

What is an aid or appliance?

Contact

Last review 05 Feb 2013

Next review 04 Feb 2014

Introduction

An aid or appliance is defined in [AC Act 2001, Schedule 1, Part 1, Clause 12](#) as any item that can help restore a client to independence.

Determine what constitutes an aid or appliance

The following table provides definitions for aids and appliances.

Item	Definition and location
Consumables that are aids and appliances	<p>A consumable is a non-reusable aid that helps a client undertake daily living activities.</p> <p>When trying to assess if a consumable is an aid, first consider whether it is a consumable that is an ancillary service related to treatment. See Medical consumables.</p> <p>If those criteria do not fit the assessment, then use Managing aid or appliance request.</p>
Consumables used in association with an aid or appliance	<p>ACC is liable to replace consumables used in association with an aid or appliance, eg batteries, as long as there is no evidence that the aid or appliance has been neglected, abused, or misused.</p>
Easily removable 'housing modification' such as a handrail	<p>Where a handrail is a relatively simple device that can be easily attached via suction cups, for example, for use beside a bath or a toilet. See Rehabilitation equipment.</p> <p>A handrail that is part of a structural modification to a house, eg to facilitate disabled access, is NOT regarded as an aid or appliance. It is regarded as a Housing modification.</p>
Equipment	<p>Common examples of equipment that ACC considers providing include items that help a client with their daily living activities, such as:</p> <ul style="list-style-type: none"> • customised kitchen utensils, eg a kettle tipper • kneeling stools and shoe horns • items to help the client bathe safely, eg a shower stool • equipment to help a client move around, eg a wheelchair, walking stick or crutches. <p>See the equipment lists in Rehabilitation equipment.</p>
Hearing aids	<p>A hearing aid is an appliance designed to improve function and can be used by a client if their need arises from an injury. Hearing aids also come under the definition of 'prosthesis'.</p> <p>See Hearing loss services (valid until 31 December 2010) and Determine cover – hearing loss cover and entitlement (from January 1 2011).</p> <p>Note:</p> <p>Depending on the type, products listed in these documents can also fall within the section of 'Providing other social rehabilitation' in About social rehabilitation.</p>
Optometry	<p>This includes false eyes (see 'Prosthesis'), and glasses in certain cases, eg where visual impairment is caused by damage to the eye. See Visual impairment services.</p> <p>Note:</p>

Item	Definition and location
	<p>Depending on the type, products listed in this document can also fall within the section of 'Providing other social rehabilitation' in About social rehabilitation.</p>
Orthotics/Orthosis	<p>An 'orthosis' is a force system designed to control, correct, or compensate for a bone deformity, deforming forces, or forces absent from the body, eg knee and shoulder braces and splints.</p> <p>'Orthotics' means the fabrication and fitting of orthoses or related technical aids used to support or correct the function of the trunk, upper and lower extremities.</p>
Prosthesis	<p>A prosthesis is an artificial substitute for a missing body part, eg arm, leg, or eye, which is used for functional or cosmetic reasons, or both. See Artificial limbs (Prosthetic Limb Service).</p> <p>A prosthesis can also include a device used to improve function, such as a hearing aid. See 'Hearing aids' above.</p>
Sexual dysfunction products	<p>Products include, for example, Caverject and Viagra. See Erectile dysfunction.</p> <p>Note:</p> <p>Depending on the type, products listed in this document can also fall within the section of 'Providing other social rehabilitation' in About social rehabilitation.</p>

What an aid or appliance does not include

Item	Definition and location
Consumables that are ancillary services related to treatment	<p>Consumables in this category can include items such as wound care products, continence products and nutritional products.</p> <p>See Medical consumables.</p>
Dental appliances and dentures	<p>An example of a dental appliance is dental braces. See Dental treatment.</p>
Handrails that are fixed modifications to a house	<p>Where a handrail needs to be attached to either the inside or outside of the house, using screws or similar, then this is considered a housing modification. See Housing modifications.</p>
Motorised transport such as a car, van, bus, taxi, all terrain vehicle (ATV) or train	<p>Considered Transport for independence.</p>
Surgical implants	<p>See About contracted elective services.</p>

When to provide an aid or appliance

Contact

Last review 05 Feb 2016

Next review 05 Feb 2017

Introduction

This document describes factors to consider when deciding if ACC provides or contributes to the cost of an aid or appliance.

Rules

Relevant legislation

[AC Act 2001, Schedule 1 Clause 13](#) - this outlines the criteria for deciding whether to pay for an aid or appliance

[AC Act 2001, Section 81](#) - the criteria for paying for social rehabilitation must be met before progressing

Considerations

In deciding whether to provide or contribute to the cost of an aid or appliance, ACC must consider:

- any rehabilitation outcome that would be achieved
- whether the client has a prescription for the aid or appliance from a [health practitioner](#) who holds qualifications to the satisfaction of ACC.

Equipment being Trialled

If you or the assessor considers a trial of equipment for the client, you must make sure that the relevant delegation holder has approved the trial. Once equipment's been trialled with a client and the trial's successful, there's an expectation that the equipment will be approved.

The relevant delegations are here:

Non SI - [7.4.7 Aids and Appliances](#) (Please note: This includes Social, Vocational and approvals under POC)

SI - [7.5.3 Aids and Appliances \(social and vocational\)](#)

Note:

Prescriptions by a health practitioner are not generally required for an aid or appliance. However, when considering purchasing an aid or appliance, an assessment must be completed by an appropriately qualified provider. This is a person specified in a contract, or an ACC Case Manager or Case Coordinator.

See 'Who can make assessments' in [Social rehabilitation process](#). Use the [Decision-making tool for social rehabilitation](#) to help with this.

Policies exist in CHIPS on the following types of aids and appliances:

- [Artificial limbs \(Prosthetic Limb Service\)](#)
- [Rehabilitation equipment](#)
- Hearing loss, see [Hearing loss services](#) (valid until 31 December 2010) and [Determine cover – hearing loss cover and entitlement](#) (from 1 January 2011)
- Visual aids, see [Visual impairment services](#)
- Sexual dysfunction products, see [Erectile dysfunction](#)
- Aids and appliances for [clients who are overseas](#) and have a New Zealand delivery address.

Exclusions

ACC is **not** responsible for providing:

- implanted artificial aids, except where these are implanted in the course of an approved surgical procedure
- aids or appliances where the client already owns or possesses an aid or appliance that has a similar function to the aid or appliance recommended in the assessment
 - exception:

ACC can consider providing an aid or appliance in this situation, if the equipment the client has is now unsuitable for helping to restore their independence due to its age or condition

- a type or version of the equipment, at the client's request, that is more expensive than what is strictly needed to meet the client's identified needs
- the costs of maintaining, repairing, or replacing any aid, appliance or consumable item used in association with any aid or appliance, if this is due to the client neglecting, abusing or misusing the aid or appliance

- contributions to the costs of aids or appliances if, after injury, the client disposed of an aid or appliance that had a similar function and was still suitable.

Note:

Although there are exceptions to what ACC is required to provide with regard to aids and appliances, extra support may be provided depending on the client's situation or individual needs.

See [Manage submission for extended discretion](#).

Maintenance

Where routine maintenance is required on an aid or appliance, ACC expects this to be completed by the client or support person where appropriate.

Any requirements for routine maintenance will be stipulated in an accompanying manual, where relevant. For example, a wheelchair would have an accompanying manual stipulating routine maintenance requirements, while a bathroom stool would not.

If there is a manual that includes routine maintenance instructions, clients must follow these instructions.

Evidence of neglect is usually in the form of written documentation from the repairer stating that failure to complete routine maintenance has caused the need for the item to be repaired or replaced.

For more information about maintenance and repair of aids and appliances go to the [relevant service](#) page.

Neglect, abuse or misuse

Explanations for any damage to an aid or appliance will appear on the forms from the client and provider, eg the [ACC116 Artificial limb repairs \(214K\)](#) form .

Written confirmation of the reason for repair must be requested from a provider if they have advised ACC that the damage was caused by neglect, abuse, or misuse. ACC does not pay for damage caused by neglect, abuse or misuse.

Extenuating circumstances:

- where ACC's failure to provide an aid or appliance could impact on the client's rehabilitation, refer the claim to your Technical Claims Manager or Team Manager for advice.

Insurance for repair or replacement of an aid or appliance

Obtaining insurance:

- ACC does not normally insure aids or appliances, nor does it provide or contribute to the cost of a client's household insurance costs
- Aids and appliances that belong to a client are usually able to be included in the client's existing household insurance at no additional cost to them
- Where an aid or appliance continues to be owned by ACC, such as equipment provided to a client on loan, insurance companies usually exclude these items from the client's contents insurance
- If the client is eligible, ACC will pay for maintenance, repair or replacement of an aid or appliance where there is no evidence of neglect, abuse or misuse.

Claiming reimbursement:

- Where the aid or appliance belongs to a client, eg hearing aid or artificial limbs, the client must contact their insurance company for reimbursement of costs
- Do not pay if the client is covered by their household insurance
- Where there is no household insurance policy and upon evidence from the insurance company that they will not pay the excess, ACC can pay any excess not paid by the insurance company as well as costs incurred.

Individual rehabilitation plan (IRP)

An IRP must be prepared if further rehabilitation, that includes an aid or appliance, is assessed as likely to be required after 13 weeks of accepting a claim for cover.

The exception to this is if an aid or appliance (including hearing aids) is the only requirement, ie if the only social or vocational rehabilitation item a client requires is an aid or appliance, do not complete an IRP.

If an IRP is required, it must be prepared in consultation with the client.

See 'Social Rehabilitation and IRPs' in [Social rehabilitation process](#) .

Providing personal alarms

Contact |

Last review 24 Feb 2016

Next review 24 Feb 2017

Introduction

Personal alarms may be a viable means of meeting a client's injury-related safety and independence needs. They may be considered as an alternative for overnight or supervisory care for seriously injured clients who either live alone or who live with their family but are alone for short periods.

However, personal alarms are generally only suitable for those clients with the confidence, physical and cognitive ability, to operate an alarm.

Rules

The client must make an informed choice to accept or decline the option of a personal alarm.

When determining if a personal alarm is a possible alternative to overnight or supervisory care, the following must to be answered in the assessment report.

Assessment Report	Questions
Operating an alarm	<ul style="list-style-type: none"> Does the client have the confidence and physical ability to operate an alarm? This should include comments about how the personal alarm is a practicable means of meeting the client's injury-related safety and independence needs
Summoning assistance	<ul style="list-style-type: none"> Has it been explained to the client how they might summon assistance using a personal alarm? Do they know how long it will usually take for their call to be answered?
Evacuation plan	<ul style="list-style-type: none"> Has any evacuation plan been explored with the client for use in conjunction with a personal alarm? Has the evacuation plan been documented in the assessment report? This should include confirmation that the evacuation plan will be practised following installation of a personal alarm, and a note of the recommended frequency of such practices

Re-assessment

When the client's social rehabilitation needs are re-assessed, the assessor is expected to comment on the results of the evacuation plan practice as well as the continued ability of the alarm to meet the client's injury-related needs.

Exclusions

Where a client's carer is required to provide direct care or summon assistance for the client because they are unable to do this for themselves, ACC currently pays an hourly rate to the carer for this service.

In these situations, an alarm system would not normally be appropriate because ACC has already met the clients assessed need through provision of attendant care.

Summon assistance

Call systems and alarms are a means of summoning assistance when necessary. There is an extensive range available for use within private homes.

Personal alarms work by transmitting a signal to a receiving alarm unit when activated.

Alarms	What to expect
Neighbourhood call	When activated, the unit operates a flashing light or siren either outside the user's home or in a neighbour's home.

Alarms	What to expect
Automatic phone dialling system	These alarms are linked to the phone and when activated, automatically dial pre-set phone numbers, eg relatives, neighbours, and a 24-hour monitoring service.
Routine or Cycle alarm	These alarms anticipate the activities of the user. If activity does not occur within a pre-set time span, the alarm activates.

Released under the Official Information Act 1982

Injury-related increased electricity charges

Contact

Last review 05 Feb 2016

Next review 04 Feb 2017

Introduction

ACC may contribute to increased electricity costs associated with the running of injury-related electrical home aids and appliances. Electricity is not an item of social rehabilitation, but if an aid or appliance requires electricity to operate then it can be considered as part of the provision of a key aspect of social rehabilitation under [AC Act 2001, Section 81](#).

ACC purchases a large range of electrical home aids and appliances to help restore a client to independence, including appliances that are likely to increase a client's electricity costs, eg electric wheelchairs, respiratory ventilators, extra heating appliances etc.

Smaller electrical home aids and appliances such as electric can openers and electric knives are 'low drain' items and have minimal, if any, effect on electricity consumption.

Rules

Eligibility criteria for ACC contribution to increased electricity costs

ACC can contribute to increased electricity costs for clients if there has been an assessed injury-related need for an electrical aid or appliance and the aid or appliance is:

- for the purpose set out in [AC Act 2001, Section 79](#)
- necessary and of suitable quality for its intended purpose
- of a type normally provided by a rehabilitation provider
- for use in the home. See [Home help](#)
- required in addition to normal household aids or appliances, eg chargers for electric wheelchairs, respiratory ventilators, extra heating appliances
- not a recreational item, eg playstation.

Any request for ACC to contribute to a client's electricity charges must be assessed on a case-by-case basis.

What is not included

The following items are not eligible for ACC contributions:

- electricity chargers for everyday household or recreational aids and appliances, eg stove, refrigerator, playstation
- electricity connection fees, bonds and line maintenance
- normal electricity price increases.

Examples to help determine if we should contribute to increased electricity charges

The following table contains general examples only.

Scenario	Analysis	Do we contribute?
A client who has a covered personal injury for renal failure requires home dialysis treatment until a kidney transplant is carried out	The dialysis machine is an injury-related necessity to ensure the client's continued health, quality of life and survival. There is a direct injury-related need for extra power to operate the dialysis machine	Yes
A client has a covered personal injury for tetraplegia. The client's injury requires a ventilator to assist respiration	The ventilator is an injury-related necessity to ensure the client's continued health, quality of life and survival. There is a direct injury-related need for extra power to operate the ventilator	Yes
A client who has a covered personal injury for occupational asthma requests assistance with electricity charges following ACC funding a HEPA filter vacuum cleaner	Although the vacuum cleaner has been assessed as an injury-related need, the running of a vacuum cleaner is a usual household requirement. There is no increased power consumption over and above normal household requirements	No

Scenario	Analysis	Do we contribute?
<p>A client who has tetraplegia and cannot self-regulate body temperature has an injury-related need for a heat pump.</p> <p>A client with occupational asthma has an injury-related need for a heat pump in the colder months</p>	<p>In both of these cases there is an injury-related need over and above normal household heating requirements</p>	<p>Yes</p>
<p>A client who has paraplegia and upper limb injuries has an electric wheelchair that needs to be electrically recharged each day</p>	<p>The electric wheelchair is an injury-related necessity that provides the client's mobility. The need to recharge the battery daily is a need over and above normal household requirements</p>	<p>Yes</p>
<p>A client who is a double amputee requires extensive injury-related housing modifications. The modifications require extensive use of power tools, lighting etc.</p> <p>The client also has to stay in rental accommodation while the housing modifications are completed</p>	<p>The use of the power tools, lighting etc during the period of the housing modifications in the client's home is injury-related. The electricity is consumed by trades people. The client is living elsewhere and not consuming any power in his home while it is being modified. The client remains responsible for the normal daily power usage in rental accommodation</p>	<p>Yes</p>

Start date of entitlement

ACC's contribution to injury-related electricity charges is considered under [AC Act 2001, Section 81](#) We need to consider any request for an earlier start date in accordance with the provisions of [AC Act 2001, Section 83\(3\)](#)

Delegation

Any decision to accept or decline responsibility for injury related electricity charges is within case management delegation. See the [Delegations Manual](#).

Any decision must be made in consultation with a Team Manager or Technical Claims Manager. If any assistance is required, please contact Customer Service Technical Support.

Released under the Official Information Act 1982

Requesting high cost aids and appliances

This process is to be used when a request for high cost aids and/or appliances is received. It will ensure that there is consistent decision-making for these requests by using the Social Rehabilitation Assistance Panel for all requests.

ACC is liable to pay for the most cost-effective social rehabilitation option to achieve a rehabilitation outcome associated with functional independence in daily living activities.

Social Rehabilitation Assistance Panel

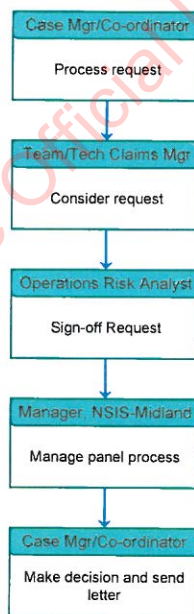
The main purpose of this panel is to make consistent recommendations about funding approval across the business network for high cost equipment and to promote best practice case management.

The panel operates weekly, as required, currently between 10am and 1pm on Mondays. It is chaired by Jacqueline Prescott, National Serious Injury Service (NSIS) Midlands Area Team Manager. The panel is made up of all the NSIS Area Managers, a Senior Analyst Customer Service Technical Support and may be attended by the NSIS Delivery Manager.

Case Managers and Coordinators with submissions to the panel are invited to attend, in person or by phone.

Contact	Last review 01 May 2014	Next review 01 May 2015
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Click on a shaded box for instruction details



[Show all instructions](#)

Process request

Responsibility

Case Managers or Case Coordinators

When to use

Use this instruction when you receive a request for high cost aids and/or appliances to process the request.

Instruction

Step 1

Read the request and check if there is enough information to make an informed recommendation. The minimum information required is:

Aids and Appliances

- a copy of any written request, or the record of a verbal request, from the client/representative
- details of the previous assessment - type of assessment, assessor and advice on the aid or appliance recommended.

If there is...	then...
not enough information	<ul style="list-style-type: none"> • meet/phone the client/representative to get the information needed • repeat this step
enough information	<ul style="list-style-type: none"> • send HCS13 Acknowledge request for high cost aids or appliances to the client/representative acknowledging receipt of their request • go to Step 2

Step 2

Arrange for a needs assessment to be completed (if not already done).

Step 3

Check if the cost of the aids and/or appliances requested fit under the definition of 'High Cost'. To be done once the needs assessment has been completed.

If the...	then...
cost of the aid and/or appliance is less than \$15000 (ex GST)	<ul style="list-style-type: none"> • the request does not come under the definition of 'High Cost' equipment • see section 7.4.7 Aids and Appliances of the Delegations Manual
cost of the aid and/or appliance is \$15000 (ex GST) or more or one of the items listed below <ul style="list-style-type: none"> • requests for a power chair for a non serious injury client • requests for an all terrain power chair for serious or non serious injury clients <p>Note:</p> the request must be approved before the equipment can be trialled by the client <ul style="list-style-type: none"> • request is for recreational or hobby related equipment like hand cycles or sports wheelchairs 	go to Step 4

Step 4

Generate the [ACC5965 Social Rehabilitation Assistance Panel: non serious injury submission](#) form and complete the required information, providing a detailed recommendation and total value of the request in the 'Claim Manager Recommendation' section.

Step 5

Save the updated [ACC5965 Social Rehabilitation Assistance Panel: non serious injury submission](#) form in Eos as an 'Incomplete' document.

Step 6

Using the total value of the application, as calculated for the recommendation, determine the delegation holder. Refer to section 7.4.7 Aids and Appliances of the [Delegations Manual](#).

[Add a task](#) and link the completed [ACC5965 Social Rehabilitation Assistance Panel: non serious injury submission](#) form.

Step 7

Generate a [Complete internal referral sub-task](#) and note in the Description field that a request is linked.

Step 8

Transfer the Complete internal referral sub-task to your Team Manager or Technical Claims Manager.

What happens next

Go to **Consider request**.

[Back to process map ↑](#)

Consider request

Responsibility

Team Manager or Technical Claims Manager

When to use

Use this instruction when you receive a [Complete internal referral sub-task](#) to consider the request and make a recommendation.

Instruction

Step 1

Check through the request and decide if there is enough information to make an informed recommendation.

If there...	then...
is enough information	<ul style="list-style-type: none"> complete the Team Manager or Technical Claims Manager 'Recommendation' section of the Complete internal referral sub-task save as 'incomplete' and forward to the Operations Risk Unit by selecting 'Operation support' from the drop down list of departments
is not enough information	<ul style="list-style-type: none"> update the 'Description' field in the Complete internal referral sub-task stating what further information is required transfer the task back to the Case Manager or Case Coordinator

What happens next

Go to [Sign-off Request](#).

[Back to process map ↑](#)

Sign-off Request

Responsibility

Operations Risk Analyst (ORA)

When to use

Use this instruction when you receive a [Complete internal referral sub-task](#) to manage the panel process for the request.

Instruction

Step 1

Read the request and check if there is enough information to make an informed recommendation and if the request should be referred to the Social Rehabilitation Assistance Panel.

If the request...	then...
doesn't have enough information to make an informed recommendation	<ul style="list-style-type: none"> update the 'Description' field in the Complete internal referral sub-task stating what information is required transfer the Complete internal referral sub-task to the Case Manager or Case Coordinator
shouldn't be referred to the Social Rehabilitation Assistance Panel	<ul style="list-style-type: none"> complete the 'panel recommendation' section of the Complete internal referral sub-task and 'close' the sub-task transfer the Complete internal referral sub-task to the correct delegation holder. Refer to section 7.4.7 Aids and Appliances of the Delegations Manual
has enough information to make an informed recommendation and should be referred to the Social Rehabilitation Assistance Panel	<ul style="list-style-type: none"> send an email to the Panel Chair (currently Area Manager, NSIS- Midland) asking for the request to be added to the Social Rehabilitation Assistance Panel agenda consider if you and/or the Case Manager or Case Coordinator need to attend the Social Rehabilitation

If the request...	then...
	<p>Assistance Panel meeting and send details if they are to attend</p> <ul style="list-style-type: none"> • circulate the request to all Social Rehabilitation Assistance Panel attendees for discussion to: NSISAreaTeamManagers@acc.co.nz • close the Complete internal referral sub-task and transfer to the Case Manager or Case Coordinator

What happens next

Go to **Manage Panel Process**.

[Back to process map](#) ↑

Manage panel process**Responsibility**

Panel Chair (currently Area Manager, NSIS - Midland)

When to use

Use this instruction when you receive a completed [ACC5965 Social Rehabilitation Assistance Panel: non serious injury submission](#) form to manage the Social Rehabilitation Assistance panel process.

Instruction**Step 1**

- Add the request to the Social Rehabilitation Assistance Panel agenda
- Advise the Operations Risk Analyst (ORA) and Case Manager or Case Coordinator of the date and time of the panel meeting.

Step 2

Meet with the panel to review the request and provide a recommendation on rates. The recommendation needs to be provided to the Case Manager within 10 working days of receipt of the completed ACC5965 form.

Step 3

Record the panel recommendation in the Excel spreadsheet and on the ACC5965 form.

Step 4

Send the [ACC5965 Social Rehabilitation Assistance Panel: non serious injury submission](#) form to the Case Manager or Case Coordinator.

What happens next

Go to **Make decision and send letter**.

[Back to process map](#) ↑

Make decision and send letter**Responsibility**

Case Manager or Case Coordinator

When to use

Use this instruction when you receive a completed [ACC5965 Social Rehabilitation Assistance Panel: non serious injury submission](#) form to make a decision, get financial sign off and send the required letter to the client or their representative.

Instruction**Step 1**

Update the 'Description' field in the [Complete internal referral sub-task](#) with the Social Rehabilitation Panels recommendation to either agree with, not agree with or modify the request, giving the rationale, as noted on the ACC5965 form.

Step 2

Make a decision on the request.

Step 3

If the request has been...	then...
approved	organise for a trial of the equipment
declined	<ul style="list-style-type: none"> • contact the client or their representative, inform them of the decision and discuss the rationale • go to Step 5

Step 4

If the equipment trial has been...	then...
successful	go to Step 5
unsuccessful	<ul style="list-style-type: none"> • send an email to the Panel Chair (currently Area Manager, NSIS - Midland), notifying the panel that the trial has been unsuccessful and that the request will now be declined • go to Step 5

Step 5

Generate and send the required letter.

If the request has been...	then...
approved	<ul style="list-style-type: none"> • Create a purchase order and send it through for approval. See section 7.4.7 Aids and Appliances of the Delegations Manual • once the PO has been approved, generate HCS20 Rehabilitation equipment approve - claimant and send to the client and/or their representative • arrange services as required for the type of aid and/or appliance
declined	generate HCS21 Rehabilitation equipment decline - claimant and send to the client and/or their representative

What happens next

If a review application is...	then...
lodged	<ul style="list-style-type: none"> • process as per the normal review process. • let the Panel Chair (currently Area Manager, NSIS - Midland) know that this is a review application to ensure a consistent approach and for any direction the panel may give re how to manage the review • send a copy of the original application and other relevant documentation to the chair of the panel (currently Area Manager, NSIS - Midland)
not lodged	this process ends

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Managing aid or appliance request

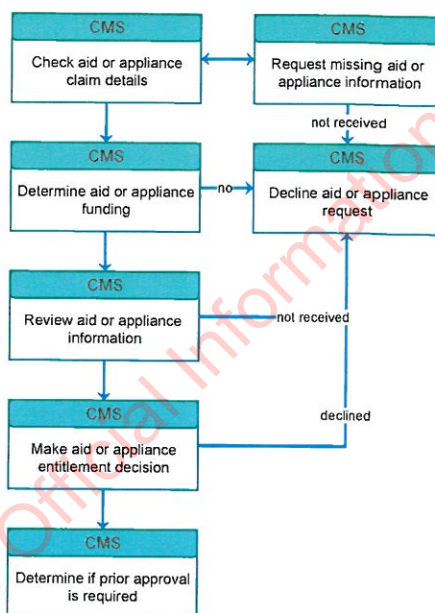
Use this process to manage a claim request relating to an aid or appliance.

The request is either for payment of an invoice or for prior approval of an entitlement. It may come from the provider or the client.

The process map replaces the swimlane previously used in Manage Claims. You can see that swimlane by clicking here: [Process aid or appliance request](#)

Contact	Last review 28 Feb 2017	Next review 28 Feb 2018
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Click on a shaded box for instruction details



[Show all instructions](#)

Check aid or appliance claim details

Responsibility

Claims Management staff

When to use

Use this instruction to check if a request for an aid or appliance is in Eos and complete.

Requests will be for either payment of invoice or prior approval for an aid or appliance. The provider or the client will make the request.

Before you begin

Equipment being Trialled

If you or the assessor considers a trial of equipment for the client, you must make sure that the relevant delegation holder has approved the trial.

Once equipment's been trialled with a client and the trial's successful, there's an expectation that the equipment will be approved.

The relevant delegations are here:

Non SI - 7.4.7 [Aids and Appliances](#) (Please note: This includes Social, Vocational and approvals under POC)

SI - 7.5.3 [Aids and Appliances](#) (social and vocational)

Instruction

Step 1

[Search for the claim](#) in Eos.

If the claim is...	then...
not registered	go to Request missing aid or appliance information
registered	go to Step 2
being managed by an accredited employer	<ul style="list-style-type: none"> • send the documents back to the provider • this process ends

Step 2

Check the request to ensure all details are complete.

Step 3

Check if the provider is listed in the claim's party case roles within Eos. If not, [Add a party case role](#).

See [Invoice standards](#).

Step 4

Check the client details.

If the details on the request are...	then...
different	check which details are the most recent and update the party record in Eos, if required
incomplete	go to Request missing aid or appliance information
complete	<ul style="list-style-type: none"> • use the Confirming existing cover decision process • go to Determine aid or appliance funding

[Back to process map](#) ↑

Request missing aid or appliance information

Responsibility

Claims Management staff

When to use

Use this instruction to request the required information if a claim has not been registered or when a request is incomplete, relating to an aid or appliance.

Instruction

Step 1

To minimise the number of requests for information to the client or provider, try to ascertain whether there is enough information to make a decision, assuming the request meets all other criteria.

See [Review aid or appliance information](#).

Step 2

Request the missing information.

If the...	then...
claim is not registered	<ul style="list-style-type: none"> • search for the provider in Eos • in the provider record, create and send a letter requesting the information: Add (generate) a document from a template
invoice is not complete	<ul style="list-style-type: none"> • open the Check Invoice task in Eos • create sub-task Follow up Document/Report, see Generate and complete sub-tasks • if phoning for the information, see Edit a contact

If the...	then...
prior approval request is not complete	<ul style="list-style-type: none"> return the invoice to the provider, requesting the necessary information create sub-task Follow up Document/Report, see Generate and complete sub-tasks return it to the provider, requesting the necessary information
information is a destroyed file	email recordsmanagement@acc.co.nz for guidance

Step 3

Put the task on hold.

Step 4

When you receive the requested information, close the Follow up Document/Report sub-task in Eos.

What happens next

If the information is...	then...
provided in the expected timeframe	go to Check aid or appliance claim details to re-determine if the request is complete
not received in the expected timeframe	go to Decline aid or appliance request

[Back to process map ↑](#)

Determine aid or appliance funding

Responsibility

Claims Management staff

When to use

Use this instruction to confirm ACC's responsibility for the funding of an aid or appliance.

Instruction

Step 1

See: [Accident Services: Guide to DHB & ACC staff](#)

Step 2

If the funding is...	then...
ACC's responsibility	go to Review aid or appliance information
not ACC's responsibility	go to Decline aid or appliance request

[Back to process map ↑](#)

Review aid or appliance information

Responsibility

Claims Management staff

When to use

Use this instruction to check if all information needed to make a decision is correctly loaded against a claim relating to an aid or appliance. Request further information if necessary from relevant parties, eg Branch Medical Advisor.

Instruction

Step 1

Check the client history in Eos for any medical information.

Step 2

See [Decision making tool for social rehabilitation](#).

Step 3

If there is...	then...
sufficient information	go to Make aid or appliance entitlement decision
insufficient information	go to Step 4

Step 4

Investigate the request by contacting either the:

- client
- provider, medical practitioner or health practitioner
- Branch Medical Advisor.

If requesting information from the...	then...
client	<ul style="list-style-type: none"> • phone the client • generate a letter in Eos, if required. See Add (generate) a document from a template
provider, medical practitioner or health practitioner	<ul style="list-style-type: none"> • in Medical Fees Processing (MFP), generate a purchase order requesting information • in Eos, Put a task on hold • send a copy of the client's signed authority to collect relevant records

Step 5

Advise the client of any delays.

What happens next

If the information is...	then...
provided in the expected timeframe	go to Make aid or appliance entitlement decision
not received in the expected timeframe	go to Decline aid or appliance request

[Back to process map ↑](#)

Make aid or appliance entitlement decision

Responsibility

Claims Management staff

When to use

Use this instruction when there is enough information to make an entitlement decision relating to an aid or appliance request.

Instruction

Step 1

Consider the following when making your approval decision:

- cover for injury
- pre-existing condition

See [when to provide an aid or appliance](#).

Step 2

Determine whether this is either a payment of invoice or prior approval entitlement relating to an aid or appliance, and scan the relevant documents into the system.

Step 3

If the request is...	then...
approved and is for prior approval	<ul style="list-style-type: none"> load prior approval and issue notification this process ends
approved and is an invoice	go to Determine if prior approval is required
declined	go to Decline aid or appliance request

[Back to process map ↑](#)

Determine if prior approval is required

Responsibility

Claims management staff

When to use

Use this instruction to determine whether prior approval of an invoice is required, relating to an aid or appliance request.

Instruction

Step 1

Consult information on what aid or appliance invoice requests require prior approval. See [when to provide an aid or appliance](#).

Step 2

If the invoiced request...	then...
does not require prior approval	<ul style="list-style-type: none"> write the relevant service code next to the total being paid forward the invoice to the Invoice Processing Team, see Process Invoice
requires prior approval and a purchase approval does exist	<ul style="list-style-type: none"> check that the purchase approval details match those on invoice ensure that the purchase approval number is written on invoice forward the invoice to the Invoice Processing Team, see Process Invoice
requires prior approval and a purchase approval does not exist	<ul style="list-style-type: none"> load and check the purchase approval forward the invoice to the Invoice Processing Team, see Process Invoice

Step 3

If the amount to be paid differs from the invoice total, complete and attach an [ACC161 Proforma invoice](#) form to the front of the original invoice. The provider will be notified about any reduction via their remittance advice.

[Back to process map ↑](#)

Decline aid or appliance request

Responsibility

Claims Management staff

When to use

Use this instruction when it has been decided to decline a funding request for an aid or appliance.

Instruction

Step 1

Phone the client to inform them that the request has been declined.

Step 2

Complete an [ACC850 Decision Rationale – Internal form](#) for the Team Manger to sign off prior to sending out the decision letter.

Step 3

Send a decision letter to the client and copy (CC) to the provider.

See [Add \(generate\) a document from a template](#).

Step 4

Write "decline" on the invoice.

Step 5

Forward the invoice to the Invoice Processing Team.

Step 6

Send a receipt back to the provider.

[Back to process map ↑](#)

Released under the Official Information Act 1982

Assessing a client's increased electricity charges

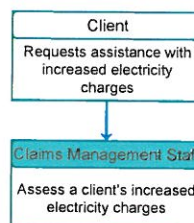
ACC needs to accurately identify the power consumption of a specific injury-related aid or appliance when we are contributing to a client's increased electricity costs. This is administered under the 'other social rehabilitation' legislative provisions.

Contact

Last review 20 Jul 2017

Next review 20 Jul 2018

Click on a shaded box for instruction details



[Show all instructions](#)

Assess a client's increased electricity charges

Responsibility

Claims Management Staff

When to use

Use this instruction to calculate ACC's contribution to injury-related increased electricity costs due to running an aid or appliance.

Instruction

Step 1

Ask the client to provide copies of their power accounts, including at least one power account for the household **before** the injury-related aid or appliance was provided. If the aid or appliance has been in place for a long time and there is no comparative power account available, go to step 2.

Step 2

Assess the hours the aid or appliance is used, eg a charger for an electric wheelchair might be used for 10 hours per night. If necessary, obtain the information to confirm electricity usage from the assessor, equipment supplier or manufacturer. Online product specifications may also provide this information.

Step 3

Determine the actual power consumption of the aid or appliance. Local power companies are able to provide information on power usage and running costs.

Step 4

Multiply the power consumption of the aid or appliance by the number of hours it is used.

Example:

A 2kW heat pump uses 2 electricity units per hour at a total cost of 55c per hour. The heat pump is running for 8 hours a day. This would equate to increased electricity costs of \$4.40 a day. Calculation: 8hrs x 55c = \$4.40.

Step 5

Cross check with the client's household electricity account.

Step 6

Use the criteria listed in [Injury-related increased electricity charges](#) and the Delegations Manual to determine whether we will contribute to any increased costs. You must consult a Team Manager or Technical Claims Manager.

Step 7

Advise client whether we will accept or decline responsibility for any increased electricity charges in a formal letter.

What happens next

This process ends.

[Back to process map ↑](#)

Released under the Official Information Act 1982

Guide and assistance dogs

Contact

Last review 22 May 2013

Next review 22 May 2014

Introduction

- Guide dogs assist clients with a visual impairment.
- Assistance dogs assist clients with significant functional limitations.

Requests to fund guide or assistance dogs are considered on a case-by-case basis. This means that whilst one option to meet the client's needs may be a guide or assistance dog, ACC needs to consider all options.

Rules

The Royal New Zealand Foundation for the Blind (RNZFB) assesses if the client is suited to guide dog assistance. Then we will assess the client's rehabilitation needs through a social rehabilitation assessment, carried out by a contracted assessor.

A request for an assistance dog can be assessed directly by a contracted social rehabilitation assessor.

The social rehabilitation assessment must identify if a guide or assistance dog is cost-effective that will assist the client to achieve an agreed rehabilitation outcome.

Exclusions

Costs for the care of the dog after it has been placed with the client are not included, eg dog food.

When we decide to fund a guide or assistance dog, we must inform the client about the limitations of our funding and explain exactly what we can provide.

Funding and training

Guide dogs

Funding for guide dogs is provided in two stages:

- The first stage begins after we have assessed the client's needs and decided to fund the guide dog. It involves our contributing to the RNZFB's preliminary costs, such as initial breeding, selection and animal training costs, when the dog is first placed with the client.
- The second stage begins when the client is trained to work with the dog. Because this assists the client to acquire skills to increase their independence, the funding and training is provided via a Training for Independence contract.

If you receive a request to fund a guide dog to meet a client's injury-related needs, you should forward the request with appropriate assessments to either Customer Service Technical Support or to the National Serious Injury Service (NSIS) for consideration, if applicable.

Assistance dogs

The Mobility Assistance Dogs Trust selects, trains and places dogs with people with disabilities. These dogs provide a greater level of independence with daily activities and companionship.

Any request to fund an assistance dog should be forwarded, with the appropriate assessments, to either Customer Service Technical Support or to the NSIS for consideration, if the client is managed by the NSIS.

For further information, see: [Visual impairment services](#)

Managed rehabilitation equipment service (MRES)

Contact

Last review 09 Aug 2016

Next review 09 Aug 2017

Introduction

Rehabilitation equipment is a reusable aid that assists a client with their daily living activities. This includes a wide range of equipment, eg a buttering board to assist with meal preparation or a power chair. We're responsible for assessing our clients' needs and providing the rehabilitation equipment required as a result of personal injury.

Rehabilitation equipment falls under the category of [Aids and appliances](#). You can visit this page for information on other aids and appliances, descriptions, decision-making, and coverage.

Who can receive rehabilitation equipment?

A client is eligible to receive rehabilitation equipment if they have:

- an accepted claim, and
- an entitlement to receive funding for rehabilitation equipment (social or vocational).

Exclusions

We're not responsible for providing equipment if the:

- client already has equipment (in usable condition) that functions the same way as the equipment recommended in the assessment
- equipment is more expensive than an item strictly required to meet the client's identified needs
- equipment (or any item used in association with the equipment) requires replacement due to client neglect, abuse or misuse
- client, after injury, disposed of a piece of suitable equipment that had a similar function.

See [AC Act 2001, Schedule 1, Part 1, Clause 13](#).

Other contracts that include equipment provision

Equipment is primarily provided to clients via the Managed Rehabilitation Equipment Services contract. However, there are a number of other contracts under which equipment can be provided to clients:

- Accident & medical and rural GP contracts
- Ancillary treatment
- Housing modifications
- Elective surgery contract
- Public health acute services contract
- Specialised Spinal Cord Active Rehabilitation Services contract
- Transport for Independence (TFI) – vehicle modifications
- Services for the Blind

Delegations

For equipment delegations, refer to the delegations for Aids and Appliances that apply to equipment, found in [Delegations part 7.4.7](#).

Artificial limbs (Artificial Limbs Service)

Contact

Last review 14 Aug 2013

Next review 14 Aug 2014

Introduction

Artificial Limb Services provide clients who have lost a limb with an artificial limb or prosthetic appliance to meet their individual needs and restore their independence to the maximum extent practicable.

The New Zealand Artificial Limb Service (NZALS) is the sole contracted supplier of prosthetics to ACC. NZALS source limb components from local and international suppliers, fabricate limbs, fit them to clients and provide support and training in how to use the limb.

Who is this service for?

The Artificial Limb Service is for clients who have had limbs or fingers amputated as a result of an injury.

Eligibility criteria for purchasing prosthetics

ACC will pay the full cost of providing a prosthetic for clients who meet all of the following criteria:

- the prosthetic is required as a result of an injury
- the claim has been accepted for cover
- the client has been assessed as needing the prosthetic by the NZALS Limb Centre Clinical Team
- the prosthetic is necessary, appropriate, and required quality to help the client regain their independence.

ACC will pay the full cost of repair or replacement if a limb is damaged and the damage is a new personal injury accepted for cover, ie a new claim.

[Cover criteria for dentures and prostheses](#)

Prosthetic fingers

ACC can provide silicone prosthetic fingers for clients who have lost fingers as a result of an injury.

Extent of ACC's liability fund

The client's lifestyle needs to be taken into account when deciding whether to fund an artificial limb or prosthetic finger. A person with an active lifestyle will need a more durable limb. Similarly, prosthetic fingers may not be suitable for all clients and funding decisions should consider the client's lifestyle and occupation.

ACC may consider purchasing a limb for the purpose of sporting or recreational activities, where a request has been made for a recreational limb.

[Aids and appliances - decision-making factors](#)

Purchasing more than one prosthetic for the same injury

In some cases a client may need a second prosthetic ACC will consider funding a second limb when:

- the second limb is needed for work purposes, eg a limb that is more durable
- the second limb is considered necessary to meet the client's individual mobility and safety management needs taking into account their lifestyle at time of injury.

ACC will not consider purchasing a second limb just because there is a more sophisticated model available.

Payment and delegations

Payment rates for reports and services

Costs for reports and services are held under [Contracted providers search and contact lists](#). To view these:

- select 'Artificial Limbs' from the **Service Type** dropdown menu and click **Search**
- click on a provider name
- click the 'Artificial Limbs' link under 'Specific service information'
- click on 'Pricing' in the **Related Links** window.

Delegations and prices for artificial limbs

Approvals for different levels of purchase are located in the delegations manual.

For non serious injury claims, search for 'Artificial Limbs' in section [7.4 Rehabilitation \(for non-serious injury claims\)](#).

For delegations on Serious Injury claims search for 'Artificial Limbs' in section [7.5 Rehabilitation - National serious injury service](#).

Payment for new or replacement artificial limbs

Use the following table to determine the action after receiving an invoice for artificial limbs.

If the invoice for a new or replacement artificial limb...	then...
is the same as or less than the approved amount	pay the invoice within 30 days of the invoice date.
is higher than previously approved	<ul style="list-style-type: none"> • the case owner must gain a written explanation from the limb centre prior to payment • the invoice must be paid within 30 days of receiving a satisfactory explanation.

[Invoice codes for artificial limbs](#)

Key features

The key features of the Artificial Limb Service are:

- assessment reports
- supply and fitting of new artificial limbs and prosthetic fingers
- replacement of existing artificial limbs and prosthetic fingers
- repair of artificial limbs and prosthetic fingers
- managing clients' individual rehabilitation plans.

[Goals of the Artificial Limb Service](#)

Service details

[Limb centres](#)

[New limbs](#)

[Replacement limbs](#)

[Limb repair](#)

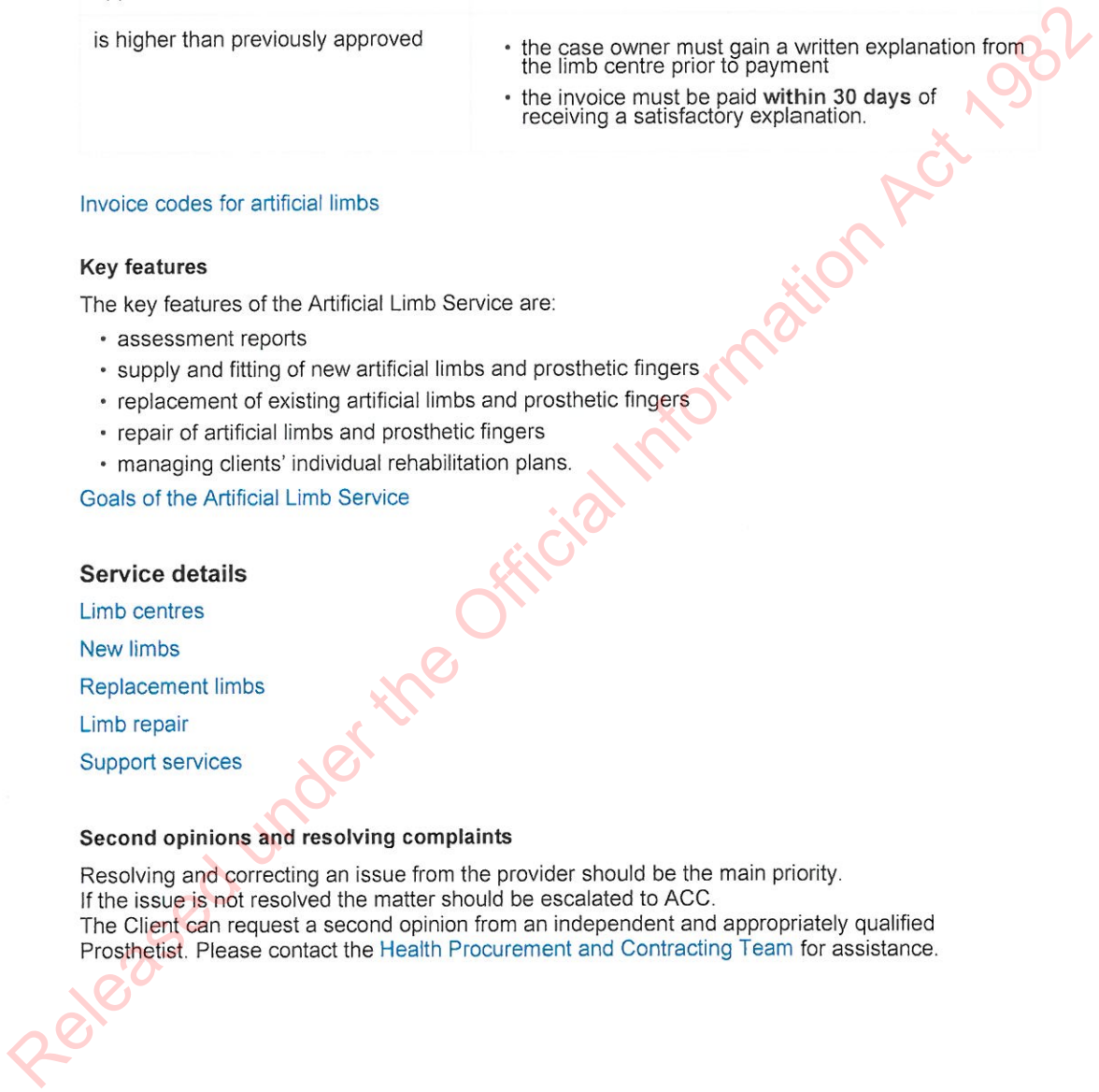
[Support services](#)

Second opinions and resolving complaints

Resolving and correcting an issue from the provider should be the main priority.

If the issue is not resolved the matter should be escalated to ACC.

The Client can request a second opinion from an independent and appropriately qualified Prosthetist. Please contact the [Health Procurement and Contracting Team](#) for assistance.



Types of visually impaired rehabilitation services

Contact

Last review 01 Sep 2017

Next review 01 Sep 2018

Managing extended discretion

Introduction

This page describes the various types of rehabilitation services used for our visually impaired clients.

Daily living activities services

These services provides the client with training in self help and independent living skills to maximise their independence in everyday life.

The services include:

- a detailed assessment of the client's activities of daily living needs. The assessment report should specify the numbers of hours of activities of daily living training required and the approximate date the service will be completed
- training in the any of the following areas:
 - personal hygiene and grooming
 - maintaining safety
 - managing medication and health-related issues
 - household tasks such as doing laundry, ironing, cleaning, gardening, removing the rubbish etc
 - leisure activities
 - shopping
 - preparing, serving, and eating meals
 - using the phone
 - banking and money identification
 - using and maintaining equipment for independence
 - home maintenance and simple repairs
 - childcare
 - dressing, clothing care and organisation.

Orientation and mobility services

These services provide the client with training to give them the skills they need for independent mobility.

The services include:

- a detailed assessment of the client's orientation and mobility needs. The report specifies the numbers of hours of orientation and mobility training required and the approximate date the service will be completed
- development and implementation of an individually tailored orientation and mobility programme
- training to identify surroundings, including home, community, work, and school, as appropriate
- training to travel to destinations safely and independently, including catching the bus, walking, catching a taxi, and so on
- training to use orientation and mobility equipment, eg canes.

Literacy and communication services

These services provide the client with the necessary skills to achieve greater independence in everyday life and to enter into a vocational rehabilitation (VR) programme with one of our contracted VR providers.

The services include:

- a detailed assessment of the person's literacy and communication needs. The assessment report should specify the numbers of hours of literacy and communication training required and the approximate date the service will be completed
- instruction and coaching in how to access information
- learning new reading and writing skills, such as braille
- learning how to use adaptive technology.

Counselling services

Counselling services provide clients with ways to deal with stress and trauma associated with visual impairment.

The RNZFB counselling service does not include counselling by a registered psychologist or psychiatrist. If the client's GP supports or recommends this treatment, use registered external providers.

The services include:

- counselling for depression and grief resulting from visual impairment
- counselling for emotional, social, behavioural and cognitive impacts
- the development of future coping strategies
- counselling for impact of loss of sight on sexuality
- anger management
- motivational skills
- assertiveness training.

Specialised equipment for independence services

The purpose of these services is to provide items to help the client function as independently as possible.

RNZFB is specifically contracted to provide equipment for people with a visual impairment. This type of equipment is excluded from the Managed Rehabilitation Equipment Services (MRES) contract.

Equipment for independence covers manufactured items to help clients carry out their daily living activities. These can be identified as cost-effective alternatives to other types of support.

How to pay for the equipment

To pay for equipment supplied by the provider to the client, see [Paying for visually impaired services](#).

Types of specialised equipment

Specialised equipment for visual impairment includes:

- | | |
|---|---|
| <ul style="list-style-type: none"> • adaptive technology, including training and installation • bold line pads • braille board games • braille clock • electronic braille display • braille embosser • braille labellers and tape • braille paper • braille playing cards • braille timer • braille watch • canes • closed circuit television system with monitor • dictaphone • electronic mobility devices • electronic voice organisers • environmental modifications, eg enhanced illumination levels • felt tip markers • glare resistant glasses • hand magnifiers • large print dymotape labellers and tape • large print telephones • low vision clock | <ul style="list-style-type: none"> • low vision watch • magnifying lamps • monoculars • perkins braille with accessories • PC and printer • scanner and software • screen magnification software or hardware • screen readers • self-threading needles • signature templates • slate and stylus • software speech • standard 4-track tape recorder with toning indexing • stand magnifiers • talking book • talking clock • talking microwaves • talking mobile phones • talking scales (kitchen or bathroom) • talking tape measure • talking watch • task lighting • training package for keyboarding skills • writing frames |
|---|---|

Transcription service

The transcription service turns printed text into formats that clients who are visually impaired can read or listen to.

We can use the RNZFB transcription service for transcribing our information into formats that are easily accessible for the client. This can include fact sheets, pamphlets, letters and the IRP.

The service includes turning print into any of the following formats:

- braille
- disc
- electronic
- audio
- tactile diagrams
- collage.

How to get items transcribed

Claims management staff:

- determine the number of items to be transcribed
- fill in the [ACC076 Services for the blind - RNZFB rehabilitation services request form](#) (111K) detailing the transcription work to be completed.

Further transcriptions

If the client or the rehabilitation provider asks for extra items to be transcribed, the provider refers the request to the claims management staff for approval before they begin the transcription.

Released under the Official Information Act 1982

Overseas claims

Contact

Last review 27 Jan 2016

Next review 27 Jan 2017

Introduction

An overseas claim is where a client already has cover for a personal injury and qualifies for entitlements and now lives outside of New Zealand. Overseas claims do not apply to clients [ordinarily resident](#) in New Zealand who incur an [injury while overseas](#) and seek cover for their injury on their return to New Zealand.

Rules

Overseas clients include [overseas visitors](#) who have worked in New Zealand and who may need further rehabilitation after they've left New Zealand.

Overseas clients are required to continue to participate in their rehabilitation and may also be required to return to New Zealand at their own expense for assessments in order to maintain any weekly compensation payable.

Entitlements

Under current legislation we can continue to [pay overseas clients](#) Weekly Compensation or Independence Allowances/Lump Sum entitlements. The client must provide a medical certificate from their overseas medical practitioner confirming their capacity for work as a result of their injury, unless National Serious Injury Service (NSIS) certification exemption applies.

See also [Paying overseas client](#).

ACC can only pay or contribute towards client rehabilitation goods and services overseas where:

- the product is delivered in New Zealand or the service is provided in New Zealand and
 - payment for the rehabilitation is made from a New Zealand bank account and
 - ACC quality control requirements, for specific goods and services, must be met.

This means that ACC may be able to pay the costs of rehabilitation for:

- overseas clients when they return to New Zealand for that rehabilitation (clients would be required to meet travel costs themselves) and then return overseas with the rehabilitation product, eg a client returns to New Zealand to be fitted with a new wheelchair
- overseas clients who have a New Zealand delivery address, when the products don't need to be fitted, eg stump socks and medical consumables
- clients in New Zealand receiving rehabilitation from overseas providers, eg overseas surgeons who provide treatment for ACC clients in New Zealand
- services from a New Zealand-based provider to an overseas client, eg counselling and teacher aides via email, telephone and Skype. This excludes attendant care. See [providing attendant care overseas](#) for guidance.

If you think your overseas client would benefit from the provision of rehabilitation services from a New Zealand-based provider, and the rehabilitation meets these requirements, to check whether quality controls are met and it is appropriate for ACC to fund the service, please contact:

- Manager Corporate Clinical Advice
- Manager Rehabilitation
- National Manager Psychology and Mental Health (for counselling and psychological services).

Overseas Claims Unit (OCU)

The OCU is responsible for managing claims where clients reside overseas and are in receipt of weekly compensation payments, including sensitive claim clients.

We must ensure that overseas claims are identified and transferred to the OCU when appropriate. Overseas claims may be identified either:

- by six-monthly reporting, coordinated by the OCU
- when the client advises their case manager that they're living or moving overseas.

Six-monthly reporting

The OCU coordinates two types of reports to identify claims that should be transferred to them.

- In April and October each year, the OCU asks case managers via the area business managers to identify potential overseas claims within their case load
- The Business, Analysis, Information and Reporting team (BIAR) runs a manual report to identify all claims with an overseas address. The OCU checks this report to confirm whether these clients meet OCU transfer criteria.

After each report, the OCU will follow up directly with the relevant branches and business units to confirm whether transfer is appropriate.

Overseas indicator

If you transfer a claim to the OCU you must activate the 'Overseas More Than 3 Months' Party flag in Eos to show that the client is or will be living outside New Zealand for longer than three months.

When to transfer a claim to the OCU

Before transferring a claim to the OCU you must ensure the client meets OCU criteria.

Consider [transferring a claim to the OCU](#) when a client is in receipt of weekly compensation and either:

- the OCU identifies through regular reporting that transfer is appropriate
- the client confirms that they are leaving New Zealand for longer than three months
- the client already resides overseas permanently, ie they've provided us with a permanent overseas physical address
- the client is an [overseas visitor](#) who meets the all of following criteria:
 - they were working in New Zealand while visiting, ie paying NZ tax
 - they were injured in New Zealand and are eligible for weekly compensation
 - they require ongoing assistance from ACC after leaving New Zealand.

Exceptions

Do not transfer the claim to the OCU if:

- the client is managed by the National Serious Injury Service (NSIS)
- the claim is a 'payment only' claim under [Accident Compensation Act 1982, Section 60](#)
- the client is receiving Independence Allowance (IALS) only
- the claim is a complex cover assessment claim, eg Treatment Injury
- the client is a non-earner and has previously been managed in a branch.

Short term absences

If a client is in receipt of weekly compensation and is on holiday or living overseas for less than three months:

- you must manage them as if they were on holiday within New Zealand.
- we'll only pay them Weekly Compensation or IALS entitlements. You must pay any entitlements into a New Zealand bank account. See [Payments to clients outside NZ](#)
- we do not pay for any GP visits, treatment, rehabilitation or social rehabilitation. See [AC Act, Section 128](#).
- they're still required to participate in any vocational rehabilitation outlined in their Rehabilitation Plan, but at their own expense.