**Braemar Hospital Copy**

The information below is to be provided to Braemar Hospital for any procedure not needing prior approval from ACC (see Appendix 4 of the Operational Guidelines, as outlined from page two of this document)



**Braemar Hospital**

**28 Ohaupo Road, P O Box 972**

**Hamilton**

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| --- |
| **Client & Claim Details**  |
| Claim Number:  |   |
| Full Name:  |   |
| Date of Birth:  |   |
| NHI Number:  |   |
| Specialist Name:  |   |
| Date of injury:  |  |
| Date of First Presentation to ED/GP/A&E etc.:  |  |
| Date of Specialist Consult:  |   |
| **Treatment Details**  |
| Recommended Surgical Treatment:  |   |
| Body Site to Be Treated:  |   |
| Body Side *(Left, right, both or NA)*:  |   |
| Proposed Surgery Date:  |   |
| **Procedure Details (for each procedure)**  |
| ACC Procedure Code: *(If non core please indicate)*  |   |
| Procedure Description:  |   |
| ACC Procedure Code 2: *(If non core please indicate)*  |   |
| Procedure Description 2:  |   |
| **The client has cover for the original injury requiring surgery as outlined:** | YES / NO – cover on claim is:  |
| **The injury occurred within 6 weeks of assessment:**  | YES / NO / N/A |
| **The injury occurred within 12 weeks of assessment:**  | YES / NO / N/A |
| **The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB:**  | YES / NO / N/AACC or DHB paid:  |

*Assessment Report & Treatment Plan (ARTP)*

# Appendix 4 – Non-Prior Approval Procedures

**What are Non-Prior Approval Procedures?**

These are procedures codes that represent clinically low risk elective surgeries which we rarely decline, such as the removal of metalware. The list of these are included in the table below.

**Note:** ACC may amend this list as required and will provide you with reasonable notice of any changes.

Procedures that meet the corresponding conditions in the Non-Prior Approval Procedures List below are exempt from the funding approval, this means they can be provided to the Client without completing an ATRP. These procedures do not require prior approval from ACC. You may complete the treatment and following the standard invoicing process from clause 13 in the Operational Guidelines.

**Note:** ACC reserves the right to exclude specific Suppliers from using the NonPrior Approval Procedures List. ACC will contact these suppliers directly to advise they cannot use the list. This means they must complete the funding approval process and complete an ATRP to obtain ACC approval prior to providing treatment to the client.

## The Non-Prior Approval Procedures List

|  |  |  |
| --- | --- | --- |
| Procedure Code  | Procedure Description  | Conditions that must be met to be eligible for exemption from the Funding Approval  |
| AFT220  | ORIF Calcaneous - Simple  | The client has cover for a calcaneal fracture which has occurred within 6 weeks of assessment  |
| AFT226  | ORIF uni-malleolar fracture  | The client has cover for fracture occurred within 6 weeks of assessment  |
| AFT231  | ORIF of Lisfranc fracture/dislocation - Simple  | The client has cover for fracture and ligament disruption, which has occurred within 12 weeks of assessment  |
| AFT233  | ORIF phalanx fracture Single  | The client has cover for a phalangeal fracture which has occurred within 6 weeks of assessment  |
| ELF09  | ORIF Fracture Radius or Ulna  | The client has cover for a radial or ulna fracture which has occurred within 6 weeks of assessment  |
| ELF21  | Removal of plate and screws - Radius  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| ELF22  | Removal of plate and screws - Ulna  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| ELF23  | Remvl Flex Intramedullary NailRadius/Ulna inc TEN  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| ELF24  | Removal of Tension Band Wiring Elbow  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| GOP20  | Removal of plate & screws not elsewhere specified  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| GOP21  | Removl screws not elsewhr spec x1-3, inc diastasis  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB   |
| GOP22  | Removal wires/pins not elsewhere specified 1 -3  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| GOP23  | Removal wires/pins not elsewhere specified >3  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| GOP24  | Removal screws not elsewhr spec >3, incl diastasis  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| HIT20  | Primary removal of plate and screws Femur  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| HIT21  | Removal of Intramedullary Femoral Rod  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| HIT22  | Rmvl Intramedul Femor Rod Locking Screws x1-3 only  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| KNE13  | ORIF # Tibia or Fibula  | The client has cover for a tibia or fibula fracture which has occurred within 6 weeks  |
| KNE20  | Removal of plate and screws Tibia  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| KNE21  | Removal of Intramedullary Tibial Rod  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| KNE22  | Removal Intramedullary Tibial Rod Locking Screws  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| KNE23  | Removal of Tension Wiring Patella  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB  |
| KNE81  | Knee ACL Single Bundle Reconstrctn, arthrosc/open  | The client has cover for an ACL rupture.  |
| KNE91  | KNE81 w Meniscal Repair &/or Outerbridge drilling  | The client has cover for an ACL rupture and meniscal tear.  |
| OTY100  | Closed reduction of Fractured Nose - Simple  | The client has cover for a nasal fracture which has occurred within 6 weeks of assessment  |
| NRV02  | Delayed repair of digital nerve  | The client has cover for the original injury requiring surgery.  |
| SHU07  | ORIF Clavicle  | The client has cover for fractured clavicle which has occurred within 6 weeks of assessment  |
| SHU08  | Open Reduction of AC Dislocation  | The client has cover for an AC joint dislocation (grade 3) which has occurred within 6 weeks of assessment  |
| SHU16  | ORIF Humeral Fracture  | The client has cover for a humeral fracture which has occurred within 6 weeks of assessment  |
| SHU20  | Removal of plate and screws Humerus  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB.  |
| SHU21  | Removal of Intramedullary Humeral Rod  | Yes, on the assumption they have cover/ ACC paid for original surgery or it occurred in the DHB.    |
| SHU23  | Removal of plate and screws Clavicle  | The client has cover for the original injury requiring surgery and ACC paid for original surgery or it occurred in the DHB.  |
| SKP01  | Removal of foreign body  | The client has cover for the original injury requiring surgery.  |
| WAH101  | ORIF phalangeal fracture – Simple  | The client has cover for fractured phalanx which has occurred within 6 weeks of assessment  |
| WAH104  | ORIF metacarpal fracture – Simple  | The client has cover for a metacarpal fracture which has occurred within 6 weeks of assessment  |
| WAH106  | Corrective osteotomy of phalanx  | The client has cover for fractured phalanx which has occurred within 12 weeks of assessment  |
| WAH117  | Single amputation - digit  | The client has cover for the original injury requiring surgery.  |
| WAH123  | Repair flexor tendon digit or palm  | The client has cover for the original injury requiring surgery.  |
| WAH124  | Repair flexor tendon wrist or forearm – proximal to the carpal tunnel  | The client has cover for the original injury requiring surgery.  |
| WAH125  | Repair extensor tendon – digit or hand/wrist or forearm  | The client has cover for the original injury requiring surgery.  |
| WAH135  | ORIF scaphoid or other carpal bone (Hook of Hamate)  | The client has cover for a carpal fracture which has occurred within 12 weeks of assessment  |
| WAH158  | ORIF distal radius  | The client has cover for a radius fracture which has occurred within 6 weeks of assessment  |
| WAH168  | Repair Nail Bed  | The client has cover for a Nail injury which has occurred within 12 weeks of assessment  |