



Nursing Services Contract – 20 February 2025

Questions and answers

These questions were asked during an online session held with Nursing Services suppliers to provide clarity on the upcoming contract changes and our expectations from 1 March 2025.

Can you clarify what ACC would expect to be delivered under the Training for Independence (TI) contract versus Nursing Services? Often our clients will have both TI and Nursing Services and we would like some clarification.

The Nursing Services contract is a comprehensive, specialised service which includes all aspects of nursing care. Our expectation is that if a client is receiving Nursing Services, for example for wound care treatment, that all aspects of that treatment are managed under this contract. For example, we would not expect to see a Nursing Services supplier providing wound care, and a Training for Independence supplier coming in to manage consumables or provide education for the same injury.

When a client is discharged from Nursing Services, does the supplier need to send a separate discharge summary to ACC?

This is not a requirement of the Nursing Services contract.

When will the updated Operational Guidelines and ACC179 form be available on the website?

We are aiming to have these documents available on the website by 1 March 2025. We will let you know when they are ready.



We are a general practice and also have a District Nursing team attached to the practice. If a client is able to get into the general practice, should nursing treatment be provided by the general practice team or under the Nursing Services contract?

If the client is able to travel to the practice and their treatment can be managed by the general practice team (GPT), the treatment should be invoiced under the GP Cost of Treatment Regulations or Rural GP contract. However, if the client's needs are too complex to be managed by the GPT but they are able to travel to the practice, in this case the client would be eligible for Nursing Services.

What is the anticipated timeframe for ACC to process ACC179 requests?

We aim to process ACC179 requests as soon as possible but the timeframe may vary depending on whether we have all the information we need, or there may be delays while we wait on a cover decision on the claim. If you haven't heard back from us within 10 working days after submitting an ACC179, please contact our Provider Help team.

Will prior approval still be required for Nursing Packages that start before 1 March 2025 but that are invoiced after this date?

Prior approval will not be needed for any packages invoiced after 1 March 2025. However, if a package has previously been invoiced under the same claim, you will need a purchase order number to invoice for another package. The ACC179 form has been updated to make it easier to request a purchase order.

When we order consumables using the ACC178 form, there can be a long delay before the products are received. What can we do about this?

We acknowledge that there have been some significant delays in processing ACC178 orders and this can negatively impact our clients. We take this seriously and are looking at improvements that can be made to this process. If the need for consumables is urgent (e.g. if there is a health and safety risk to the client) please email our Provider Help team at providerhelp@acc.co.nz and mark your email with "URGENT" in the subject line and we will prioritise your email for a response within 48 hours.



When you talk about claim lodgement, does this mean the process of assessing the injury and completing the ACC45 form, or the process of sending the claim to ACC? Can a registered nurse complete the ACC45 and have it lodged/filed by an administrator, or does the registered nurse also need to file the claim?

The person who assesses the injury and signs off the ACC45 form must be a registered provider with ACC, for example a registered nurse or nurse practitioner. However, an administrator can complete the process of lodging the claim with ACC once the nurse has completed the form.

Are there any changes to the Designated Provider requirements from 1 March 2025.

The qualification and experience requirements for Designated Providers will not change under the new contract, however you will no longer need to get ACC approval for your Designated Providers.

Will Designated Providers still need to have their own ACC provider for signing off high cost consumables?

As Designated Providers will no longer need to be approved by ACC, they won't need their own provider ID unless they will be lodging claims. However, high cost consumables will still need to be reviewed and approved by your Designated Provider, and this should be documented in the clinical notes.

Will we still need to use the Designated Provider's ACC provider on invoices, for example for high cost consumables (NS10) or Comprehensive Nursing Assessments?

From 1 March 2025, you will not need to include the Designated Provider ID on invoices – just use your organisation's ACC vendor ID number.

Do low cost consumables need to be signed off by a Designated Provider?

No, a Designated Provider is not required to review and approve low cost consumables. Your treating nurse will decide on the appropriate low cost consumables as part of their initial assessment and treatment plan.



If we lodge a new ACC45 for a subsequent injury which a new referral isn't required for, would ACC expect the clinical paperwork for the subsequent injury to be kept separate from the original injury?

Where more than one injury or claim is being treated under Nursing Services at the same time, we expect the clinical notes to clearly identify which injury the treatment is for. This can be done by recording the appropriate ACC45 number against the clinical notes, or you may use another system that works for you as long as the injury is clearly identified.

The enrolled nurse scope of practice changed this year – will ACC consider enabling enrolled nurses to lodge claims in the future?

We are aware that the Nursing Council has recently introduced changes to the enrolled nurse scope of practice. Enrolled nurses are not currently recognised as treatment providers under the Accident Compensation Act regulations. This means that they are unable to lodge claims on behalf of patients or invoice under the Cost of Treatment Regulations for treatment provided to ACC clients. Changing these settings would require legislative change which is not a quick or easy process, however we will likely consider this in future reviews of the regulations.

A few years ago, ACC completed an audit of our clinical notes. Does this still happen, and if so, how frequently do you audit?

We don't currently have a programme of regular audits for the Nursing Services contract, however an audit may be triggered if we have concerns about a supplier's delivery of the services. Over the next year, we intend to work with Nursing Services suppliers to develop a set of quality and outcome measures that will be embedded in the contract in the future. This will allow us to more closely monitor and manage performance without the need for regular audits.

As a new supplier, who can I contact at ACC if I have questions about the contract?

Your local Engagement and Performance Manager (EPM) is the best person to contact with any questions about the contract. If you don't have an EPM assigned to you yet, or are unsure who your EPM is, you can contact the team via this page on our website and someone will get back to you within two working days - <https://www.acc.co.nz/for-providers/provide-services/contact-our-relationship-team>



Sometimes a client will need two visits in one day under Extended Nursing (NS04) for different injuries on the same claim. How can we avoid having the payment for the second visit held by ACC?

Our system will automatically withhold one of the payments if it recognises the same service code being billed twice on the same day. If you include a description of the reason for the second visit in the notes/comments field of your invoice, our Payments team should be able to release the payment when they are reviewing the held invoice.

Can ACC45s be lodged online or do we need to use a paper form?

It's best to lodge ACC45s electronically as this will enable us to make a cover decision faster so your patient can access the treatment and supports they need. You can lodge ACC45s electronically either via your PMS (if you use one) or using our online services. To find out more about getting set up to use online services, visit our website - <https://www.acc.co.nz/for-providers/working-with-us-using-our-digital-services>.

Does ACC have a database where we need to record all our interactions with Nursing Services clients?

There is not a shared database for Nursing Services – each supplier is expected to have their own system for managing client information.

Can you please clarify the interaction between the Nursing Services contract and Cost of Treatment Regulations.

The Nursing Services is for specialised nursing care that can't be managed in a general practice setting. Clients can access Nursing Services if:

- Their injury is too complex to be managed by the general practice team (GPT), or
- They are physically unable or unsafe to travel to their GPT, or
- They require nursing treatment outside of usual GPT opening hours, and/or
- They are not enrolled with a GPT.

If nursing treatment can be provided by the GPT and the client doesn't meet any of the above criteria, their nursing care should be provided under the Cost of Treatment Regulations.



Are healthcare assistants allowed to work under the Nursing Services contract?

The Nursing Services contract is for specialised nursing treatment that can only be delivered by enrolled nurses, registered nurses, or nurse practitioners. Healthcare assistants are not recognised service providers in the contract and therefore they must not provide any services to ACC clients under this contract.

If a client needs more than 50 NS06 (treatment of subsequent injury), how do we apply for approval of this?

The ACC179 form has been updated to include a section to request prior approval for >50 NS06 treatments. You will need to include your clinical notes with the ACC179 and send it to claimsdocs@acc.co.nz.

If a client needs Nursing Services because they are unable to get to the GPT during normal hours but they are able to travel, can we provide treatment in a clinic or the client's workplace?

Yes, you can provide treatment in a clinic or another location such as the client's workplace or school if the client consents to this. However, if a client is unable to safely travel to another location for treatment, our expectation is that the treatment will be provided in the client's home.

If we receive a referral to Nursing Services from a community-based health provider, what do we need to check to make sure the client is eligible for Nursing Services?

You can accept a referral from any community-based health provider for clients who:

- Have an injury which is too complex to be managed by the general practice team (GPT), or
- Are physically unable or unsafe to travel to their GPT, or
- Require nursing treatment outside of usual GPT opening hours, and/or
- Are not enrolled with a GPT.

If this detail is not included with the referral, you will need to check with the client at your initial contact if they meet any of the above criteria.



If we receive a referral to Nursing Services from a community-based health provider and the client hasn't had a claim lodged for their injury yet, can we lodge an ACC45 on their behalf?

Yes, registered nurses or nurse practitioners who are registered with ACC as a health provider can assess the injury and lodge an ACC45 on the client's behalf. During the initial assessment, if your nurse determines that it is appropriate to lodge a claim but the client is not eligible for Nursing Services, this contact can be invoiced under the Cost of Treatment Regulations.

Have you considered an additional add-on code for complex Comprehensive Nursing Assessments?

The NS20 code for Comprehensive Nursing Assessments is a fixed rate regardless of the amount of time the assessment takes. This will be an 'unders and overs' type situation where some assessments will require less time while others will take a longer time. However, we will consider this suggestion for future variations of the contract.

Can clients with an injury self-refer to Nursing Services or do they need to go through another provider to refer them?

There are two situations when clients may self-refer to Nursing Services:

1. If the client lives in a rural area that is more than 50km or 30 minutes' drive from the nearest medical centre or emergency department.
2. If the client experiences barriers to accessing a GPT, for example if they are unable to enrol with a general practice.