

# ACC Policy Analysis & ECP Health Clinic Compliance Strategy

Regulatory Framework, Evidence Requirements & Pathway to ACC Provider Status | June 2026

This document analyses New Zealand's Accident Compensation Corporation (ACC) policies, legislative requirements, and treatment coverage criteria, mapping ECP therapy and ECP Health Clinic's service model against those requirements to identify the strongest pathway to ACC-funded provider status.

## 1. ACC Legislative Framework

ACC operates under the Accident Compensation Act 2001 (NZ). Key provisions relevant to ECP Health Clinic's application:

<b>Coverage trigger</b>	A 'personal injury caused by accident' — including sports injuries, motor vehicle accidents, workplace injuries, slips/falls, fractures, and soft tissue trauma
<b>Treatment entitlement</b>	ACC funds 'treatment' necessary and appropriate to treat the covered injury; includes physiotherapy, specialist consultations, approved non-invasive rehabilitation modalities
<b>Evidence standard</b>	ACC Research team applies evidence-based health care principles. Decisions guided by quality of clinical evidence, safety, and cost-effectiveness
<b>Provider registration</b>	Providers must register with ACC; allied health providers (physiotherapists, specialists) work under regulation or contracted provider agreements
<b>Prior approval</b>	Initial physiotherapy visits do not require prior approval; further treatment and specialist modalities may require ACC32 prior approval form submission
<b>Rehabilitation focus</b>	ACC's mandate is return to work and independence — treatments demonstrating functional restoration align with core ACC objectives

## 2. Covered Injury Types Treatable with ECP

The following injury types commonly covered by ACC are amenable to ECP therapy as an adjunct or primary rehabilitation modality:

Injury Type	ICD-10 Code Range	ECP Therapeutic Mechanism	Evidence Strength
Fractures — long bones, pelvis, spinal	S00–S99 (site-specific)	EPC mobilisation, angiogenesis, bone healing acceleration	Level II–III
Soft tissue injuries — muscle, tendon, ligament	S40–S99, M65–M79	Improved perfusion, reduced inflammation, collagen synthesis	Level II–III
Post-traumatic oedema & haematoma	T07–T14	Compression, venous return, anti-inflammatory reduction	Level II–III
Peripheral vascular injury / limb ischaemia	S40–S99, T08–T14	Collateral vessel formation, limb perfusion restoration	Level I–II (RCT)
Crush injuries / compartment syndrome sequelae	T71, S40–S99	Tissue reperfusion, wound healing, NO-mediated recovery	Level II–III
Burns — vascular recovery phase	T20–T32	Angiogenesis, wound healing acceleration	Level III
Nerve injury — post-traumatic neuropathy	G54–G58, S14–S34	Improved nerve perfusion; evidence from diabetic neuropathy literature	Level III
Post-surgical rehabilitation (orthopaedic)	Z47, Z96–Z97	Enhanced perfusion post-surgery; reduced oedema; faster mobilisation	Level II–III

### 3. ACC Provider Registration Pathway

There are two principal pathways for ECP Health Clinic to access ACC-funded treatment delivery:

#### Pathway A — Allied Health Provider Registration (Physiotherapy/Specialist)

ECP services delivered by or under the supervision of a registered physiotherapist or specialist (cardiologist, vascular specialist) can be funded through existing ACC allied health frameworks. ECP acts as a modality within an approved physiotherapy service:

- ECP is prescribed as an electrotherapy/physical modality alongside physiotherapy — no separate registration required as a device
- The treating physiotherapist registers with ACC as a provider; ECP sessions are included in the treatment plan
- Prior approval (ACC32) submitted for extended courses beyond initial 4–6 visits with clear functional outcomes and evidence references
- This is the most direct and achievable short-term pathway

### Pathway B — Novel Treatment Application via ACC Research Team

For broader coverage as a standalone ACC-funded modality, ECP Health Clinic may submit to ACC's Research and Evidence team for formal review as a novel treatment modality:

- Submit dossier of peer-reviewed clinical evidence (this research pack forms that submission)
- Demonstrate alignment with ACC's rehabilitation objectives (return to work, functional independence)
- Provide safety profile, contraindication screening protocols, and proposed treatment standards
- Reference international regulatory approvals (FDA, ESC, TGA) as evidence of established safety
- Propose a pilot funding arrangement or research partnership with ACC

## 4. Evidence Requirements — ACC Research Standards

ACC's Research team evaluates evidence using internationally recognised standards. The following evidence levels map to ACC's decision framework:

Evidence Level	Study Type	ECP Evidence Available	ACC Weight
Level I	Systematic reviews, meta-analyses of RCTs	Multiple systematic reviews of EECp for cardiac rehabilitation, peripheral vascular disease (PMC4821484, PMC10769479)	Highest
Level II	Randomised controlled trials (RCTs)	Multiple RCTs — Michaels et al. (Circulation 2010); Badtieva et al. (2019); Xu et al. (2024); ESO trial (2025)	High
Level III	Controlled studies, prospective cohorts	Lawson et al. 54-month cohort; Liu et al. 2019 expert consensus; NexIn clinical reviews	Moderate–High

Level IV	Case series, clinical reports	Multiple case reports — diabetic neuropathy; wound healing; peripheral arterial disease	Moderate
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**ECP EVIDENCE VERDICT: The ECP evidence base meets Level I–II standards for peripheral vascular rehabilitation and anti-inflammatory effects, and Level II–III for musculoskeletal rehabilitation, oedema, wound healing, and fracture recovery. This is sufficient for ACC consideration as an evidence-based rehabilitation modality. The therapy's FDA clearance and ESC guideline inclusion provide additional regulatory validation.**

## 5. Recommended Actions for ACC Compliance

Priority	Action	Timeline	Responsibility
1 — IMMEDIATE	Register ECP Health Clinic with ACC as an allied health provider or specialist practice under Accident Compensation (Treatment) Regulations 2020	Month 1–2	ECP Health Clinic Directors + NZ registered allied health clinician
2 — SHORT TERM	Submit this evidence dossier to ACC Research team for novel treatment consideration, referencing FDA clearance, ESC guidelines, and RCT evidence	Month 2–3	ECP Health Clinic + legal advisor
3 — SHORT TERM	Implement standardised ACC intake protocol: clinical assessment, injury documentation, contraindication screening, outcome measurement (SF-36, 6MWT, VAS pain)	Month 1–3	Clinical director

4 — MEDIUM TERM	Initiate pilot study collecting real-world outcomes data from ECP clients with ACC-covered injuries. Partner with Auckland University or AUT for credibility	Month 3–9	ECP Health Clinic + academic partner
5 — MEDIUM TERM	Engage ACC Strategic Purchasing team to discuss co-funding arrangement for injury rehabilitation pathway	Month 4–8	Luke Barwell + business development
6 — ONGOING	Publish New Zealand case series data in peer-reviewed rehabilitation journals to build local evidence base	Month 9–18	Clinical team + academic partner

## References — Document 4

- *Accident Compensation Act 2001 (NZ)*. New Zealand Parliamentary Counsel Office.
- *Accident Compensation (Treatment) Regulations 2020 (NZ)*.
- *ACC Treatment Provider Handbook 2015*. Accident Compensation Corporation, Wellington.
- *ACC1523 — Specified Treatment Provider Costs*. ACC, May 2024.
- *ACC Integrated Care Pathways Musculoskeletal (ICPMSK) Operational Guidelines 2025*.
- *ACC Non-Acute Rehabilitation Pathway Service Contract*. [acc.co.nz/for-providers](http://acc.co.nz/for-providers).
- *Getting prior approval for further treatment — allied health providers*. [acc.co.nz](http://acc.co.nz).