

# How to get surgical ARTPs right – those who support medical specialists

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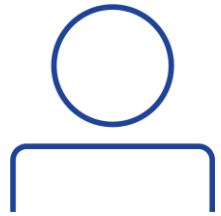
**He Kaupare. He Manaaki.  
He Whakaora.**  
prevention. care. recovery.

A photograph of a laptop screen showing the 'Assessment Report and Treatment Plan (ARTP)' form. The form is titled 'Assessment Report and Treatment Plan (ARTP)' and 'Request to Accident Compensation Corporation for Prior Approval for Elective Surgery (ES)'. It contains sections for 'Specialist Name' (Practice, Address, Phone, Fax, Email) and 'Client & Claim Details' (Claim Number, Full Name, Address, Date of Birth, Telephone (Home), Telephone (Mobile), Telephone (Work), NHI Number, Date of Injury). There is also a note about ensuring full and accurate information is provided to avoid delays.

Assessment Report and Treatment Plan (ARTP)	
Request to Accident Compensation Corporation for Prior Approval for Elective Surgery (ES)	
<b>(Specialist Name)</b>	Send to HealthLink Mailbox: ACCEARTP
Practice	Email to: artps4esu@acc.co.nz, or
Address	Fax to: ACC ES Team on 0800 222 463
Phone:	
Fax:	
Email:	
To ensure ACC can make prompt and informed decisions, we need full and accurate information. Please ensure you complete the ARTP form fully, otherwise we will have to return it for your further attention. This may lead to unnecessary delay for your patient.	
<b>Client &amp; Claim Details</b>	
Claim Number:	
Full Name:	
Address:	
Date of Birth:	
Telephone (Home):	
Telephone (Mobile):	
Telephone (Work):	
NHI Number:	
Date of Injury:	

# Nau mai, Haere mai. Welcome to:

## How to get surgical ARTP's right – those who support medical specialists



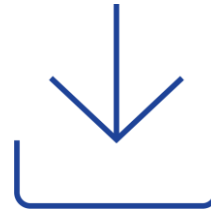
Meet the team

Vernon Finch  
Kylie Brown  
Hamish Johnson  
& team



Questions

Use the Q&A at the  
top of your screen



Download the  
webinar

We'll email the  
webinar and slides



Feedback

Let us know what  
you think

# Agenda

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Why this is important

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Cover and causation

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# Why is this important?

# 1

# Why getting it right is important

Getting the right information on the ARTP saves time for you, us and the patient.

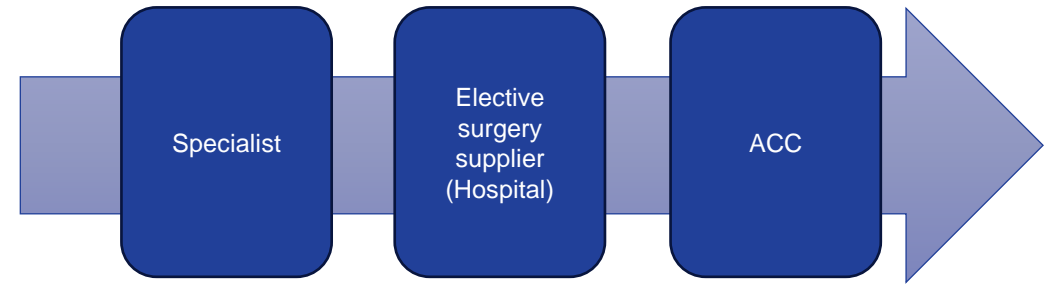
- ✓ Treatment & Support teams handle high volumes of requests.
- ✓ 50k ARTPs per year, 190 per day
- ✓ 15 minutes to triage
- ✓ We are here to support you



# The ARTP

- ✓ Used to obtain prior approval for surgery
- ✓ Completed by specialist rooms
- ✓ We triage, assess, and make a decision

Non-prior approval (NPA) – do not require an ARTP



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# Cover and causation

3

# Cover – what is an injury?

- ✓ An injury has evidence of physical damage, caused by an accident
- ✓ For example, sprains, strains, dislocation, fractures, burns

[Understanding claims and cover \(acc.co.nz\)](https://acc.co.nz/understanding-claims-and-cover)

[Understanding complex cover \(acc.co.nz\)](https://acc.co.nz/understanding-complex-cover)



# Cover – what is an accident?

An event, or series of events\*, that involves:

- ✓ an application of a force external to the body (including gravity)
- ✓ a sudden movement of the body to avoid a force (including gravity)
- ✓ a twisting movement.

\*A series of events over a set period of time can cause a one-off physical injury.

[Understanding claims and cover \(acc.co.nz\)](https://acc.co.nz)

# What we can't cover

- ✗ Symptoms alone - pain, numbness, weakness
  - ✗ Pre-existing developmental or bio-mechanical abnormalities
  - ✗ injuries caused by the ageing process (degeneration)
- ✗ Injuries caused by gradual process (unless they meet 'work related gradual process' criteria)

[Understanding claims and cover \(acc.co.nz\)](https://acc.co.nz/understanding-claims-and-cover)

[Understanding complex cover \(acc.co.nz\)](https://acc.co.nz/understanding-complex-cover)

# Cover and diagnosis – why it's important?

Cover is accepted for a specific accident and resulting injury.

Surgery requested must be treating the covered injury.

You may need to update diagnosis – this can be done via the ARTP.

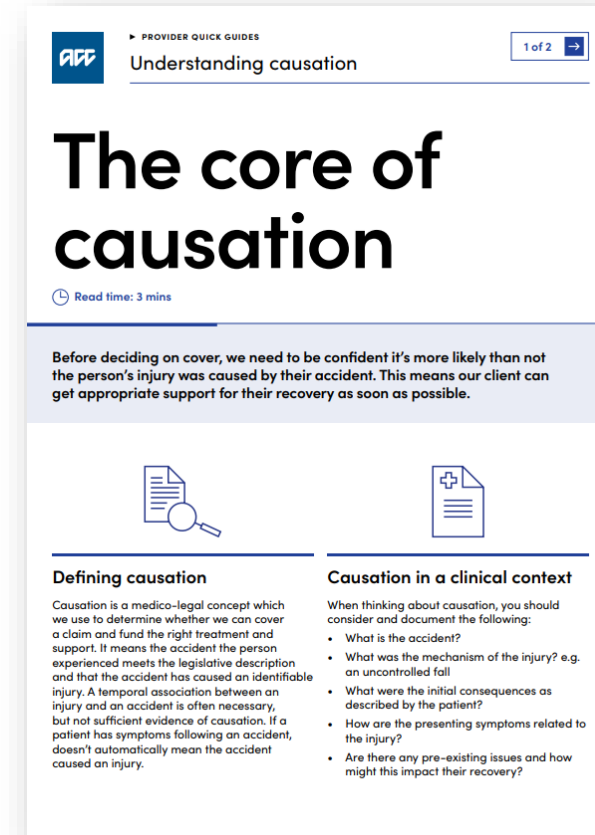
Example:

- Patient has cover for a knee sprain
- Your diagnosis is a meniscal tear requiring arthroscopic surgery
- Cover needs to be updated to a meniscal tear

# Cover – causation

- ✓ We need to be confident it's more likely than not the person's injury was caused by their accident.
- ✓ The link between the injured person's personal injury and the accident is known as causation.

Sometimes the initial symptoms of a condition coincide with an accident event, however correlation is not causation.



# Link the surgery with the covered injury

- ✓ Clear causal link statement
- ✓ Describe how the accident has caused the condition requiring surgery
- ✓ Explain the mechanism of injury, and presentation
- ✓ Specific to this patient

Jerry sustained a high force wrenching injury to his left thumb when holding onto the rope of the sea biscuit. He presented the same day to his GP with instability consistent with a rupture of the ulnar collateral ligament, MRI performed 2 weeks later confirmed a rupture of the ligament and oedema consistent with an acute injury. He now requires surgical repair.

# Causal link – when it's not clear

Where causal link is difficult to determine  
we'll likely need more time and information

If there is no causal link- we can't cover it.  
Please don't submit the ARTP to us.



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# Completing the ARTP

# 2

# ARTP form

- ✓ Client & claim details
- ✓ History (mechanism of injury)
- ✓ Causal link
- ✓ Pre-existing factors
- ✓ Priority
- ✓ Prognosis

[ARTP Template \(www.acc.co.nz\)](http://www.acc.co.nz)

The image shows two overlapping forms from the Accident Compensation Corporation (ACC). The top form is titled "Accident Report and Treatment Form (ARTP)". It contains several sections for data entry:

- Personal Details:** Includes fields for Name, Address, Date of Birth, and Sex.
- History & Details of Injury:** Includes fields for Date of Injury, Time of Injury, Location of Injury, and a detailed description of the injury.
- Medical History:** Includes fields for Pre-existing conditions, Current medications, and Allergies.
- Witnesses & Investigation:** Includes fields for Name, Address, and Phone number of witnesses, and a section for the investigation.
- Management & Prognosis:** Includes fields for Treatment received, Prognosis, and a section for the provider's signature.

# Client and claim details

- ✓ Correct client details
- ✓ Claim number
- ✓ Date of Injury
- ✓ Referring Provider

Client & Claim Details	
Claim Number:	
Full Name:	
Address:	
Date of Birth:	
Telephone (Home):	
Telephone (Mobile):	
Telephone (Work):	
NHI Number:	
Date of Injury:	
Referring Provider:	

# History, examination & diagnosis

- ✓ **History** – include mechanism of injury
- ✓ **Examination** – of the presenting injury
- ✓ **Diagnosis** – short, specific and easily identifiable
- ✓ **Pre-existing factors** - relevance these have to the presenting condition.
- ✓ **Diagnostic Tests and Imaging** – details on features consistent with injury

History, Examination and Diagnosis	
Type of Assessment ( <i>Simple Assessment/Complex Assessment/Second Opinion/Reassessment/Follow-up visit</i> ):	
History of the current condition	
Causal Medical Link Between Proposed Treatment & Covered Injury:	
Relevant Pre-Existing Factors ( <i>Relevant medical history, presence of degenerative disease, co-morbidities</i> ):	
Clinical Examination ( <i>Outline of findings at clinical examination, progress since previous visits and the indicated clinical pathology</i> ):	
Diagnostic Tests And Imaging ( <i>Provide copies of reports</i> ):	
Specific Diagnosis:	

# Prognosis and recovery expectations

We need to know what the patient may require post-surgery, things like:

- ✓ Physiotherapy & rehabilitation
- ✓ Home help

Expected recovery durations help us to plan and partner with the patient to ensure a smooth return to independence.

Proposed Management & Prognosis	
Prognosis ( <i>Expectations for the client's recovery including expected return to work on modified or alternative duties</i> ):	
Pre/Post Operative Care ( <i>Expectations for preoperative care and any appropriate postoperative care including physiotherapy, assistive devices, home help or vocational assistance</i> ):	

# Assigning a priority

ACC priority classification

Assigning a priority to the ARTP

- ✓ High – within 30 days.
- ✓ Routine – within 6 months

High has 4 subcategories H1-4

H1 – Clinically urgent

H2 – Home help

H3 – Weekly compensation

H4 – Risk of losing employment

# Lead provider

## Lead supplier details

### ✓ Lead Provider

**(Supplier):** Elective Surgery Contract holder where the surgery will be performed

✓ **Facility:** Hospital where surgery will be performed

✓ **Contract number:** The lead provider's (above) contract number

Lead Provider Details	
Lead Provider Name:	
Facility:	
Contract Number:	
Lead Provider Notes:	
Contracted or Non Contracted ( <i>Surgery under regulations</i> )	

# Procedure details

Use ACC procedure codes  
Clear description

## Additional inputs/resources or non-core units?

If it's clear these will be required – list them on the ARTP

- ✓ Provide the code e.g. 3DIMAGE
- ✓ Estimated number of units
- ✓ Description and explanation/rationale

Procedure Details (for each procedure)	
ACC Procedure Code: <i>(If non core please indicate)</i>	
Procedure Description:	
ACC Procedure Code 2: <i>(If non core please indicate)</i>	
Procedure Description 2:	

# Non-core Requests

## What they are:

- ✓ Procedures which do not have core codes, or
- ✓ A combination of 3 or more core procedures, or
- ✓ A core procedure requiring a high level of additional supports

Provide the completed non-core self-calculating sheet

## What they are not:

- ✗ Procedures where the hospital or surgeon disagree with the funding under a core code

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# Supporting information

# 3

# Supporting documentation

The more that's there, the less we may need to request and the faster we can issue a decision

- ✓ Clinical notes
- ✓ Copy of the referral to you
- ✓ Radiology (especially x-ray/ultrasound)
- ✓ Information on previous surgeries, injuries etc

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# One last check for causation

# 4

# Checking for causation

## Can you see

- ✓ What the injury is?
- ✓ What was the mechanism?
- ✓ How was it caused?
- ✓ Why it requires surgery?
- ✓ If there are any non-injury factors, like aging.

There is a direct link between injury sustained and surgery.

Doing water blasting caused direct loading to the rotator cuff

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# Questions

# 4

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# Questions/Pātai?



# Resources for you

The screenshot shows the ACC website homepage. At the top, there's a navigation bar with links for 'About us', 'Preventing injury', 'Resources', 'Contact us', and 'Log in'. Below this, there's a search bar and a 'Getting started' section with the heading 'Hei timatanga'. The text says: 'Whether you've recently registered with us as a health provider, have a new employee joining your practice or simply need a refresher, you'll find all the information and resources you need to get started with us, quickly.' Below this, there's a video player titled 'Welcome to ACC 101' featuring Megan Main, Chief Executive Officer. The video is described as an educational video designed to give users the information they need in four short chapters, including what they do, their responsibilities as a health provider, cover, and lodging claims. There's a 'Watch more provider videos' button at the bottom.

This block shows three overlapping screenshots of ACC Provider Quick Guides. The top guide is 'Welcome to the team' with a 3-minute read time. The middle guide is 'Understanding treatment injury cover' with a 1 of 2 page indicator. The bottom guide is 'Understanding causation' with a 3-minute read time. It includes a section titled 'The core of causation' with the text: 'Before deciding on cover, we need to be confident it's more likely than not the person's injury was caused by their accident. This means our client can get appropriate support for their recovery as soon as possible.' Below this, there are two sub-sections: 'Defining causation' and 'Causation in a clinical context'.

The screenshot shows the 'Provider Education Webinars' page on the ACC website. It features a list of 7 webinars, each with a thumbnail image, title, and view count. The webinars are:

- Webinar: Welcome to the team - for he ACC New Zealand • 251 views • 1 month ago
- Webinar: The Beginner's Guide to ACC ACC New Zealand • 491 views • 6 months ago
- Webinar: Cultural Competency Guidelines for Providers ACC New Zealand • 948 views • 5 months ago
- Webinar: Introduction to ACC for Mental Injury Providers - Part 1 ACC New Zealand • 419 views • 6 months ago
- Webinar: The Beginner's Guide to ACC for Mental Injury Providers - Part 2 ACC New Zealand • 339 views • 5 months ago
- Webinar: The Beginner's Guide to Maternal Birth Injury for Hospitals ACC New Zealand • 81 views • 5 months ago
- Webinar: A Midwife's Guide to ACC's Maternal Birth Injury Cover ACC New Zealand • 104 views • 5 months ago

[Getting started with ACC \(acc.co.nz\)](https://www.acc.co.nz/)

[Online learning modules \(acc.co.nz\)](https://www.acc.co.nz/for-providers/)

# Consideration factors

## 1. [Hand and wrist](#)

- a. First cmc arthrosis
- b. TFCC
- c. Wrist ganglion
- d. CTS
- e. Ulnocarpal abutment
- f. Ulnar Styloid triquetral abutment
- g. Scaphoid SNAC
- h. Scaphoid SLAC

## 2. [Foot and ankle](#)

- a. Lateral collateral ligament
- b. Post Traumatic OA

## 3. [Spine](#)

- a. Lumbar disc injury
- b. Fusion
- c. Adjacent segment disease

## 4. [Knee](#)

## 5. [Shoulder](#)

## 6. [Rotator Cuff](#)

## 7. [Hip Labral tear](#)

## 8. [General](#)

# Contact us

## **Secondary & Tertiary Services Portfolio:**

[Elective.services@acc.co.nz](mailto:Elective.services@acc.co.nz)

## **ProviderHelp:**

Call 0800 222 070

[providerhelp@acc.co.nz](mailto:providerhelp@acc.co.nz)

## **Suggestions & feedback:**

Contact Maggie Robson

Provider Education Lead

[Provider.Education@acc.co.nz](mailto:Provider.Education@acc.co.nz)

[Contact our provider relationship team](#)

THANK YOU

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Ngā mihi nui