

# Supporting a patient's entry into ICPMSK

## For ICPMSK providers and suppliers

 Read time: 4 mins

Entering ICPMSK may look different for kiritaki, as this will be determined by a few factors. This guide aims to deliver providers and suppliers further information around eligibility and service commencement.

### Eligibility

ICPMSK is available for kiritaki who meet the following criteria:

- Has ACC cover for a non-permanent musculoskeletal injury and ICPMSK bodysite (shoulder, lower back, and/or knee).
- The injury must be of a level of complexity that is likely to require specialist oversight and interdisciplinary treatment to achieve a return to work or independence outcome\*.
- The injury occurred within the last 12 months at time of referral to ICPMSK, unless there is a suspected updated diagnosis or confirmed ACC cover for:
  - › ligament rupture with conservative management
  - › post-traumatic osteoarthritis (for example, ACL rupture  $\geq$  15 years ago)
  - › dislocation of shoulder

- › previous surgery with internal fixation where removal of metalware is being applied for

#### No accepted cover for an injury that happened outside of the last 12 months

For kiritaki that have experienced an injury >12 months and don't have accepted ACC cover on their claim for one of the above diagnoses, you must do the following before entering the kiritaki onto your integrated care pathway:

- inform ACC of the updated diagnosis with supporting information, and
- wait for ACC confirmation of cover

[ICPMSK Operational Guidelines Section 8 and 10](#)

\*For a complete list of the diagnoses in scope for ICPMSK, refer to the ICPMSK Operational Guidelines, Appendix B, Accepted ICPMSK Diagnosis list.



# ICPMSK eligibility and triage

## Exclusions

We may exclude kiritaki from ICPMSK due to specific claim types and/or complexities.

When trying to access the kiritaki claim details via your practice management system, you will receive a response message letting you know if this applies to the claim.

In some situations, the message could suggest contacting our ICP Team who can complete a review of the record for the kiritaki. If appropriate, our ICP Team will be able to override the system to allow you to query and submit information and continue the process.

### Example messages you could receive

“This claim is unlikely to be eligible for ICP. Please check the claim number used. Contact ACC on 0800 101 996 ext. 77097 for more information or have a staff member assess eligibility.”

“This claim is not eligible for ICP. Please check that the correct claim number has been used”

## Referrals

Kiritaki can be referred into ICPMSK by any of the following:

- General Practitioners (GPs), Rongoā Māori practitioners, Kaupapa Māori health providers, allied health providers, an employer, medical specialist, or ACC.

Kiritaki will progress to either a Pre-screen or Triage assessment based on the referral source.

## ICPMSK Pre-screen

A Pre-Screen only needs to be completed for kiritaki who are referred from one of the following:

- General Practitioners (GPs), Rongoā Māori practitioners, Kaupapa Māori health providers, allied health providers, or an employer.

A Pre-screen involves a phone call or Telehealth consult by a clinician. The clinician will review the subjective history of the kiritaki and establish whether their injury is more likely to be an accepted ICPMSK diagnoses (listed in Appendix B in the Operational Guidelines).

Kiritaki who pass Pre-screen can move to the Triage assessment.

Where kiritaki do not pass Pre-screen, you must inform us with a decline reason and recommended next steps. This is important so that we can continue to support the kiritaki to move their claim forward.



## ICPMSK eligibility and triage

# Triaging kiritaki into ICPMSK

Triage can be completed for kiritaki who successfully pass the pre-screen, or if they have been referred by one of the following:

- Musculoskeletal or Orthopaedic specialist, a General Practitioner (GP) who has completed GPMRI training, a GP with a Specialist Interest (GPSI), a provider engaged by the supplier, or ACC.

Kiritaki can be triaged in two ways depending on your need to confirm the presence of an accepted diagnosis or if the kiritaki already has an accepted diagnosis at this stage.

### Triage

Triage involves assessment to confirm presence of an accepted ICPMSK diagnosis, and degree of medical complexity. There will be an evaluation of factors contained within our ICP Complexity Tool. This will help the interdisciplinary team determine the level of funding required to meet the needs of the kiritaki.

### Triage Light

Triage Light describes a lower level of assessment, where the kiritaki enters Triage with an Accepted ICPMSK Diagnosis already been confirmed by a specialist and/or appropriate imaging.

For example, if a kiritaki has been previously assessed by a specialist under the Clinical Services contract by a GP with Special Interest (GPSI) who has confirmed an ICPMSK diagnosis, you should bill the triage assessment under Triage Light.

There will still need to be an evaluation of factors contained within the ICP Complexity Tool.

# Updated diagnosis at triage

An updated diagnosis is a change in diagnosis from the diagnosis or diagnoses that ACC has accepted cover for personal injury under the Accident Compensation Act 2001

It's possible that, as an outcome of the Triage or Triage Light assessment, you confirm the kiritaki has sustained an injury that is not currently covered on their ACC claim.

When submitting triage information, you must specify the diagnosis you have confirmed the kiritaki to have.

We will determine whether there needs to be consideration for updating cover on the claim based on the information submitted.

To make a cover decision for an updated diagnosis, you must submit any supporting information, e.g., imaging, as soon as possible to aid the assessment of the updated diagnosis.

The need to update a diagnosis can also be identified after triage. Refer to the ICPMSK Operational Guidelines section 14.11.2 Updated Diagnosis after Triage for more information.



## ICPMSK eligibility and triage

# Consideration factors

Throughout the triage process, you must also consider whether any injury diagnosis/diagnoses:

- were caused by the accident
- are 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)
- developed independent of the accident event (sometime after)
- whether the symptoms are being caused by identified pre-existing conditions

To help you consider whether a diagnosis is more or less likely to have been caused by an accident, there are several consideration factor documents that have been co-authored by the NZ Orthopaedic Association and ACC. The links to these documents can be found in the Operational Guidelines.

If other non-injury factors are identified and the kiritaki is accepted onto ICPMSK, then the IDT is to monitor this and any impacts to their recovery. Please inform the ICP Team of any significant concerns on identified impacts.

