

Claim – Mapping

The following table is provided to assist / guide regards what a standard user would consider the field being used for; this should also assist regards the content expected for that field. The User Interface (UI) field names are not a standard to conform to; the user experience is over to you.

API field	Corresponding UI field
claimID	Claim Number
Vendor	
Vendor/practiceName	Practice Name
Vendor/hpiOrganisationNumber	HPI Organisation
Vendor/hpiFacilityNumber	HPI Facility
Provider	
Provider/ProviderDetails/providerID	ACC Provider Identifier
Provider/ProviderDetails/providerTypeCode	Provider Type
Provider/ProviderDetails/firstName	First Name
Provider/ProviderDetails/middleName	Middle Name or Initials
Provider/ProviderDetails/surname	Family / Surname
Provider/Address/type	Address Type
Provider/Address/line1	Address
Provider/Address/line2	
Provider/Address/suburb	
Provider/Address/city	
Provider/Address/postCode	
Provider/Address/country	
providerDeclaration	Declaration Date
Patient	
Patient/PatientDetails/nhi	NHI Number

Patient/PatientDetails/firstName	First Name
Patient/PatientDetails/middleName	Middle Name or Initials
Patient/PatientDetails/surname	Family / Surname
Patient/PatientDetails/dateOfBirth	Date of Birth
Patient/PatientDetails/gender	Gender
Patient/PatientDetails/ethnicityCode	Ethnicity
Patient/PatientDetails/otherEthnicity	Ethnicity - Other
Patient/occupationCode	Occupation
Patient/Contact/mobilePhone	Mobile Number
Patient/Contact/workPhone	Work Phone Number
Patient/Contact/homePhone	Home Phone Number
Patient/Address/type	Address Type
Patient/Address/line1	Address
Patient/Address/line2	
Patient/Address/suburb	
Patient/Address/city	
Patient/Address/postCode	
Patient/Address/country	

Employment	Employment
Employment/inPaidEmployment	In paid employment?
Employment/employmentStatusCode	Employment option
Employment/otherEmployment	Other employment
Employment/workTypeCode	Usual work type
Employment/Employer/employerName	Employers name
Employment/Employer/Address/type	Address Type
Employment/Employer/Address/line1	Address
Employment/Employer/Address/line2	
Employment/Employer/Address/suburb	

Employment/Employer/Address/city	
Employment/Employer/Address/postCode	
Employment/Employer/Address/country	
Injury	Injury
Injury/accidentDate	Injury Date
Injury/accidentSceneCode	Accident scene
Injury/accidentLocationCode	Accident location (If outside NZ then select 'Overseas')
Injury/causeOfAccident	Provide details
Injury/involvesVehicle	Did the accident involve a moving motor vehicle on a public road?
Injury/medicalTreatmentInjury	This is a claim for treatment injury
Injury/workInjury	Did the accident occur at work?
Injury/sportingInjury	Sports or exercise?
Injury/sportNameCode	Name of sport
Injury/gradualProcessInjury	This is a work related gradual process, disease, or infection claim?
Injury/admittedToHospital	Was the patient admitted to hospital?
Injury/assistanceRequired	Is further assistance required?
Injury/diagnosisComments	Diagnosis comments (optional)
Injury/accContactProvider	ACC to contact me?
Diagnosis/diagnosisCodeType	Read or ICD or SNOMED
Diagnosis/diagnosisCode	Diagnosis code
Diagnosis/diagnosisSide	Side
Diagnosis/diagnosisDescription	Diagnosis description
Fitness for work	Fitness for work
WorkCapacity/canResumeNormalWork	Is the patient fit to continue normal work?
WorkCapacity/incapacityType	Fully unfit for work, or fit for some work
WorkCapacity/Incapacity/DateRange/fromDate	Start date of incapacity period

WorkCapacity/Incapacity/DateRange/toDate	End date of incapacity period
WorkCapacity/incapacity/fullyUnfitForWork, fromDate, toDate	Period of time off work
WorkCapacity/Incapacity/SelectedAlternativeWork/alternativeWorkTypeCode	The patient is fit for the following type of work:
WorkCapacity/Incapacity/SelectedAlternativeWork/physicalRestrictions, andrestrictionComment	Physical restrictions (if relevant)
WorkCapacity/Incapacity/SelectedAlternativeWork/restrictedHoursPerDay	Patient is fit to work X hours per day
returnToNormalWorkDate	Date for returning to normal work
Referral	
Referral/providerTypeCode	Type of treatment referred for
Referral/referralReason	Referral notes