialists	FCT4	Payment of Full Cost of Medical Specialist Consult
Other Specialists	MEDR	Complex Clinical Notes/Reports by Med Practitioner
Other Specialists	MST1	Other Specialist Telehealth Initial Consult
Other Specialists	MST2	Specified Specialist Telehealth Initial Consult
Other Specialists	MST3	Other Specialist Telehealth Follow-up Consult
Other Specialists	MST4	Specified Specialist Telehealth Follow-up Consult
Paediatric Surgeon	CS01	Other Specialist Consultation - REGULATIONS
Paediatric Surgeon	CS241	Plaster Upper Limb - Above Elbow
Paediatric Surgeon	CS243	Plaster Lower Limb - Above Knee
Paediatric Surgeon	CS244	Plaster Lower Limb - Below Knee

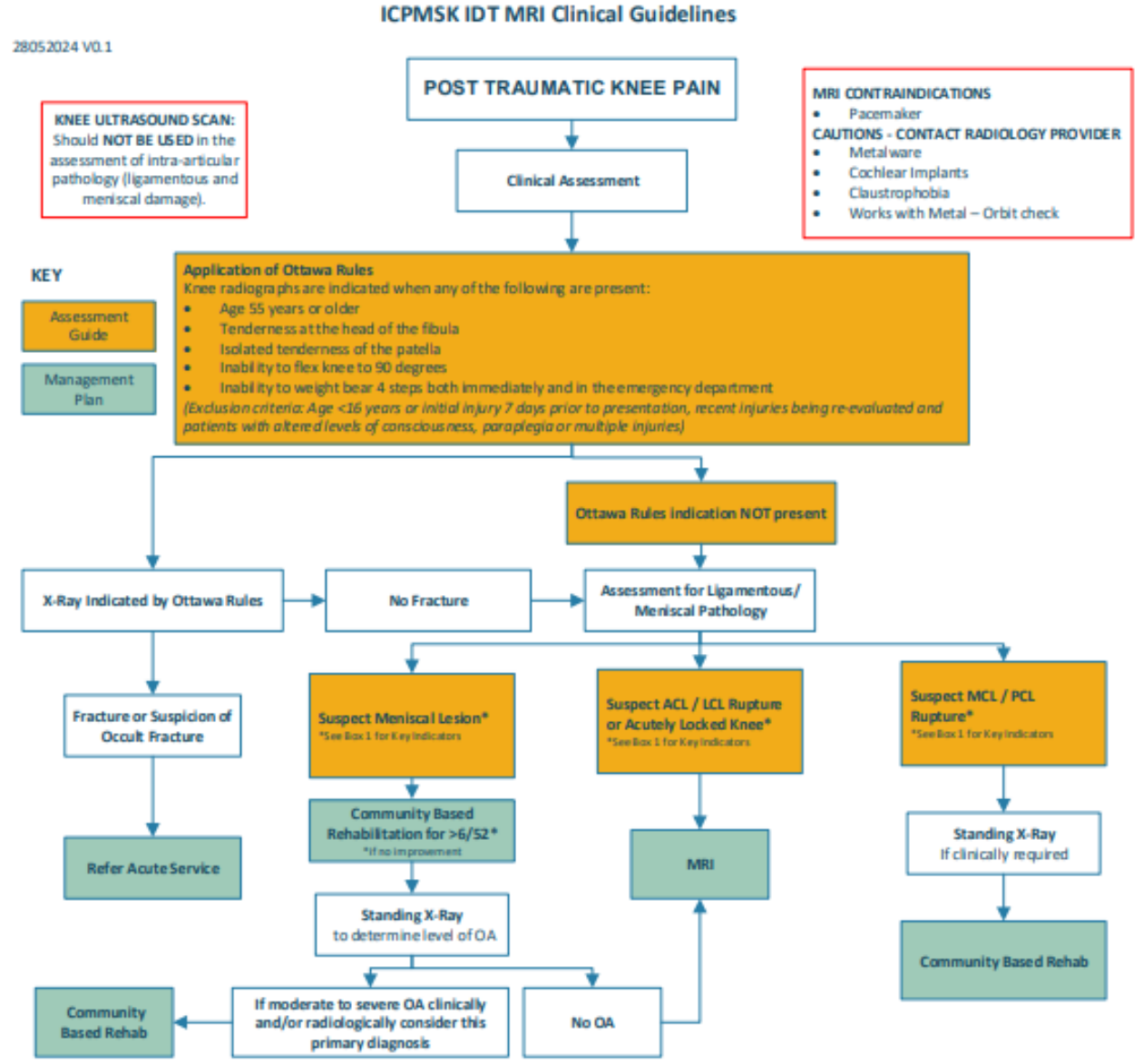
Paediatric Surgeon	FCT4	Payment of Full Cost of Medical Specialist Consult
Paediatric Surgeon	MST1	Other Specialist Telehealth Initial Consult
Paediatric Surgeon	MST3	Other Specialist Telehealth Follow-up Consult
Pain Management Services	PN01	Pain Management: Triage
Pain Management Services	PN100A	Pain Management - Community Service Level 1 IDT
Pain Management Services	PN402	Pain Management - Group Education
Pain Management Services	PN410	Pain Managemt: Specialist Physician Standard Assmt
Pain Management Services	PN411	Pain Managemt: Specialist Physician Complex Assmt
Pain Management Services	PN412	Pain Managemt: Specialist Physician Desk File Rev
Pain Management Services	PN420	Pain Management - Incidental Costs
Pain Management Services	PNAC	Pain Management - Provider Accommodation
Pain Management Services	PNDNA	Pain Management - Did not attend: Allied/Psych/Med
Pain Management Services	PNTD10	Pain Management - Travel distance
Pain Management Services	PNTD7	Pain Management - Remote access fee
Pain Management Services	PNTT10	Pain Management - Travel Time > 1 hour: Allied
Pain Management Services	PNTT11	Pain Management - Travel Time > 1 hour: Psycholog
Pain Management Services	PNTT12	Pain Management - Travel time > 1 hour: Med Pract
Pain Management Services	PNTT50	Pain Management - Travel time 1st hour: Allied
Pain Management Services	PNTT51	Pain Management - Travel time 1st hour: Psycholog
Pain Management Services	PNTT52	Pain Management - Travel time 1st hour: Med Pract
Physiotherapist	ACC2152	Treatment Injury Informatn on Lodgemt-Hourly Rate
Physiotherapist	ADD	Add diagnosis request to ACC32 team
Physiotherapist	COPY	Photocopying of Clinical Notes
Physiotherapist	CPY	Photocopying of Clinical Notes
Physiotherapist	FCT2	Paymt to Specified Treatmt Provider for full cost
Physiotherapist	PHY3	Physiotherapy Treatment
Physiotherapist	STPR	Complex Clinical Notes/Rpts by Physios, Osteos etc
Plastic Surgeon	COPY	Photocopying of Clinical Notes
Plastic Surgeon	CPY	Photocopying of Clinical Notes
Plastic Surgeon	CS01	Other Specialist Consultation - REGULATIONS
Plastic Surgeon	CS01A	Other Specialist Consultation Requested by ACC
Plastic Surgeon	CS206	Repair Recent Wound - Superficial < 7 cm
Plastic Surgeon	CS207	Repair Recent Wound - Deeper Tissue <7 cm
Plastic Surgeon	CS208	Repair Recent Wound - Superficial > 7 cm
Plastic Surgeon	CS209	Repair Recent Wound - Deeper Tissue > 7 cm
Plastic Surgeon	CS230	Foreign Body Removal - Local Anaesthetic
Plastic Surgeon	CS241	Plaster Upper Limb - Above Elbow

Plastic Surgeon	CS243	Plaster Lower Limb - Above Knee
Plastic Surgeon	CS244	Plaster Lower Limb - Below Knee
Plastic Surgeon	FCT4	Payment of Full Cost of Medical Specialist Consult
Plastic Surgeon	MEDR	Complex Clinical Notes/Reports by Med Practitioner
Plastic Surgeon	MST1	Other Specialist Telehealth Initial Consult
Plastic Surgeon	MST3	Other Specialist Telehealth Follow-up Consult
Podiatrist	ADD	Add diagnosis request to ACC32 team
Podiatrist	COPY	Photocopying of Clinical Notes
Podiatrist	CPY	Photocopying of Clinical Notes
Podiatrist	FCT2	Paymt to Specified Treatmt Provider for full cost
Podiatrist	POD01	Podiatry Treatment
Podiatrist	POD02	Home visit podiatry for clients unable to travel
Podiatrist	STPR	Complex Clinical Notes/Rpts by Physios, Osteos etc
Psychologist	PSY60	Psychological - Treatment w/o MICPI cover
Psychologist	PSY61	Psychological Services - Treatmt with MICPI cover
Psychologist	PSYAC	Psychological Services - Provider Accommodation
Psychologist	PSYDNA	Psychological Services - Non attendance fee
Psychologist	PSYT6	Psychological Services - Provider Travel at Cost
Psychologist	PSYTA1	Psychological Services - Air Travel
Psychologist	PSYTD10	Psychological Services - Travel Distance >20 km
Psychologist	PSYTR1	Psychological Services - Remote Clinic Room Hire
Psychologist	PSYTT1	Psychological Services - Travel time >1 hour
Psychologist	PSYTT5	Psychological Services - Travel Time >20km, 1st hr
Training for Independ - Tamariki and Rangatahi	TIAC	Training for Independence - Assessor Accommodation
Training for Independ - Tamariki and Rangatahi	TIT6	Training for Independence -Provider Travel at Cost
Training for Independ - Tamariki and Rangatahi	TITA1	Training for Independence - Air Travel
Training for Independ - Tamariki and Rangatahi	TITD10	Training for Independence - Travel Distance >20 km
Training for Independ - Tamariki and Rangatahi	TITR01	TFI - Tamariki - Rehabilitation Prof Planning
Training for Independ - Tamariki and Rangatahi	TITR02	TFI - Tamariki - Psychologist Planning
Training for Independ - Tamariki and Rangatahi	TITR03	TFI - Tamariki - Advisory Long Term Prog Plan
Training for Independ - Tamariki and Rangatahi	TITR05	TFI - Tamariki - Rehab Prof Report Writing
Training for Independ - Tamariki and Rangatahi	TITR06	TFI - Tamariki - Psychologist Report Writing
Training for Independ - Tamariki and Rangatahi	TITR07	TFI - Tamariki - Completion Report
Training for Independ - Tamariki and Rangatahi	TITR08	TFI - Tamariki - Advisory ST Completion Report
Training for Independ - Tamariki and Rangatahi	TITR09	TFI - Tamariki - Advisory LT Completion Report
Training for Independ - Tamariki and Rangatahi	TITR11	TFI - Tamariki - Rehabilitation Professional
Training for Independ - Tamariki and Rangatahi	TITR12	TFI - Tamariki - Registered Psychologist
Training for Independ - Tamariki and Rangatahi	TITR13	TFI - Tamariki - Rehabilitation Coach
Training for Independ - Tamariki and Rangatahi	TITR14	TFI - Tamariki - Key Worker
Training for Independ - Tamariki and Rangatahi	TITR15	TFI - Tamariki - Advisory Short Term Rehab Prof

Training for Independ - Tamariki and Rangatahi	TITR16	TFI - Tamariki - Advisory Long Term Rehab Prof
Training for Independ - Tamariki and Rangatahi	TITR20	TFI - Tamariki - Case Conference: Rehab Profess
Training for Independ - Tamariki and Rangatahi	TITR21	TFI - Tamariki - Case Conference: Psychologist
Training for Independ - Tamariki and Rangatahi	TITR30	TFI - Tamariki - Additional Cultural Support
Training for Independ - Tamariki and Rangatahi	TITRDNA	TFI - Tamariki - Non-Attendance Fee
Training for Independ - Tamariki and Rangatahi	TITT1	Training for Independence - Travel time >1 hour
Training for Independ - Tamariki and Rangatahi	TITT5	Training for Independence-Travel Time >20km 1st hr
Training for Independ - Te Ata Poo	TIT6	Training for Independence -Provider Travel at Cost
Training for Independ - Te Ata Poo	TITA1	Training for Independence - Air Travel
Training for Independ - Te Ata Poo	TITD10	Training for Independence - Travel Distance >20 km
Training for Independ - Te Ata Poo	TITT1	Training for Independence - Travel time >1 hour
Training for Independ - Te Ata Poo	TITT5	Training for Independence-Travel Time >20km 1st hr
Training for Independ - Te Ata Tuu	TIAC	Training for Independence - Assessor Accommodation
Training for Independ - Te Ata Tuu	TIT6	Training for Independence -Provider Travel at Cost
Training for Independ - Te Ata Tuu	TITA1	Training for Independence - Air Travel
Training for Independ - Te Ata Tuu	TITD10	Training for Independence - Travel Distance >20 km
Training for Independ - Te Ata Tuu	TITT1	Training for Independence - Travel time >1 hour
Training for Independ - Te Ata Tuu	TITT5	Training for Independence-Travel Time >20km 1st hr
Training for Independ - Te Ata Tuu	TITU01	TFI - Te Ata Tuu - Rehabilitation Prof Planning
Training for Independ - Te Ata Tuu	TITU02	TFI - Te Ata Tuu - Psychologist Planning
Training for Independ - Te Ata Tuu	TITU03	TFI - Te Ata Tuu - Advisory Long Term Prog Plan
Training for Independ - Te Ata Tuu	TITU05	TFI - Te Ata Tuu - Rehab Prof Report Writing
Training for Independ - Te Ata Tuu	TITU06	TFI - Te Ata Tuu - Psychologist Report Writing
Training for Independ - Te Ata Tuu	TITU07	TFI - Te Ata Tuu - Completion Report
Training for Independ - Te Ata Tuu	TITU08	TFI - Te Ata Tuu - Advisory ST Completion Report
Training for Independ - Te Ata Tuu	TITU09	TFI - Te Ata Tuu - Advisory LT Completion Report
Training for Independ - Te Ata Tuu	TITU11	TFI - Te Ata Tuu - Rehabilitation Professional
Training for Independ - Te Ata Tuu	TITU12	TFI - Te Ata Tuu - Registered Psychologist
Training for Independ - Te Ata Tuu	TITU13	TFI - Te Ata Tuu - Rehabilitation Coach
Training for Independ - Te Ata Tuu	TITU14	TFI - Te Ata Tuu - Key Worker
Training for Independ - Te Ata Tuu	TITU15	TFI - Te Ata Tuu - Advisory Short Term Rehab Prof
Training for Independ - Te Ata Tuu	TITU16	TFI - Te Ata Tuu - Advisory Long Term Rehab Prof
Training for Independ - Te Ata Tuu	TITU20	TFI - Te Ata Tuu - Case Conference: Rehab Profess
Training for Independ - Te Ata Tuu	TITU21	TFI - Te Ata Tuu - Case Conference: Psychologist
Training for Independ - Te Ata Tuu	TITU30	TFI - Te Ata Tuu - Additional Cultural Support
Training for Independ - Te Ata Tuu	TITUDNA	TFI - Te Ata Tuu - Non-Attendance Fee
Urgent Care Clinics	COPY	Photocopying of Clinical Notes
Urgent Care Clinics	CPY	Photocopying of Clinical Notes

Urgent Care Clinics	MEDR	Complex Clinical Notes/Reports by Med Practitioner
Vocational Rehabilitation Services	VR01	Voc Rehab Service - Stand-alone workplace assessmt
Vocational Rehabilitation Services	VRB11	Voc Rehab Service - Back to Work One
Vocational Rehabilitation Services	VRB15	Voc Rehab Service - BTW Initial Functional Rehab
Vocational Rehabilitation Services	VRB16	Voc Rehab Service - BTW Follow-up Functional Rehab
Vocational Rehabilitation Services	VRS20	Voc Rehab Service - SAW Stage 1 No Prior Approval
Vocational Rehabilitation Services	VRS21	Voc Rehab Service - Stay At Work One
Vocational Rehabilitation Services	VRS22	Voc Rehab Service - Stay At Work Two
Vocational Rehabilitation Services	VRS23	Voc Rehab Service - Stay At Work Three
Vocational Rehabilitation Services	VRS24	Voc Rehab Service - SAW Exceptional
Vocational Rehabilitation Services	VRS25	Voc Rehab Service - SAW Initial Functional Rehab
Vocational Rehabilitation Services	VRS26	Voc Rehab Service - SAW Follow-up Functional Rehab
Vocational Rehabilitation Services	VRSDD	Voc Rehab Service - Stay at Work Discharge Date
Vocational Rehabilitation Services	VRTD5	Voc Rehab Service - Travel distance over 150km
Vocational Rehabilitation Services	VRTT2	Voc Rehab Service - Travel time over 150km

Appendix J- ICPMSK IDT MRI Referral Guideline for Knee



***BOX ONE:** Key factors in the history and clinical examination for the following conditions that would elicit an MRI referral under ligamentous and meniscal injuries:

1. **Meniscal**
   Injury mechanism – rotational element, squatting, cutting or twisting in younger population
   Symptoms - Pain, swelling and mechanical symptoms (catching, locking)
   Signs - Acutely locked knee, Effusion, joint line tenderness – posterior more clinically relevant (variable sensitivity 55 – 85% depending on site of meniscal pathology)
   Loss of end range extension or flexion
   Thessaly Test / McMurray's Test
2. **Anterior Cruciate Ligament (ACL) Tear**
   Injury mechanism – deceleration, change of direction on a fixed foot, rotational, twisting
   Symptoms - Rapid onset of swelling within hours, Audible 'pop' or noise within the knee at the time of injury, Feeling of instability
   Signs - Effusion often large within 2-3 hours
   Loss of end range extension
   Lachman's test positive (high sensitivity and high specificity)
   Anterior Draw test positive (high specificity and low sensitivity)
3. **Posterior Cruciate Ligament (PCL) Tear**
   Injury mechanism – posteriorly directed force to the proximal tibia (e.g. dashboard injury or fall onto flexed knee or tackle from the front)
   Symptoms – Pain swelling and feeling of instability
   Signs – Effusion, Posterior Draw test positive (high sensitivity), PCL sag sign (late sign)
4. **Postero-Lateral Complex (PLC) Injury**
   Rare but associated with other ligamentous injuries in particular LCL rupture – needs referral
5. **Medial Collateral Ligament (MCL) Injury**
   Injury mechanism – valgus stress, often from a lateral force to the knee
   Symptoms – Pain, swelling and feeling of instability
   Signs - Effusion, Laxity on valgus stress test in 30° knee flexion,
   Laxity on valgus stress test in extension indicates higher degree of injury
6. **Lateral Collateral Ligament (LCL) Injury**
   Rare in isolation
   Laxity on varus stress in extension and in 30° knee flexion

Appendix K – ICPMSK IDT MRI Referral Guidelines for Lumbar Spine

ICPMSK IDT MRI Referral Guidelines

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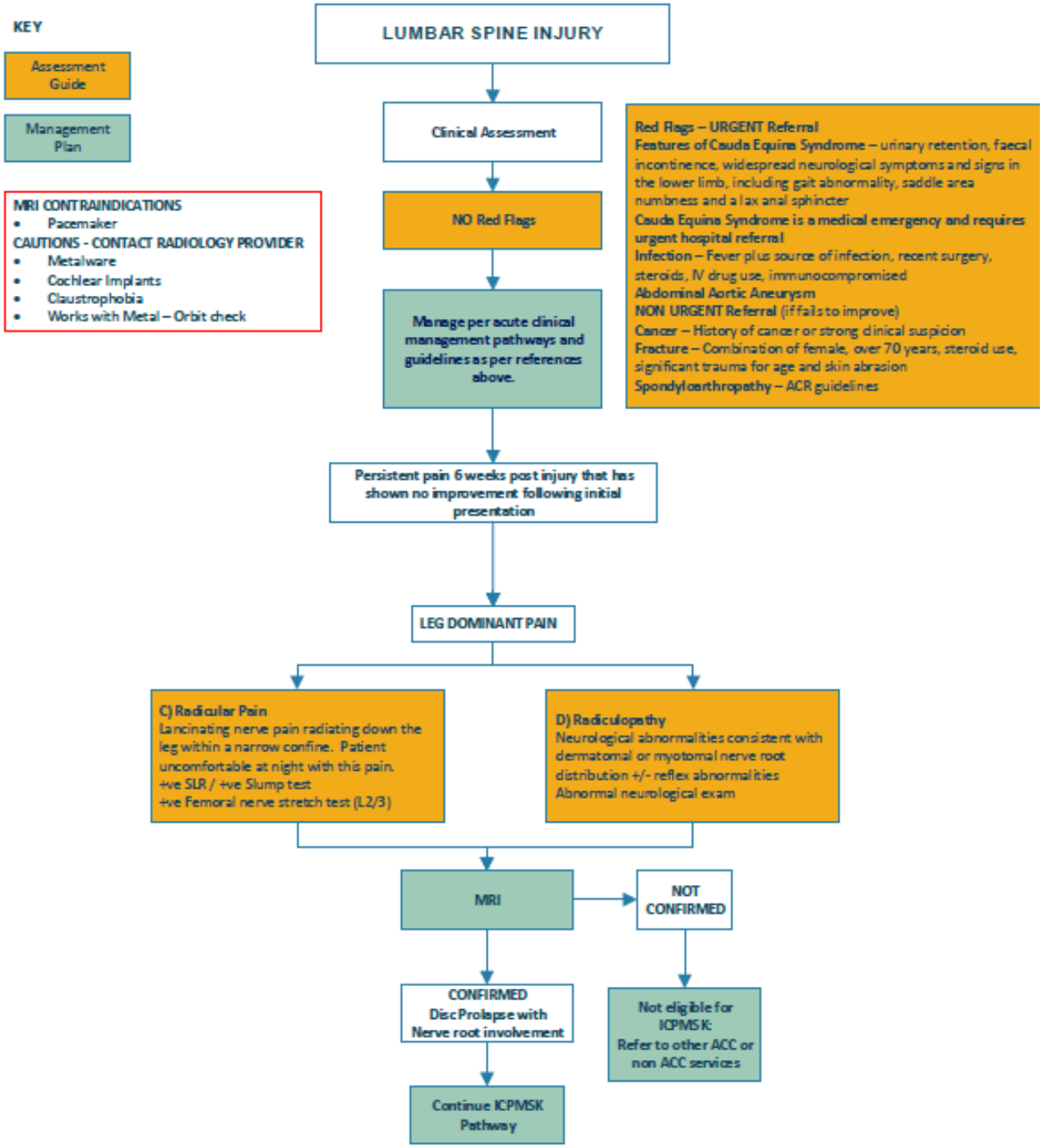

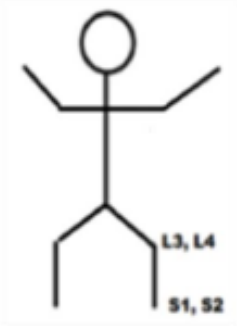

Nerve	Manual Muscle Testing	Nerve	Dermatome Site
L2/L3	Hip Flexion	L2	Lateral aspect upper thigh anteriorly
L3/L4	Knee extension	L3	Medial thigh anteriorly above knee
L4/L5	Ankle dorsiflexion	L4	Medial side of the lower leg or ankle
L5/S1	Ankle plantarflexion	L5	1st web space
L5	Great toe extension	S1	Lateral aspect of the foot
		S2	Posterior aspect calf or thigh in the midline

SLR = Straight Leg Raise Test: positive <70° with high sensitivity. Limited by leg pain and not back pain.

Appendix L - Summary of changes

Overview of changes since previous version dated 01/08/2024	
Added last update date	1
Vocational Scope of Medical Specialists – addition of Occupational Medicine Specialist and Rehabilitation Medicine Specialist to the list of included Medical Specialist vocational scopes	16
Clarify diagnosis must be confirmed, not suspected, for 12 month exception diagnoses	20
Add more detail on how to request updated diagnosis to be added to a claim	20
Additional wording and clarification added on service suitability to support service eligibility	22
Wording added on informed consent, and the process to follow for any kiritaki requested transfer	22,23
Invoicing threshold for Pre-screen – if claim query API indicates kiritaki ineligibility then prescreen must not be invoiced for.	26
Addition of causation considerations in pre-screen	27, 28
Wording around appropriateness of physical examination vs telehealth	27,28
Wording around confirming an updated diagnosis to ACC	28
Wording around best efforts to selecting accurate bundles	34
Detail of Unallocated Funds repayment process added	35,36
Service Exit - addition of timeframe for Supplier to exit Kiritaki from ICPMSK service once Service Exit criteria is met	35,62,65,66,73
Medical Specialist oversight for non-surgical kiritaki in service delivery. Where a non-surgical pathway is being followed Suppliers must maintain the ability for Orthopaedic Specialist and/or Neurosurgeon input to be included in the IDT where the client is not progressing as anticipated.	16, 33
ICPMSK IDT referral for MRI – addition allows for ICPMSK IDT to refer to imaging on behalf of the Medical Specialist to streamline access to imaging.	33
No concurrent service bundles – ICPMSK service restricted access to one service bundle of funding at a time.	34
Clarification added that Clinical Services billed to ACC by specialists outside of the Supplier network whilst the kiritaki is on the supplier pathway is considered an inscope service	44
Early exits clarity provided this includes kiritaki entered on high suspicion of diagnosis that is shown to be incorrect	65