



# ICP Case Create API

## User Interface Guidelines

Version: 1.0 – 21 August 2023

Business Group	Digital Consumed Services
Product Owner	Nathan Bramley

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## VERSION HISTORY

Date	Version	Change
August 2023	0.1	Draft for review
21 August 2023	1.0	Released for socialisation at ICPMSK Software Vendor Update webinar to be held on 22 August 2023.

## 1 INTRODUCTION

ICP Case Create is to be used by the supplier to furnish ACC with the required information directly from their Provider Management Systems, where possible, following the completion of the triage assessment and the decision to accept the patient into their ICP service.

Whilst it is anticipated that the bulk of the content should already exist within a Provider's existing PMS there will be a need for certain values to be input, and / or for others to be amended or changed.

## 2 ASSUMPTIONS

Providers are an authorised ICP supplier and have:

- a valid Digital Certificate;
- a registered ACC Provider ID; and
- and Vendor ID.

### 3 AUTHENTICATION IDENTIFIERS

The information below is already available to the Provider and validated to ensure that there is not an ICP subcase against this claim already.

Where an ICP subcase already exists against this claim display **The claim already has an ICP Subcase** and allow for the Provider to either complete an [ICP Subcase Update](#), complete an [ICP Case Exit](#) or terminate their session

Where no ICP subcase exists then the Provider is required to complete an [ICP Case Create](#).

Current Offering Term	Description & Required Format	Action(s) Required
Provider ID	ACC Provider ID.	Auto populated from Provider's existing PMS system.
Managing Organisation	Either the ACC Vendor ID OR the HPI Organisation Number. Can only contain letters, numbers, and '/', and be no more than 12 characters.	Auto populated from Provider's existing PMS system.
Claim Number	The ACC45 number, or the Eos Claim Number. Current ACC45 # formats being AANNNNN, 99999AA and 9999AAA. The claim number can only contain letters and numbers, no more than 12 characters in all.	Auto populated from Provider's existing PMS system.
Patient Date of Birth	The client's date of birth. Format: YYYY-MM-DD Validation: Must NOT be a future date.	Auto populated from Provider's existing PMS system.

**4 ICP CASE CREATE**

Current Offering Term	Description & Required Format	Action(s) Required												
Status of Case	The status of the ICP case	Set to <b>Active</b> on submission by Provider’s PMS system.												
ICP service type	This is the main classifier for the ICP service type.	Set to <b>MSK</b> on submission by Provider’s PMS system.												
NHI number	Client NHI number. Must contain 7 characters. Format: AAANNNN	Auto populated from Provider’s existing PMS system.												
Referral Date	Format: YYYY-MM-DD Validation: Must NOT be a future date.	Auto populated from Provider’s existing PMS system, or if not present must be entered.												
Triage Assessment Date	The date the triage assessment was completed. Format: YYYY-MM-DD. Validation: Must NOT be a future date.	Auto populated from Provider’s existing PMS system, or if not present must be entered.												
ICP Entry Date	The date of entry into ICP (referral acceptance). Referral acceptance is implication when the first service bundle has been selected Format: YYYY-MM-DD Validation: Must NOT be a future date.	Derived on submission.												
Diagnosis Code Diagnosis Code Type	The diagnoses for the injury being treated.  Diagnosis code type <table border="1" data-bbox="452 1082 1205 1316"> <thead> <tr> <th>Code Table value</th> <th>Code</th> <th>Format</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>READ /SNOMED</td> <td>NNNN</td> </tr> <tr> <td>2.</td> <td>ICD-9</td> <td>ANAN</td> </tr> <tr> <td>3.</td> <td>ICD-10</td> <td>NNN.N</td> </tr> </tbody> </table>	Code Table value	Code	Format	1.	READ /SNOMED	NNNN	2.	ICD-9	ANAN	3.	ICD-10	NNN.N	Auto populated from Diagnosis Code information provided to Provider’s existing PMS system in the <i>ICP Query (Get Incapacity &amp; WC Details) API Specification</i> , but can be updated by the Provider through entry if it is a new diagnosis.
Code Table value	Code	Format												
1.	READ /SNOMED	NNNN												
2.	ICD-9	ANAN												
3.	ICD-10	NNN.N												

Current Offering Term	Description & Required Format	Action(s) Required
<p>Diagnosis Code Value</p>	<p>Diagnosis Code.                      Current available formats:                      SNOMED: NNNNNNNNNNNNNNNNNNN                      READ code NNNN                      ICD-9: ANAN                      ICD-10: NNN.N                      Refer to <b>Appendix A – Body Site (SNOMED)</b> for permitted SNOMED values.</p>	<p>Auto populated <b>from Diagnosis Code information provided on the claim information</b> from Provider’s existing PMS system but can be updated by Provider through entry if a new diagnosis.</p>
<p>Diagnosis Side</p>	<p>Side of injury                      Permitted values:</p> <ul style="list-style-type: none"> <li>• Left</li> <li>• Right</li> <li>• N/A</li> </ul>	<p>Auto populated <b>from Diagnosis Code information provided on the claim information</b> from Provider’s existing PMS system but can be updated by Provider through entry if a new diagnosis.</p>
<p>Covers all claim diagnoses</p>	<p>Indicates whether the ICP case is treating all the diagnoses on the claim.                      Format: boolean</p>	<p>Must be entered.</p>



Current Offering Term	Description & Required Format	Action(s) Required																				
Referral Source Type	<p>The source of the ICP referral, e.g. ACC referral, GP referral, rongoa referral, etc. Refer to table below for permitted values.</p> <table border="1" data-bbox="432 284 1014 916"> <thead> <tr> <th data-bbox="432 284 651 347">Code</th> <th data-bbox="651 284 1014 347">Suggested UI Display</th> </tr> </thead> <tbody> <tr> <td data-bbox="432 347 651 411">gp</td> <td data-bbox="651 347 1014 411">GP referral</td> </tr> <tr> <td data-bbox="432 411 651 475">physio</td> <td data-bbox="651 411 1014 475">Physio referral</td> </tr> <tr> <td data-bbox="432 475 651 539">specialist</td> <td data-bbox="651 475 1014 539">Specialist referral</td> </tr> <tr> <td data-bbox="432 539 651 603">allied</td> <td data-bbox="651 539 1014 603">Other Allied health referral</td> </tr> <tr> <td data-bbox="432 603 651 667">employer</td> <td data-bbox="651 603 1014 667">Employer referral</td> </tr> <tr> <td data-bbox="432 667 651 730">rongoa</td> <td data-bbox="651 667 1014 730">Rongoa referral</td> </tr> <tr> <td data-bbox="432 730 651 794">other</td> <td data-bbox="651 730 1014 794">Other referral type</td> </tr> <tr> <td data-bbox="432 794 651 858">acc</td> <td data-bbox="651 794 1014 858">ACC referral</td> </tr> <tr> <td data-bbox="432 858 651 916">patient</td> <td data-bbox="651 858 1014 916">Patient-led referral</td> </tr> </tbody> </table>	Code	Suggested UI Display	gp	GP referral	physio	Physio referral	specialist	Specialist referral	allied	Other Allied health referral	employer	Employer referral	rongoa	Rongoa referral	other	Other referral type	acc	ACC referral	patient	Patient-led referral	Auto populated from Provider’s existing PMS system, or if not present must be entered by the Provider.
Code	Suggested UI Display																					
gp	GP referral																					
physio	Physio referral																					
specialist	Specialist referral																					
allied	Other Allied health referral																					
employer	Employer referral																					
rongoa	Rongoa referral																					
other	Other referral type																					
acc	ACC referral																					
patient	Patient-led referral																					
Referral Received Date	<p>The date the referral was sent to this ICP supplier.                      Format: YYYY-MM-DD.                      Validation: Must not be a future date.</p>	Auto populated from Provider’s existing PMS system, or if not present must be entered by the Provider.																				
Client Participation Agreement	<p>Indicates that the Client has agreed to participating in ICP.                      Format: Boolean                      Final wording not yet available. ACC waiting on Privacy to confirm wording.</p>	To be entered by Provider.																				
ACC Client Authority	<p>Indicates that the Client has agreed to ACC being able to collect, store, use, &amp; share their information.                      Format: boolean                      Final wording not yet available. ACC waiting on Privacy to confirm wording.</p>	To be entered by Provider.																				

Current Offering Term	Description & Required Format	Action(s) Required												
Service Bundle	<p>Indicates the ICP service bundle selected for the treatment.            Format: string – 7 characters            Refer to <b>Appendix A – Body Site</b> (SNOMED)</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Display (SNOMED)</th> <th>Display</th> </tr> </thead> <tbody> <tr> <td>16982005</td> <td>Shoulder region structure</td> <td>Shoulder</td> </tr> <tr> <td>264072009</td> <td>Lower back region</td> <td>Lower back</td> </tr> <tr> <td>72696002</td> <td>Knee region structure</td> <td>Knee</td> </tr> </tbody> </table> <p>Appendix B – Service Bundles for permitted values</p>	Code	Display (SNOMED)	Display	16982005	Shoulder region structure	Shoulder	264072009	Lower back region	Lower back	72696002	Knee region structure	Knee	To be entered by Provider.
Code	Display (SNOMED)	Display												
16982005	Shoulder region structure	Shoulder												
264072009	Lower back region	Lower back												
72696002	Knee region structure	Knee												
Exceptional Funding Required	<p>Required if exceptional funding is required for this treatment.            Format: boolean</p>	To be entered by Provider.												
Exceptional Funding Rationale	<p>A categorisation of the rationale for the exceptional funding being required.            Refer to <b>Appendix C – Exceptional Funding Rationale</b> for permitted values.</p>	To be entered by Provider.												
Exceptional Funding Supporting Details	<p>Explanation of the reason/rationale need for exceptional funding being required as well as providing further context for the client exit.            Format: String – 500 characters</p>	To be entered by Provider.												
Complexity Questions rating & overall complexity rating (low, medium, high)	<p>The ratings obtained from the ICP complexity assessment/tool template.            Refer to the ICPMSK Complexity tool which can be found here (<a href="#">ICPMSK Complexity Tool v1</a>)            Refer to <b>Appendix D – ICP Complexity Score</b>, for an overview of the Complexity Rating categories</p>	To be entered by Provider after using the <i>ICPMSK Complexity Tool v1</i> .												

On submission of the ICP case creation the validations in **Appendix E - ICP Validation Rules and Response Error Messages** need to be taken into consideration.

**5 ICP SUBCASE UPDATE**

Current Offering Term	Description & Required Format	Action(s) Required												
Status	Must show as <b>Active</b> on entry	Status to remain <b>Active</b> on completion												
ICP service type	Must already show as <b>MSK</b>													
Service Bundle	<p>Indicates the ICP service bundle selected for the treatment.                      Format: string – 7 characters                      Refer to <b>Appendix A – Body Site</b> (SNOMED)</p> <table border="1" data-bbox="383 660 1155 959"> <thead> <tr> <th data-bbox="383 660 573 713">Code</th> <th data-bbox="573 660 929 713">Display (SNOMED)</th> <th data-bbox="929 660 1155 713">Display</th> </tr> </thead> <tbody> <tr> <td data-bbox="383 713 573 794">16982005</td> <td data-bbox="573 713 929 794">Shoulder region structure</td> <td data-bbox="929 713 1155 794">Shoulder</td> </tr> <tr> <td data-bbox="383 794 573 876">264072009</td> <td data-bbox="573 794 929 876">Lower back region</td> <td data-bbox="929 794 1155 876">Lower back</td> </tr> <tr> <td data-bbox="383 876 573 959">72696002</td> <td data-bbox="573 876 929 959">Knee region structure</td> <td data-bbox="929 876 1155 959">Knee</td> </tr> </tbody> </table> <p>Appendix B – Service Bundles for permitted values</p>	Code	Display (SNOMED)	Display	16982005	Shoulder region structure	Shoulder	264072009	Lower back region	Lower back	72696002	Knee region structure	Knee	Auto populated from Provider’s existing PMS system.
Code	Display (SNOMED)	Display												
16982005	Shoulder region structure	Shoulder												
264072009	Lower back region	Lower back												
72696002	Knee region structure	Knee												
Exceptional Funding Required	Required if exceptional funding is required for this treatment. Format: boolean	Auto populated from Provider’s existing PMS system. Only required when Exceptional Funding is Required.												
Exceptional Funding Rationale	A categorisation of the rationale for the exceptional funding being required. Refer to <b>Appendix C – Exceptional Funding Rationale</b> for permitted values.	Auto populated from Provider’s existing PMS system. Mandatory entry when Exceptional Funding Required is “Y”.												

Current Offering Term	Description & Required Format	Action(s) Required
Exceptional Funding Supporting Details	Explanation of the reason/rationale need for exceptional funding being required as well as providing further context for the client exit. Format: String – 500 characters	Auto populated from Provider’s existing PMS system. Mandatory entry when Exceptional Funding Required is “Y”.

<p>Service Bundle Change Rationale</p>	<p>Rationale for Service Bundle Change. Refer to <b>Appendix E - ICP Validation Rules and</b> Response Error Messages</p> <p>This section lists the custom data validations required for the incoming query to be accepted and executed. These are over and above the simple query parameter validations set out above.</p> <table border="1"> <thead> <tr> <th>Scenario</th> <th>Code</th> <th>Error Message</th> </tr> </thead> <tbody> <tr> <td><b>Invalid Provider ID</b> (not found or not active)</td> <td>400</td> <td>The Provider record is not currently active or in use. Please contact ACC Digital Operations via digitaloperations@acc.co.nz</td> </tr> <tr> <td><b>Invalid Vendor ID</b> (not found or not active)</td> <td>400</td> <td>The Vendor record is not currently active or in use. Please contact ACC Digital Operations via digitaloperations@acc.co.nz</td> </tr> <tr> <td><b>Claim number not found</b> (Reference can be ACC45 or Eos CaseNum)</td> <td>400</td> <td>The specified claim number was not found.</td> </tr> <tr> <td>Claim number found but DOB doesn't match</td> <td>400</td> <td>The Claim and specified Patient DOB do not match.</td> </tr> <tr> <td>Cover Status is Held</td> <td>400</td> <td>This claim has not yet been accepted for cover and cannot be entered into ICP. Please contact ACC on 0800 101 996 for more information if required.</td> </tr> <tr> <td>Cover Status is Decline</td> <td>400</td> <td>This claim has been declined for cover and cannot be entered into ICP.</td> </tr> <tr> <td><b>TPA Exclusion</b> If the claim is managed by a Third Party Administrator (TPA) (or has a "Accredited Employer" cover decision?)</td> <td>400</td> <td>This claim is managed by a Third Party Administrator (TPA) and cannot be entered into ICP. Please ask the Client to contact their TPA Provider and discuss having their claim returned to ACC if they would like to enter ICP.</td> </tr> <tr> <td><b>Other ICP Exclusions that can't be overridden</b> <ul style="list-style-type: none"> <li>• If the <u>specified claim</u> has any of the following Specialist Claim Type flags: <ul style="list-style-type: none"> <li>○ Fatal</li> </ul> </li> </ul> </td> <td>400</td> <td>This claim is not eligible for ICP. Please check that the correct claim number has been used.</td> </tr> </tbody> </table>	Scenario	Code	Error Message	<b>Invalid Provider ID</b> (not found or not active)	400	The Provider record is not currently active or in use. Please contact ACC Digital Operations via digitaloperations@acc.co.nz	<b>Invalid Vendor ID</b> (not found or not active)	400	The Vendor record is not currently active or in use. Please contact ACC Digital Operations via digitaloperations@acc.co.nz	<b>Claim number not found</b> (Reference can be ACC45 or Eos CaseNum)	400	The specified claim number was not found.	Claim number found but DOB doesn't match	400	The Claim and specified Patient DOB do not match.	Cover Status is Held	400	This claim has not yet been accepted for cover and cannot be entered into ICP. Please contact ACC on 0800 101 996 for more information if required.	Cover Status is Decline	400	This claim has been declined for cover and cannot be entered into ICP.	<b>TPA Exclusion</b> If the claim is managed by a Third Party Administrator (TPA) (or has a "Accredited Employer" cover decision?)	400	This claim is managed by a Third Party Administrator (TPA) and cannot be entered into ICP. Please ask the Client to contact their TPA Provider and discuss having their claim returned to ACC if they would like to enter ICP.	<b>Other ICP Exclusions that can't be overridden</b> <ul style="list-style-type: none"> <li>• If the <u>specified claim</u> has any of the following Specialist Claim Type flags: <ul style="list-style-type: none"> <li>○ Fatal</li> </ul> </li> </ul>	400	This claim is not eligible for ICP. Please check that the correct claim number has been used.	<p>Mandatory entry when Service Bundle has been changed.</p>
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<b>Invalid Provider ID</b> (not found or not active)	400	The Provider record is not currently active or in use. Please contact ACC Digital Operations via digitaloperations@acc.co.nz																											
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	<ul style="list-style-type: none"> <li>○ Sensitive</li> <li>○ Work-related Mental Injury</li> <li>○ Mental Injury</li> <li>○ If the claim has a “Serious Injury” Other Indicator</li> <li>○ Is an RCU claim (either the party flag or the dept assignment)</li> <li>○ A Te Ara Tika Claim that is not a Staff Claim or High Profile Client</li> <li>○ has <u>another open claim</u> sitting in Partnered Recovery That is not Hapai, staff claims or High Profile</li> </ul> <p>The claim is in Partnered Recovery</p> <hr/> <p><b>ICP exclusions that can be overridden (but unlikely)</b>                      400                      This claim is unlikely to be eligible for ICP. Please check the claim number used. Contact ACC on 0800 101 996 ext. 77097 for more information or have a staff member assess eligibility.</p> <p>If the <u>specified/referred claim</u> has any of the following Specialist Claim Type flags:</p> <ul style="list-style-type: none"> <li>● Gradual Process</li> <li>● Treatment Injury</li> <li>● Hearing Loss</li> <li>● Maternal Birth Injury</li> <li>● Dental</li> </ul> <p>These checks are to be skipped if the “<b>Eligible for ICP</b>” indicator has been set against the referred claim.</p> <hr/> <p><b>ICP exclusions that can be overridden</b>                      400                      This claim requires assessment from an ACC staff member before it can be entered into ICP. Please contact ACC on 0800 101 996 ext. 77097 to discuss.</p> <p>If the claimant on the referred claim:</p> <ul style="list-style-type: none"> <li>● is flagged as a “High Profile Client”</li> <li>● is flagged as “Staff”</li> <li>● has another open claim sitting in a queue other than Partnered,</li> </ul>	
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## 6 ICP CASE EXIT

Provided with current solutions to assist Providers understand what is expected of them by ACC. All are to be considered “Recommended”.

Current Offering Term	Description & Required Format	Action(s) Required																				
Status	Must show as <b>Active</b> on entry.	Set to <b>Finished</b> on submission.																				
ICP service type	Must already show as <b>MSK</b>																					
Exit Date	Date Client exited from ICP. Format: YYYY-MM-DD. Validation: Must NOT be a future date.	Pre-populate with today’s date. Can be updated by the Provider. Mandatory entry.																				
Exit Reason	Reason for exit from ICP. Refer to the table below for acceptable reasons. <table border="1" data-bbox="481 667 1220 1437"> <thead> <tr> <th>Code</th> <th>Display</th> </tr> </thead> <tbody> <tr> <td>goal-achieved</td> <td>Recovery goal achieved</td> </tr> <tr> <td>partially-achieved</td> <td>Recovery goal partially achieved</td> </tr> <tr> <td>goal-not-achieved</td> <td>Recovery goal not achieved</td> </tr> <tr> <td>non-compliance</td> <td>Non-compliance</td> </tr> <tr> <td>alt-services</td> <td>Client opts for alternative ACC services</td> </tr> <tr> <td>new-diagnosis</td> <td>New ACC diagnosis (out of ICPMSK scope)</td> </tr> <tr> <td>not-eligible</td> <td>Not eligible under ACC</td> </tr> <tr> <td>client-moved</td> <td>Client moved out of region</td> </tr> <tr> <td>other</td> <td>Other – please specify</td> </tr> </tbody> </table>	Code	Display	goal-achieved	Recovery goal achieved	partially-achieved	Recovery goal partially achieved	goal-not-achieved	Recovery goal not achieved	non-compliance	Non-compliance	alt-services	Client opts for alternative ACC services	new-diagnosis	New ACC diagnosis (out of ICPMSK scope)	not-eligible	Not eligible under ACC	client-moved	Client moved out of region	other	Other – please specify	Must be selected from available list.
Code	Display																					
goal-achieved	Recovery goal achieved																					
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other	Other – please specify																					



Current Offering Term	Description & Required Format	Action(s) Required
Additional ACC Support Needed	Is any additional support required? Format: Boolean.	Mandatory Entry.
Exit Reason Supporting Details	Explanation of the reason/rationale need for exiting ICP. Format: string – 250 characters Validation: Must be > 0 characters.	Mandatory entry IF: <ul style="list-style-type: none"> <li>Exit Reason is NOT “<i>Recovery goal achieved</i>”, and</li> <li>Additional Support Needed is “Y”</li> </ul>
Additional Support Required	Description of the additional support requirements. Format: string – 500 characters Validation: Must be > 0 characters.	Mandatory entry IF: <ul style="list-style-type: none"> <li>Exit Reason IS NOT “<i>Recovery goal achieved</i>”; and</li> <li>Additional support needed is “Y”</li> </ul>
Outcome Summary	Summary of the client’s outcome. Format: string – 5000 characters Validation: Must be > 0 characters.	Mandatory entry IF: <ul style="list-style-type: none"> <li>Exit Reason IS NOT “<i>Recovery goal achieved</i>”; and</li> <li>Additional support needed is “Y”</li> </ul>

**APPENDIX A – BODY SITE (SNOMED)**

Code	Display (SNOMED)	Display
16982005	Shoulder region structure	Shoulder
264072009	Lower back region	Lower back
72696002	Knee region structure	Knee

## APPENDIX B – SERVICE BUNDLES

Code	Display
icpkar1	Rehab Bundle Payment for Knee Arthroscopy and Debridement Level 1
icpkar2	Rehab Bundle Payment for Knee Arthroscopy and Debridement Level 2
icpkar3	Rehab Bundle Payment for Knee Arthroscopy and Debridement Level 3
icpkrr1	Rehab Bundle Payment for Knee Ligament or Tendon Reconstruction, ORIF, joint replacement Level 1
icpkrr2	Rehab Bundle Payment for Knee Ligament or Tendon Reconstruction, ORIF, joint replacement Level 2
icpkrr3	Rehab Bundle Payment for Knee Ligament or Tendon Reconstruction, ORIF, joint replacement Level 3
icpkrr4	Rehab Bundle Payment for Knee Ligament or Tendon Reconstruction, ORIF, joint replacement Level 4
icpkrr5	Rehab Bundle Payment for Knee Ligament or Tendon Reconstruction, ORIF, joint replacement Level 5
icpspr1	Rehab Bundle Payment for Lower Back or spine Level 1
icpspr2	Rehab Bundle Payment for Lower Back or spine Level 2
icpspr3	Rehab Bundle Payment for Lower Back or spine Level 3
icpspr4	Rehab Bundle Payment for Lower Back or spine Level 4
icpspr5	Rehab Bundle Payment for Lower Back or spine Level 5
icpspr6	Rehab Bundle Payment for Lower Back or spine Level 6
icpspr7	Rehab Bundle Payment for Lower Back or spine Level 7
icpspr8	Rehab Bundle Payment for Lower Back or spine Level 8
icpshr1	Rehab Bundle Payment for Shoulder (incl Clavicle) Level 1
icpshr2	Rehab Bundle Payment for Shoulder (incl Clavicle) Level 2
icpshr3	Rehab Bundle Payment for Shoulder (incl Clavicle) Level 3
icpshr4	Rehab Bundle Payment for Shoulder (incl Clavicle) Level 4
icpshr5	Rehab Bundle Payment for Shoulder (incl Clavicle) Level 5
icpshr6	Rehab Bundle Payment for Shoulder (incl Clavicle) Level 6

## APPENDIX C – EXCEPTIONAL FUNDING RATIONALE

Code	Display
other	Other
comorbidity-factors	Comorbidity Factors
social-support	Social Support
active-participation	Active Participation
patient-resilience	Patient Resilience
medication-use	Medication Use
equitable-access	Equitable Access
health-literacy	Health Literacy
cultural-support	Cultural Support
housing-accommodation	Housing Accommodation
finances	Finances
travel	Travel
return-to-daily-life	Return to Daily Life
return-to-sport	Return to Sport
number-of-disciplines	Number of Disciplines
employment	Employment
workplace-support	Workplace Support
return-to-work-support	Return to Work Support

## APPENDIX D – ICP COMPLEXITY SCORE

### COMPLEXITY MATRIX

Total complexity score (Low, medium, high)	Complexity category	Complexity Question / subcategory score	Low, Medium, High N/A for vocational Qs only
<b>Total complexity</b>			
	Co-morbidities	Co-morbidity factors	
	Psychosocial	Social Support network	
		Active Participation	
		Patient resilience	
		Medication use	
		Equitable Access	
		Health literacy	
		Cultural support	
	Contextual	Housing/ Accommodation	
		Finances	
		Travel	
		Return to ADL's	
		Return to Sport	
	Disciplines	Number of disciplines	
	Vocational ( <b>Note:</b> Earners Only)	Employment	
		Workplace support	
		Return to Work	

## APPENDIX E - ICP VALIDATION RULES AND RESPONSE ERROR MESSAGES

This section lists the custom data validations required for the incoming query to be accepted and executed. These are over and above the simple query parameter validations set out above.

Scenario	Code	Error Message
<b>Invalid Provider ID</b> (not found or not active)	400	The Provider record is not currently active or in use. Please contact ACC Digital Operations via <a href="mailto:digitaloperations@acc.co.nz">digitaloperations@acc.co.nz</a>
<b>Invalid Vendor ID</b> (not found or not active)	400	The Vendor record is not currently active or in use. Please contact ACC Digital Operations via <a href="mailto:digitaloperations@acc.co.nz">digitaloperations@acc.co.nz</a>
<b>Claim number not found</b> (Reference can be ACC45 or Eos CaseNum)	400	The specified claim number was not found.
Claim number found but DOB doesn't match	400	The Claim and specified Patient DOB do not match.
Cover Status is Held	400	This claim has not yet been accepted for cover and cannot be entered into ICP. Please contact ACC on 0800 101 996 for more information if required.
Cover Status is Decline	400	This claim has been declined for cover and cannot be entered into ICP.
<b>TPA Exclusion</b> If the claim is managed by a Third Party Administrator (TPA) (or has a "Accredited Employer" cover decision?)	400	This claim is managed by a Third Party Administrator (TPA) and cannot be entered into ICP. Please ask the Client to contact their TPA Provider and discuss having their claim returned to ACC if they would like to enter ICP.
<b>Other ICP Exclusions that can't be overridden</b>	400	This claim is not eligible for ICP. Please check that the correct claim number has been used.
<ul style="list-style-type: none"> <li>• If the <u>specified claim</u> has any of the following Specialist Claim Type flags: <ul style="list-style-type: none"> <li>○ Fatal</li> <li>○ Sensitive</li> <li>○ Work-related Mental Injury</li> <li>○ Mental Injury</li> <li>○ If the claim has a "Serious Injury" Other Indicator</li> <li>○ Is an RCU claim (either the party flag or the dept assignment)</li> <li>○ A Te Ara Tika Claim that is not a Staff Claim or High Profile Client</li> <li>○ has <u>another open claim</u> sitting in Partnered Recovery That is not Hapai, staff claims or High Profile</li> </ul> </li> </ul>		
The claim is in Partnered Recovery		

Scenario	Code	Error Message
<p><b>ICP exclusions that can be overridden (but unlikely)</b> If the <u>specified/referred claim</u> has any of the following Specialist Claim Type flags:</p> <ul style="list-style-type: none"> <li>• Gradual Process</li> <li>• Treatment Injury</li> <li>• Hearing Loss</li> <li>• Maternal Birth Injury</li> <li>• Dental</li> </ul> <p>These checks are to be skipped if the “<b>Eligible for ICP</b>” indicator has been set against the referred claim.</p>	400	This claim is unlikely to be eligible for ICP. Please check the claim number used. Contact ACC on 0800 101 996 ext. 77097 for more information or have a staff member assess eligibility.
<p><b>ICP exclusions that can be overridden</b> If the claimant on the referred claim:</p> <ul style="list-style-type: none"> <li>• is flagged as a “High Profile Client”</li> <li>• is flagged as “Staff”</li> <li>• has another open claim sitting in a queue other than Partnered, Assisted or Enabled. (This mainly targets “Supported”, but is a bit of a catch-all, just in case.) - Jacs talk about this more</li> <li>• Other open claim with MICPI diagnosis and that is not managed is Assisted or Enabled</li> <li>• A claim that has a MICPI (Mental Injury caused by physical injury) diagnosis code and is not in Assisted or Enabled</li> <li>• Clients with an active Hapai party record indicator</li> <li>• The claim is in Partnered Recovery Actioned cases</li> </ul> <p>Note: claims that have another open claim sitting in Assisted or Enabled are ok to go straight through (no validation errors). These checks are to be skipped if the “Eligible for ICP” indicator has been set against the referred claim.</p>	400	This claim requires assessment from an ACC staff member before it can be entered into ICP. Please contact ACC on 0800 101 996 ext. 77097 to discuss.
<b>The claim already has an ICP Subcase</b>		That claim already has an ICP subcase.

## APPENDIX F – SERVICE BUNDLE CHANGE RATIONALE

Code	Display
other	Other
comorbidity-factors	Comorbidity Factors
social-support	Social Support
active-participation	Active Participation
patient-resilience	Patient Resilience
medication-use	Medication Use
equitable-access	Equitable Access
health-literacy	Health Literacy
cultural-support	Cultural Support
housing-accommodation	Housing Accommodation
finances	Finances
travel	Travel
return-to-daily-life	Return to Daily Life
return-to-sport	Return to Sport
number-of-disciplines	Number of Disciplines
employment	Employment
workplace-support	Workplace Support
return-to-work-support	Return to Work Support