



## Summary

### Objective

To consider whether a client should be referred into a Pain Management Service following receipt of the pain management triage assessment report and set up the program.

### Background

The Pain Management Service has been designed to improve clients' outcomes and experience by reducing the impact of pain following an injury.

The Pain Management service is for clients who:

- have, or are at risk of developing, pain-related disability following an injury.
- have persistent pain that is preventing them from returning to work or usual activities.
- have persistent pain and significant pain-related disability.

The Pain Management Service has been designed to provide clients with a multi-disciplinary approach to help the client achieve the following goals:

- return the client to either their usual daily activities and/or work (in conjunction with the Vocational Rehabilitation Service) or the highest level of independence achievable.
- enable clients to use pain management strategies to reduce the impact of pain on their day-to-day functioning.
- increase the client's knowledge about the pain they are experiencing.

Owner

[Name withheld]

Expert

## Procedure

### 1.0 Receive the Triage Assessment report

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Review the ACC7984 Triage assessment report to confirm which plan is being recommended. Refer to Pain Management Services Service Page for guidance.

#### NOTE What if a triage assessment has not been completed?

Triage assessment is mandatory for entry into pain management services. Return to process [set up pain management triage process] to refer for triage assessment. This process ends.

**PROCESS** Set Up Pain Management Triage Assessment

#### NOTE What if there is a request for a Tertiary Service?

Triage assessments for entry into Tertiary Service is optional.

The Tertiary Service provider may complete their own triage assessment regarding suitability of their service, along with other onward referral options if their service is not appropriate. Ideally this will be part of good communication with other treating clinicians involved in the client's care.

All requests for Tertiary Delivery Services (Outpatient and Intensive) will need to be reviewed by a Recovery Support Advisor in the first instance (via hotline and written if requested by the Advisor).

- When there is a psychology clinical question this is to be reviewed by a Psychology advisor.

- Where there is possible Complex Regional Pain Syndrome (CRPS) this is to be reviewed by a Medical advisor

Continue to Activity 2.0 if the request is supported by the Recovery Support Advisor

**PROCESS** Seek Internal Guidance

Identify Claims for Rapidly Deteriorating Clients

Overview of Tertiary Services for Pain Management Service Page

- b Perform Privacy and Relevancy checks on the received report.

NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- c File away the report to Eos. When Filing Away, include a description for the document.

NGCM Filing Away - System Steps

- d Read the triage report to consider recommendations.

**NOTE You need to consider the following:**

- Has a new diagnosis been identified? Confirm cover
- Are the recommendations appropriate? If recommendations do not fit with the client's situation, respond to the provider to seek clarification
- Does the client meet entry criteria for pain services?
- Are there alternative options identified to pain services? Discuss with client and consider referral to other services, process ends here

**NOTE What if the request is for a repeat service?**

Repeat pain services will only be in exceptional circumstances.  
Seek internal guidance prior to making a decision on repeat services.

**NOTE What if there is a recommendation for a Group Programme?**

Prior approval is not required for eligible claimants to enter Group Programme services. This is a trial until 30 June 2024.  
Ensure you have details of the supplier providing the Group Programme and update the recovery plan. Process ends here.

 Seek Internal Guidance


**NOTE What if the recommendation is not to proceed with Pain Management services?**

There will be situations where other services outside Pain Management are recommended. Consider the recommendations for the client and action as appropriate. This process ends.

**NOTE What if you are declining a Pain Management service recommendation**

Contact the provider that submitted the ACC7984 Triage assessment report to discuss the decision and reason for the decline


- e** Provide a copy of the triage assessment report to the client and key stakeholders, if required.

 Disclosure of Clients' Health Information to Employers Policy

 Send letters from Client Recovery and Claims Assessment

**NOTE What if the client requests that the report be changed or claims that is incorrect?**

A client can request that information held by ACC is changed or updated if it is factually incorrect (ie: wrong DOB, Incorrect name spelling) etc. If it is the opinion of an assessor or Provider, the client can supply a 'statement of correction' to ACC which is then included with the report. This means that any time the report is sent out, the statement of correction must be sent as well.

 Managing a clients request to change personal information

- f** Update the agreed intervention as appropriate on the recovery plan.

 Pain Management Services Service Page

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## 2.0 Contact client to discuss the Pain Management Service

Recovery Assistant, Recovery Coordinator, Recovery Partner


- a** Contact client to discuss recommendations.

**NOTE What if the recommendation is to approve the service?**

Contact the client to discuss recommendations and gain clients agreement to participate in the recommended level of service. If ACC have not previously discussed the Pain Management Service with the client, remind client of their rights and responsibilities and update the recovery plan

**NOTE What if the decision is to decline the recommended service?**

- Phone the client to advise the decision.
- Advise the client the reasons why, and offer alternatives to the client.
- Generate the SER01 Decline Service and modify as needed and send to the client as per their communication preference.
- Ensure that the provider has been made aware of the decline decision.

 SER01 Decline service - client letter

- b** Update salesforce recovery plan. If the original triage referral was made by ACC, proceed to activity 3.0.

**NOTE What if you are approving a Pain Management Service that was not referred by ACC?**

Proceed to Activity 3.1 Request service referral (for Provider Initiated Triage Referral) and update the recovery plan with the Pain management services agreed intervention

**NOTE What if you want to use a different provider for Pain Management Service?**

Discuss with client why you are considering a different provider eg already on a SAW, previously established relationship. Proceed to activity 3.1 Request service referral (for Provider Initiated Triage Referral) to setup a new purchase order for the provider to carry out for the recommended services.

### 3.0 Request service referral (for ACC Initiated Triage)

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Create NGCM Edit Manage referral Purchase Order Task.

**NOTE** What information do you need to include in the Edit manage referral purchase order task?

ACC initiated referral – AMEND current purchase order


- Purchase order number:
- Vendor name & ID:
- Service code and name of support:
- Date range (Generally six months):
- Document group name (if relevant):

Information to include in approval email to provider

- Care indicator details (if applicable):
- Any other relevant information to assist provider with programme planning & implementation (including known barriers or special conditions not identified in the triage report, any changes in client circumstances, any clinical or Recovery Support recommendations or advice received since triage):

**NOTE** How do you refer a task to Recovery Administration?

Refer to the 'Referring Tasks to Recovery Administration - Principles' process for further information and guidance.

 Referring Tasks to Recovery Administration - Principles

 NG GUIDELINES Purchase Order Details - Pain Management Services

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### 3.1 Request service referral (for Provider initiated triage)

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Eos, create a referral-specific document group and enter 'Pain Management service' in the document group description field.

- b** Locate the documents that need to be sent with the specified pain management service referral.


**NOTE** What documents do you send with the specified pain management service referral?

- Most recent medical certificate
- GP notes
- Specialist notes
- Imaging results
- Physiotherapist notes
- Pain screening results (Orebro) – (if on file)
- Integrated Rehabilitation Assessment (IRA) – (if on file)
- Most recent/current vocational rehabilitation documents eg Back to Work, Stay at Work, Standalone Workplace Assessment Reports
- Any written guidance information from Recovery Support
- Signed ACC6300 or ACC6300D Authority to collect medical and other records. NOTE: If verbal consent was provided please note this in the task eform for Recovery Admin.

**NOTE** What do you do if you don't have all the information to complete the referral?

If you require further information, follow the process link below.

Once you have requested the information required, create a reminder action and set the target date for when you expect to receive the information.

 **PROCESS** Request Clinical Records

- c** Check if there are relevant documents on other claims relevant to the referral.

**NOTE** What if there are relevant documents on other claims?

Create a copy and transfer to the other claim.

1. Create a bulk print of all documents on the other relevant claim, complete mandatory fields and add a description
2. Open PDF document from email link
3. File the PDF away to the claim you are creating the referral on
4. Repeat these steps if there is relevant documents on other claims.

Provide a short and descriptive title to the document properties in the PDF and state the claim number the information came from eg Medical records and reports from claim: 100XXXXXXXXX

Do not create a bulk print on one claim and move it to a different claim, as it will not appear in any file copy requested by the client.

- d** Perform privacy checks on documents.


 Privacy Check Before Disclosing Information Policy

**NOTE What do you need to check?**

Check that all documents:

- are relevant to the referral
- do not contain any third-party information
- do not contain any unnecessary sensitive personal information

For details on what checks you need to complete before sending documents out, refer to NG SUPPORTING INFORMATION Inbound and Outbound Document Checks.


 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

**NOTE What if Mental Injury Claim information needs to be sent from a Physical Injury Claim?**


In Eos, manually transfer the Referral Task generated to the Recovery Administration department with the Sensitive Claims Administrator Role.

**NOTE What if you find information that needs to be redacted?**

Send an email to Recovery Administration (recoveryadmin@acc.co.nz) or (recoveryadmin1@acc.co.nz for complex mental injury) and include the document to be redacted plus your redaction instructions, before adding the document to the document group.

 NGCM - Redact information from PDF documents

**e** Add the documents to the group.


 Manage document groups

**f** Locate the Pain Management Service Provider, using the Contracted Suppliers by Geographic Area of Coverage and add them as a participant on the claim.

 Contracted Suppliers by Geographic Area of Coverage

**NOTE How do you add a participant?**

Refer to the system steps below.

 Add a participant

**g** In Eos, at Recovery Plan level, Add Activity, select Choose Activity and create "NGCM - Admin Request" Task.

**NOTE How do you refer a task to Recovery Administration?**

Refer to the 'Referring Tasks to Recovery Administration - Principles' process for further information and guidance.

 Referring Tasks to Recovery Administration - Principles

**NOTE What information do you need to include in the admin request task?**

Provider initiated referral – CREATE new purchase order

- Vendor name & ID (Clearly name any Vendors to be excluded if you are changing provider):

- Service code and name of support:

- Date range (Generally 6 months):

- Document group name (if relevant):

- Reason for referral

- Expected Outcome

- Rehabilitation goals and targets agreed by client & ACC:


- Care indicator details (if applicable):

- Any other relevant information to assist provider with programme planning & implementation (including known barriers or special conditions not identified in the triage report, any changes in client circumstances, any clinical or Recovery Support recommendations or advice received):

**NOTE What if your client has a Care Indicator?**

You need to clearly outline this in the e-form.

Refer to Disclosure of Care Indicator Information to Third Parties Policy for more information on how information is disclosed.

 Disclosure of care indicator information to 3rd parties policy

 NG GUIDELINES Purchase Order Details - Pain Management Services

**h** Consider the timing of the task. The task routes to the Recovery Administration team, with an SLA of 24 hours.

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## 4.0 Review task


### Recovery Administrator

**a** In Eos and select [Do Task] from your task queue.

**b** Review the task to ensure it has all the information you need to proceed.

**NOTE What if there is information missing?**

Go to the 'Task clarification' section in the NG PRINCIPLES Working in the Administration Team for instructions.

 Principles of Working in the Administration Team

**c** Determine if task requires a new purchase to be created, or a current purchase order to be amended.

**NOTE** What if the task is 'edit manage referral purchase order' labelled 'ACC initiated referral – AMEND current purchase order'?

Proceed to activity 5.1 to edit or extend purchase order.

**NOTE** What if the task is labelled 'Provider initiated referral – CREATE new purchase order'?


Proceed to activity 5.0 to create and approve purchase order.


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## 5.0 Create and approve purchase order

### Recovery Administrator

**a** In Eos, generate a Purchase Order for the service referral using the guideline below.

 Creating purchase orders using general + QE

 NG GUIDELINES Purchase Order Details - Pain Management Services

**b** Locate contracted vendors via the Geographic Location search which must be done even if the vendor details are provided in the task. Once selected, add the vendor as a 'Vendor - Contracted' participant in Eos.


 Contracted Suppliers by Geographic Area of Coverage


**c** Approve the Purchase Order.

**NOTE** What if the Purchase Order requires a higher delegation?

Save the Purchase Order. Create and send a Request Authorisation task to a Recovery Leader for a Purchase Order approval.

Refer to the link below.

 Request Authorisation for a Purchase Order - System Steps

 Purchase Order - Handy Hints on how to create and edit POs

**d** Create and send an email to the Provider using the 'Purchase Order Approval and Extension' template including any additional information provided by the Recovery Team Member. You do not need to create a referral document

 NGCM - FINAL Emailing from Eos using a Template - System Steps

**e** Go to activity 6 Send referral documents

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## 5.1 Edit or extend purchase order

### Recovery Administrator

**a** In Eos, locate the purchase order

**NOTE** How do I locate the Purchase Order?

1. click on "Search for a claim"
2. select the "Purchase Order / ACC32 Number" tab
3. paste the purchase order number into the 'purchase order number' field
4. select "Open".

**b** Update the purchase order


**NOTE** How do I update the Purchase Order?

1. select "Add" to add a new line
2. select the 'Intervention' then 'Ok'
3. search for the purchase order code
4. select 'Add to list' then 'Ok'
5. add the information provided in the task then 'Ok'.

**c** Approve the Purchase Order.

**NOTE** What if the purchase order requires a higher delegation?

Refer to the system steps below.

 Request Authorisation for a Purchase Order - System Steps

**d** Create and send an email to the Provider using the 'Purchase Order Approval and Extension' template. You do not need to create and additional referral document

 NGCM - FINAL Emailing from Eos using a Template - System Steps

**e** In Salesforce, close the task.

**f** Go to activity 6 Send referral documents.

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## 6.0 Send referral documents

### Recovery Administrator

**a** Create and send an email to the Provider using the 'Purchase Order Approval and Extension' template adding any additional information received in the task to the email. You do not need to create an additional referral document

 NGCM - FINAL Emailing from Eos using a Template - System Steps

**NOTE What if the Vendor requires the documents to be sent via courier?**

Go to Prepare and Send Client Information by Courier process.

 **PROCESS** Prepare and Send Client Information by Courier

**NOTE What if the referral is for a Tertiary pain management service?**

Create and send an email to the Tertiary Pain Management Provider using the 'Purchase Order Approval and Extension' template adding the below information into the email

We have approved Purchase Order number [xxxxxx] for:

Client Name:

Client contact details:

Client location:

Date of birth:

Service Code:

Date From:

Date To:

Total Units:


Reason for referral:


Expected outcome:

- b** Perform privacy checks using Inbound and outbound document checks.

**NOTE What if the referral contains sensitive personal information?**

If the referral contains unnecessary sensitive personal information, refer to NG PRINCIPLES Working in the Administration Team, for information and guidance on redactions, password protecting documents and sending passwords to providers.

 Principles of Working in the Administration Team

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- c** Create and send an email to the client attaching the PAI01 Approve Pain Management service letter and the PAIS01 All about the Pain Management service.

- d** In Salesforce, close the assigned task.

**NOTE What if you have been advised by a Provider they are unable to accept a referral?**

Go to activity 5.0a and complete a re-referral.

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## 7.0 Receive Pain Management Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Receive ACC6272 Pain Management Plan Report and file away the report to Eos.

 NGCM Filing Away - System Steps

**NOTE What is the ACC6272 Pain Management Plan?**

Once the client has been assessed, the Pain Management provider will submit an ACC6272 Pain management plan, review, update and completion report. The report contains the client's pain management plan, their progress and the final completion report.

- b** Review the report. Refer to Pain Management Services Service Page for guidance.

**NOTE What if the assessment includes a request to transition to Community Services Level Two?**

Prior approval from ACC is required. The Provider should provide evidence to ACC that there has been a change in the client's clinical presentation or overall condition, that they now meet criteria for Community service level two and any other services outside of pain management services have been ruled out.

Only the Transition fee is payable in addition to the payment for Community Service Level One.

Do not load a Community Service Level Two code if a Community Service Level One code has already been loaded. If approving, create a NGCM Admin Request task to instruct Recovery Administration to update the existing purchase order with the transition fee service code.

Notify the provider and client if ACC are approving, declining or looking into the request to transition to Community Services Level Two.


For more information on Community Services Level Two refer to the Service page below.

 Community Services Stage Two Service Page

**NOTE What if the assessment recommends request for Tertiary Inpatient services**

The provider should provide detailed rationale for inpatient services. Discuss with your team leader and use the decision tree to consider if clinical guidance is required.

If approving, create a NGCM Admin Request task to instruct Recovery Administration to update the existing purchase order. Notify the referring provider and client if ACC are approving, declining or looking into the request.

 Overview of Tertiary Services for Pain Management Service Page

**NOTE What if the client requires accommodation for Tertiary inpatient services at TARPS/Auckland DHB**

By agreement, ACC will be fully funding transport and accommodation costs during the service (Mon – Fri) for clients engaging in tertiary inpatient services at TARPS (The Auckland Regional Pain Service). Ensure the accommodation is of good standard and that the needs of the client have been considered eg: adequate cooking facilities, accessibility, transport, location.

Discuss the option of continued funded accommodation over the two middle weekends if that will be more cost effective than transporting them to and from their home, or if the additional travel is likely to negatively impact their condition.

Generate a 'NGCM - Entitlement Request' task requesting to set up accommodation using Service code PN3ACC

**NOTE What if the Pain Management Plan suggests incidentals (such as a gym membership or pool pass)?**


The purpose of these is to allow the provider to use resources to optimize a client's participation within their community based pain management service

We do not usually fund gym memberships or pool passes these except in specific circumstances. They may be included if they are:

- Required to enable to client to achieve their wellbeing and functional goals; and
- Limited to the duration of the service.

Incidentals can be invoiced directly by the provider without purchase order approval  
Only one incidental code can be invoiced per claim without prior approval.


Refer to the Incidentals Service Page for more information.

 **PROCESS** Incidentals Service Page

**NOTE What if the vendor advises that the client failed to attend the Pain Management Service referral?**

If the client fails to attend or take part in the Pain Management Service and there doesn't appear to be a reasonable explanation for not attending, then go to 'Manage Non-Compliance' process below.

It is the responsibility of the vendor to notify ACC of a 'Did Not Attend' (DNA) as soon as possible within 3 business days of the missed appointment.

 **PROCESS** Manage Non-Compliance

**NOTE What are the maximum number of DNAs permitted for this service?**


A maximum of two DNAs per claim are permitted with this service however, DNAs are not payable for courses purchased on a package basis eg group education, community or tertiary residential courses.

**NOTE What task do you send to Recovery Administration if a PO needs to be amended to accommodate a DNA?**

Create an 'NGCM Edit Manage referral Purchase Order Task' task to request the Purchase Order be updated with the DNA. Include Purchase order number, PNDNA service code and the date of the DNA.

Refer to the 'Referring Tasks to Recovery Administration - Principles' process below, and also the associated System Steps for further information and guidance.


 Referring Tasks to Recovery Administration - Principles

 Pain Management Services Service Page

**c** Perform Privacy and Relevancy checks on the received report.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

**d** Provide a copy of the report to the client and key stakeholders, if required.

 Disclosure of Clients' Health Information to Employers Policy


 Send letters from Client Recovery and Claims Assessment

**NOTE What if the client requests that the report be changed or claims that it is incorrect?**

A client can request that information held by ACC is changed or updated if it is factually incorrect (ie: wrong DOB, incorrect name spelling etc).

If it is the opinion of an Assessor or Provider, the client can supply a 'statement of correction' to ACC which is then included with the report. This means that any time the report is sent out, the statement of correction must be sent as well.

Refer to Managing a client's request to change personal information.

 Managing a client's request to change personal information

**e** Update the Recovery Plan with the outcome of the intervention.

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 **PROCESS**

**Create or Update Recovery Plan**

Recovery Assistant, Recovery Coordinator, Recovery Partner

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 **PROCESS**

**Set up Interventional Pain Management (IPM)**

Recovery Assistant, Recovery Coordinator, Recovery Partner

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 **PROCESS**

**Stop Supports**

Recovery Assistant, Recovery Coordinator, Recovery Partner

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