



Working together

A handbook for providers working under
the Cost of Treatment Regulations

Who this handbook is for

This handbook is for acupuncturists, chiropractors, general practitioners, nurses, nurse practitioners, osteopaths, physiotherapists, podiatrists and other ACC-registered health providers who deliver treatment funded under the Cost of Treatment Regulations. It explains ACC's expectations for treatment providers, including how to ensure care is clinically justified, goal-focused, and meets the requirements of the Accident Compensation Act 2001.

Our purpose

ACC is a Crown entity that provides comprehensive, no-fault personal injury cover for New Zealanders and visitors to the country, as set out in the Accident Compensation Act 2001 (AC Act).

Our three core functions are to:

1. help prevent injuries at work, at home, during sport and recreation, on the road, or injuries caused by treatment
2. reduce the physical, emotional and social impacts of people's injuries
3. minimise personal financial loss by paying contributions to treatment costs, and paying lump sum compensation or weekly compensation to people who can't work because of their injuries.

By working together, we can help provide our clients with the treatment and rehabilitation they need to get back to everyday life.

To work together effectively and in our clients' best interests, we need to define and align our expectations for our clients.

As a provider working under the Cost of Treatment Regulations, this document outlines our expectations of your role and provides more detailed information on:

- our regulations, policies and procedures
- the types of injuries we cover
- ensuring necessary and appropriate treatment.

Cost of Treatment Regulations are the legislated rates we pay providers who don't hold a specific contract with us. ACC pays a specified contribution to treatment costs for treatment providers listed in the [AC definitions](#) and operating within their scope of practice.

We look forward to working with you.



Our expectations and responsibilities

As a provider of treatment services, we expect you to:

- provide our clients with services that are goal oriented, based on evidence, and clinically justified
- comply with your professional standards and ethics
- comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020 to protect our clients' information
- comply with the Children's Act 2014 by confirming your children's worker safety check status with us, and providing the required evidence to us, when requested, if you are a children's worker.

In carrying out our functions, we must ensure we protect the sustainability of the Accident Compensation (AC) scheme for all New Zealanders.

This means when we provide funding to you to deliver treatment services under the scheme, we expect you to:

- comply with the AC Act, our policies and procedures
- maintain appropriate clinical records
- invoice us appropriately.

You can download the legislation below or search for it on the [New Zealand Legislation website](#).

- [Accident Compensation Act 2001 \(PDF 1.9MB\)](#)
- [Privacy Act 2020](#)
- [Health Information Privacy Code 2020 \(PDF\)](#)
- [Children's Act 2014](#)
- [Children's \(Requirements for Safety Checks of Children's Workers\) Regulations 2015](#)

In return, we will:

- pay you promptly for all necessary and appropriate services
- support you to make sure our clients get the help they need to recover
- provide support to help you understand our legislation, policies and procedures
- provide timely feedback if we have concerns about service delivery, documentation or invoicing
- work with you to address any concerns.

Carefully review the sections in this handbook. The 'Managing performance' section on page 10 outlines how we work with you to ensure you meet our expectations. If you don't meet these requirements, we may change the way we work with you.



Key elements governing our relationship

Our governing legislation, regulations, contracts and policies

In line with the AC Act, we have created policies and procedures to help us deliver the necessary outcomes of the legislation.

You can find more information on our policies, procedures and guidelines in the health providers section of the ACC website. We encourage you to familiarise yourself with these resources, particularly our position statements which clarify our expectations for treatment providers.

Resources

- [Guidance on Māori Cultural Competencies](#)
- [Kawa Whakaruruhau \(Cultural Safety\) Policy](#)
- [Our Position Statements](#)

We fund over \$4 billion of treatment and rehabilitation services per year (2024) in the following ways:

- the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations — this is our default purchasing option covering mostly minor injuries
- under contract
- through Public Health Acute Services (PHAS).

Major health sector frameworks

The The Health Practitioners Competence Assurance (HPCA) Act ensures the competence and compliance of health practitioners for the duration of their professional lives. Having one legislative framework enables consistent procedures and terminology across the many professions now regulated by the Act.

Standards set by professional bodies

Our legislation requires all treatment providers to be registered with their regulatory authorities and to hold current Annual Practising Certificates.

We also expect you to comply with the professional and practice standards set by your board or professional organisation.

The Treaty of Waitangi

ACC is committed to ensuring that services are provided in a manner that enables the Crown to fulfil its obligations under the Treaty of Waitangi | Te Tiriti o Waitangi.

What ACC covers

We receive approximately two million claims a year for personal injuries including mental injuries.

Personal injuries include:

- physical injuries (including fatal injuries)
- work-related gradual process injuries, diseases and infections, for example asbestosis or work-related hearing loss
- treatment injuries — physical injuries sustained while receiving treatment from registered health practitioners
- maternal birth injuries — specific injuries that happened during labour or delivery of a pēpi (baby) on or from 1 October 2022.

Mental injuries may be covered if they were caused by a physical injury, a specific event in the workplace, or sexual assault or abuse.

If you are unsure about advising your clients about possible ACC cover, call us on 0800 222 070.





Establishing whether a client has cover

As a healthcare provider, you have a crucial role in providing everyone in New Zealand with access to our benefits.

In establishing whether a client's injury is likely to be covered, you should ask the following questions:

- Has there been a single event accident — or a series of events leading to the injury?
- Was the injury a result of an accident?
- How did the injury happen?
- What is the injury?

We manage all claims under the Code of ACC Claimants' Rights. You can find this on the [New Zealand Legislation website](#).

Under the AC Act, we can only accept claims for injuries that happened as a result of an accident. [Learn more about claims and cover on our webpage](#).

Your clinical notes must show your clients have sustained their physical injuries through accidents and that you can make explicit links between the injuries and the accidents. Symptoms such as pain and swelling aren't always the result of injuries caused by accidents, and we can't cover conditions caused wholly or substantially by the ageing process or pre-existing conditions.

We only cover accidents and injuries that have happened in New Zealand and, in some cases, to New Zealand residents injured overseas who intend to return to New Zealand within six months of having left the country. Temporary visitors to New Zealand are covered because the no-fault cover means they don't have the right to sue for accidental injuries.

If you think, based on your assessment, that the presenting condition isn't accident-related, it's important you explain this to your client and support them in other ways.

You can find more information about how you can support them on our website.

→ [Sorting out problems with a claim](#)

→ [Code of ACC Claimant's Rights](#)

Cause of the injury

Most commonly, people are injured as a result of a single event, such as falling off a ladder. However, things can get complicated when someone is injured as the result of an accident involving a series of events, for example developing lumbar pain after being repeatedly shunted from behind in two hours of go-kart racing.

Series of events

If a client provides a clinical history that appears to be consistent with an injury caused by a series of events, you need to check that:

- the events happened over a defined period of time
- you have knowledge and evidence that the series of events caused a specific injury
- the specific injury was caused by the series of events rather than factors that are a normal part of daily life for the client.

Gradual process injuries

Gradual process injuries are injuries or conditions that happen over time and can only be covered by ACC if they are caused by the type of paid work your client does.

The key differences between gradual process injuries and series-of-events injuries are:

- gradual process injuries typically occur over a poorly defined period of time
- knowledge of the events causing gradual process injuries can't be reasonably established.

If you're unsure whether your client qualifies for cover, we recommend you use your best judgement, compile a comprehensive clinical history, and submit a claim for our consideration.

Gradual process injuries can only be lodged by medical practitioners. If you aren't a medical practitioner, you need to refer your client to their GP to lodge the claim.

Treatment injuries

Sometimes a patient can be injured while receiving treatment from a registered health professional.

Adverse outcomes can happen as a normal part of treatment, but sometimes things might not go as expected. In these cases, a claim may be covered if the injury isn't a necessary part or ordinary consequence of treatment.

Defining treatment

The term 'treatment' can be quite broad and mean many things in a health context. Because of that, we rely on our legislation, the Accident Compensation Act 2001, to help us decide on cover. Section 33 sets out what constitutes treatment, including:

- administering treatment or prophylaxis
- diagnosing a medical condition
- decisions relating to treatment
- failing to provide treatment or provide it in a timely manner
- obtaining or failing to obtain consent from a person to undergo treatment
- equipment failure (except fair wear and tear)
- use of policies, process and support systems which support treatment.

Criteria for cover

Once a claim is lodged with the patient's consent, it needs to meet certain criteria before it can be accepted.

This includes:

- whether the treatment was provided by, or at the direction of, a registered health professional
- evidence of an injury which has resulted in bodily harm or damage
- that the injury was caused by treatment, not an underlying condition.

→ [Lodging a treatment injury claim](#)



Getting medical certification right

As a medical practitioner or nurse practitioner you can issue a medical certificate when your patient's ability to work is affected by a covered injury.

This can be completed on the ACC45 claim form at the time of claim lodgement (for up to 14 days) or the ACC18 medical certificate for longer periods. Medical certification is required for your patient to access financial support (weekly compensation) and vocational rehabilitation through ACC if they're eligible.

Getting medical certification right is important. Evidence shows that returning to work—even in a modified capacity—has significant benefits for both physical and mental health. Extended time off work can negatively impact wellbeing, and prolonged worklessness is linked to poorer health outcomes.

Three types of certification

Fully Fit

Your patient can return to their pre-injury work duties and hours. They can still receive treatment and other rehabilitation support from ACC.

Fit for Selected Work

Your patient can't return to full duties but can do some work or rehabilitation with support. This could include amended duties, altered hours, workplace adaptations, and phased return to work. Most patients in the community will qualify for Fit for Selected Work.

Patients may be eligible for up to 100% of their pre-injury income through a combination of weekly compensation and work-related income.

Fully Unfit

Your patient is unable to work because their injury means:

- they are hospitalised, or confined to bed
- they are at risk of contagion, or need to quarantine
- their injury creates clear health and safety risks at work to themselves or their colleagues.

Your patient may be eligible for weekly compensation (usually up to 80% of pre-injury earnings) and treatment, but being fully unfit may influence what other rehabilitation they can be referred for by ACC.

Additional resources for certifying providers

- [Bpacnz's Recovery at Work: reframing the conversation](#)
- [ACC issuing medical certificates](#)
- [HealthPathway communities — available in all regions — search ACC](#)



Making sure treatment is necessary and appropriate

All treatment you provide must be proportional to each client's injury and expected recovery. According to the AC Act, any treatment you provide must:

- be necessary and appropriate
- meet the quality required
- be given the appropriate number of times, and 'in person'
- be given at the appropriate time and place
- be reasonably required to facilitate treatment (for ancillary services)
- be of a type normally provided by your profession
- be provided by an appropriately qualified treatment provider holding a current annual practising certificate
- if required, have our prior approval.

Find more information about seeking prior approval and treatment extensions on our website.



Keeping clinical records

Clinical records are a necessary part of the service you provide to our clients. Your clinical records help us understand how you have reached your conclusions and why you provided specific treatment to our clients.

Your client reports and treatment notes should be full and accurate. They should be completed at the time of treatment or shortly afterwards.

Keeping a high professional standard of records is critical and beneficial to you, our clients, other health professionals and us. The quality of your notes may be important if a client is referred to other health providers, if their ACC cover is contested or if we need

to review your practice. Your clinical records must show that appropriate treatment has been provided for the services you invoice to us.

All professional bodies endorse the responsibility of their members to regard record-keeping as a critical area of competence, and most have processes to support and encourage this. Each profession also has its own standards for record-keeping, so check what your professional body suggests.

When we find absent or poor quality clinical records, we may notify your Regulatory Authority if we believe there is a risk of harm to the public.



Consultation or visit

Consultations are defined as a necessary and appropriate, face-to-face assessment, treatment or service for a covered injury.

It includes providing injury-related advice, completing prescriptions, making referrals, issuing any certificate to ACC and all relevant documentation that results from the consultation or visit.

A consultation does not include insubstantial medical services that a client wouldn't typically pay for, for example phone consultations and informal encounters.

If you bill us using hourly rates or variable fees, you must bill us in a way that appropriately reflects the proportion of time in a consultation or visit that you spent directly applying your expertise to treat the client's covered injury (see also direct treatment).

Some minor treatments or procedures are also included in a consultation or visit for billing purposes under the Regulations. See our information sheet (ACC 1520) for more information on this.

→ [Telehealth guidelines](#)



Direct treatment

Direct treatment refers to the amount of time you directly apply your expertise to a client's treatment. It includes:

- assessing or reviewing the client's injury
- developing a treatment plan with the client (including taking the client's history and writing clinical notes during the consultation or visit)
- physically applying treatment(s)
- observing the client while treatment(s) is in place.





More than one consultation or visit per day

Generally, we only pay for one consultation or visit per day per client, for all provider types. However, we consider each case individually and, if clinically justified, we may pay for a second consultation/visit.

Criteria for more than one payment

Paying for two consultations or visits in one day may be clinically justified if:

- you need to reassess the client for a second time later in the day, for example if you need to change a dressing or check a client whose condition may deteriorate or be likely to deteriorate
- the client initiates the second consultation/visit because of concerns about their condition
- the client is treated for one injury then leaves the consultation or visit and has a second, separate accident that day.

We are unable to pay for more than one consultation or visit in a day when:

- a client is referred for X-ray and returns for a consultation or visit afterwards to discuss the outcome
- more than one covered injury is managed at the same presentation.

For any queries, please call the call us on 0800 222 070 or email providerhelp@acc.co.nz.

To help us make quick decisions on invoices for additional same-day consultations or visits, you must explain why they were needed. If you use manual invoices or a bulk-billing schedule, note your reasons on the invoice. If you invoice electronically, call us on 0800 222 070 or [email providerhelp@acc.co.nz](mailto:providerhelp@acc.co.nz).

Dual registration

If you hold dual registration with ACC (for example as a physiotherapist and acupuncturist), you may only invoice us under one registration number, regardless of what treatment modalities you use during the treatment session.



Managing performance

A focus on quality helps our clients get the best outcomes possible from the treatment you provide.

To support this, we have structures in place that ensure your services meet professional standards, as well as our policies, procedures and expectations.

View the Accident Compensation ([Liability to Pay or Contribute to Cost of Treatment](#)) Regulations 2003 on the [New Zealand Legislation website](#).

Provider monitoring

Our Performance Monitoring Advisors are a point of contact to support your understanding of our legislation, policies and procedures.

Performance Monitoring Advisors may contact you to address any concerns about service provision.

They can be contacted at
ProviderPerformanceReporting@acc.co.nz

Clinical advice

We have many clinically qualified staff with a range of backgrounds (medical, allied health, nursing, and psychology).

Our clinical staff help support our Engagement and Performance and Integrity Services teams with clinical quality.

Type of support may include:

- visits to you
- reviewing your clinical records
- giving you feedback strengthening your clinical documentation.

Peer reviews

To ensure we have the best information, we may approach providers within your clinical peer group or profession for advice.

Fraud prevention and investigation

ACC is committed to protecting the integrity and sustainability of the Scheme. Fraud, waste and abuse undermine fairness, impact those who genuinely need support, and compromise public trust.

We define:

- Fraud — deliberate, false representation
- Abuse — negligence or failure to exercise proper duties (including manipulation of policies and procedures)
- Waste — carelessness with regards to following policies and procedures.

Our Fraud Prevention and Investigation team takes a prevention-first approach, using real-time analytics to identify risk early and act with precision. This helps ensure the Scheme is used transparently, fairly and for its intended purpose.

We work closely with treatment and rehabilitation providers to support the best outcomes for clients. Early engagement, data insights and open conversations help us stay aligned and responsive.

Everyone has a role in protecting the Scheme. If something doesn't seem right, or if you're unsure about what's expected, the Fraud Prevention and Investigation team is here to help.

Contacting Fraud Prevention and Investigation

If you have concerns that may require our attention, contact the team on **0508 222 372** or via our website.



Keeping your details up to date

Please contact us if you change your name, postal or email address, or your phone or fax number.

Let us know about any change in your practising status (including conditions on practice or suspension of your Annual Practising Certificate).

You can update your details by calling us on **0800 222 070** or emailing registrations@acc.co.nz (make sure you include your provider number in the email).



Further information

Our [website](#) has up to date information on many different areas of ACC's business. Familiarise yourself with the website and use it as your first point of reference if you have questions that need to be answered.

- Our website, www.acc.co.nz
- Contact Centre, call **0800 222 070**
- For provider registrations, call **0800 222 070** or email registrations@acc.co.nz

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