



Claim API Specification

Software Specification

Version 40, September 2023

| | |
|----------------|-------------------|
| Business Group | Consumed Services |
| Manager | Nathan Bramley |

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VERSION HISTORY

| Version | Date | Where | Change |
|---------|----------------|---------------|--|
| 37 | June 2019 | | |
| 38 | February 2022 | | Make claimNumber optional; make referralReason optional; add GET /claimNumber specification. |
| 39 | June 2023 | section 2.1.2 | Renamed the pattern LLNNNNN to AA99999 for consistency across all documentation. Added the two additional Claim Number patterns of '99999AA' and '9999AAA'. |
| | | section 5.1 | Added two additional Claim Number formats of: [0-9]{5}[A-Z]{2} [0-9]{4}[A-Z]{3} |
| 40 | September 2023 | | Rectifying some specification issues identified internally. |

RELEASE NOTES

Release notes can be found on the developer portal <https://developer.acc.co.nz/release-notes>

1 CLAIM API: OVERVIEW

This document specifies the API for submitting a claim request which then passes on to the ACC Eos system. The endpoints are:

- POST /claims
- GET /claims/claimNumber

(insert '/https://<environment>/<version>', as required, between 'POST' or 'GET' and the rest of the URI).

The Query claims specification describes how vendors can find information about submitted claims.

This document specifies:

- fields used only in this API
- variations and extensions to the core specifications, overriding the common validations
- how the JSON input is transformed into an ACC45 XML object in the required schema.

For all other details, please refer to the Core specification.

This document refers to the following source.

The API specifies the following dates, with the following limits.

| Earlier limit | Date of | Later limit | Section |
|-----------------|-----------------|--------------|---------|
| 1900-01-01 | declaration | current date | 7.4 |
| 1900-01-01 | patient's birth | accident | 8.1.5 |
| patient's birth | accident | declaration | 10.1.1 |
| accident | diagnosis | declaration | 8.1.10 |

Table 1: Sequence of dates

2 GET AVAILABLE CLAIM NUMBER

2.1 GET CLAIM NUMBER OPERATION ACCEPTS TWO MANDATORY PARAMETERS

1. vendorId
2. providerId

2.1.1 GET CLAIM NUMBER BUSINESS VALIDATION

2.1.1.1 vendorId

| | |
|---------------------------------------|---|
| API Query Params | vendorId |
| Required? | Yes |
| Data type | string |
| Note | GET Operation does not apply validation on Valid and Active value of vendorId vendorId would be validated during POST Submission operation |
| Error Condition | Code Message |
| vendorId not supplied as Query params | 400 Required String parameter 'vendorId' is not present |
| vendorId value is empty | 400 getRealTimeClaimNumber.vendorId: must not be blank |

2.1.1.2 providerId

| | |
|---|--|
| API Query Params | providerId |
| Required? | Yes |
| Data type | string |
| Note | GET Operation does not apply validation on Valid and Active value of providerId. providerId would be validated during POST Submission operation |
| Error Condition | Code Message |
| providerId not supplied as Query params | 400 Required String parameter providerId is not present |
| providerId value is empty | 400 getRealTimeClaimNumber.providerId: must not be blank |

2.1.2 GET CLAIM NUMBER RESPONSE PAYLOAD STRUCTURE

| Field | Values |
|---------------------|---|
| claimNumber | Claim number to use for submission: 'AA99999' '99999AA' or '9999AAA' |
| formType | ACC45 |
| status | Available |
| allocatedVendorId | Null (might be useful in future release) |
| allocatedProviderId | Null (might be useful in future release) |
| allocatedDateTime | Null (might be useful in future release) |
| lastUpdatedDateTime | Null (might be useful in future release) |
| usedVendorId | Null (might be useful in future release) |
| usedProviderId | Null (might be useful in future release) |
| formSubmissionId | Null (might be useful in future release) |
| oldStatus | Null (might be useful in future release) |

3 POST PAYLOAD STRUCTURE

The API payload comprises the following structures:

| Structure | includes | Instances allowed | See section |
|----------------------|--|-------------------|-------------|
| Message | | one | 4 |
| Claim | | one | 5 |
| Vendor | | one | 6 |
| Provider | | one | 7 |
| | provider's address | one | 7.2 |
| Patient | | one | 8 |
| | patient's address | one | 8.3 |
| Employment | patient's employment details | One | 9.1 |
| | employer's name and address | 0 or 1 | 9.2 |
| Injury | injury time, place, cause, ACC help | one | 10.1- 10.3 |
| | injury diagnosis info | 1-10 | 10.4 |
| Work capacity | fitness for work conditions | one | 11 |
| | time off work or on selected work (incapacity periods) | 0-1 of each | 11.2 |
| Referral | | 0-5 | 12 |

Table 2: Claim request overview

3.1 VALIDATE AND MAP THE REQUEST

The rest of this document describes the validation rules and user-interface suggestions specific to this API.

See the Core specification section 3, Standard behaviour, section 4, Common input for submissions, and section 5 Translate read or SNOMED codes, for all details not specified here.

4 MESSAGE SOURCE AND INFORMATION

4.1 PMS SOFTWARE NAME

| | |
|-----------|-----------------|
| API JSON | pmsSoftwareName |
| Required? | Yes |
| Note | Core |

4.2 PMS SOFTWARE VERSION

| | |
|-----------|--------------------|
| API JSON | pmsSoftwareVersion |
| Required? | Yes |
| Note | Core |

5 CLAIM

5.1 CLAIM FORM NUMBER

| | |
|-----------|--|
| API JSON | claim/claimNumber |
| Required? | No |
| Data type | string |
| Limit | 7 characters |
| Format | [A-Z]{2}[0-9]{5} [0-9]{5}[A-Z]{2} [0-9]{4}[A-Z]{3} |
| Note | The ACC45 claim number, if included, must be unique. Examples: AB12345, 12345AB or 1234AAA Core. |

6 VENDOR

6.1 PRACTICE (FACILITY) NAME

| | |
|-----------|---------------------------|
| API JSON | claim/vendor/practiceName |
| Required? | Yes |
| Note | Core |

6.2 VENDOR NUMBER

| | |
|-----------|---|
| API JSON | claim/vendor/hpiOrganisationNumber |
| Required? | Yes |
| Note | Core. Since the common query parameter only allows 12 characters, the Claim API sets 12 as the limit, as in the core specifications. |

6.3 FACILITY NUMBER

| | |
|-----------|--------------------------------|
| API JSON | claim/vendor/hpiFacilityNumber |
| Required? | Optional |
| Note | Core |

7 TREATMENT PROVIDER

7.1 PROVIDER'S IDENTIFIERS AND NAME

These details refer to the health professional who is providing treatment.

7.1.1 ACC PROVIDER ID

| | |
|-----------|-----------------------------------|
| API JSON | claim/provider/details/providerId |
| Required? | Yes |
| Note | Core |

7.1.2 FACILITY

see section 6.1

7.1.3 PROVIDER TYPE CODE

| | |
|-----------|---|
| API JSON | claim/provider/details/providerTypeCode |
| Required? | Yes |
| Note | Core |

7.1.4 PROVIDER'S FIRST NAME

| | |
|-----------|----------------------------------|
| API JSON | claim/provider/details/firstName |
| Required? | Yes |
| Note | Core |

7.1.5 PROVIDER'S MIDDLE NAMES OR INITIALS

| | |
|-----------|-----------------------------------|
| API JSON | claim/provider/details/middleName |
| Required? | Optional |
| Note | Core |

7.1.6 PROVIDER'S FAMILY NAME

| | |
|-----------|--------------------------------|
| API JSON | claim/provider/details/surname |
| Required? | Yes |
| Note | Core |

7.2 PROVIDER'S ADDRESS

The provider's address may contain the seven elements Address type through Country.

7.2.1 ADDRESS TYPE

| | |
|-----------|-----------------------------|
| API JSON | claim/provider/address/type |
| Required? | Yes |
| Note | Core |

7.2.2 ADDRESS LINE 1

| | |
|-----------|------------------------------|
| API JSON | claim/provider/address/line1 |
| Required? | Yes |
| Note | Core |

7.2.3 ADDRESS LINE 2

| | |
|-----------|------------------------------|
| API JSON | claim/provider/address/line2 |
| Required? | Optional |
| Note | Core |

7.2.4 SUBURB

| | |
|-----------|---|
| API JSON | claim/provider/address/suburb |
| Required? | Optional |
| Note | Suburb is 'required if it's different from the city or town'—but the API could only test that condition if the suburb is entered. Core |

7.2.5 TOWN OR CITY

| | |
|-----------|-----------------------------|
| API JSON | claim/provider/address/city |
| Required? | Yes |
| Note | Core |

7.2.6 POSTCODE

| | |
|-----------|--|
| API JSON | claim/provider/address/postCode |
| Required? | Yes |
| Note | Although New Zealand postcodes are generally 4 digits, overseas postcodes may include alphabetic characters. Core |

7.2.7 COUNTRY

| | |
|-----------|--------------------------------|
| API JSON | claim/provider/address/country |
| Required? | Yes |
| Note | Core |

7.3 PROVIDER'S CONTACT DETAILS

The provider's contact details can't be mapped to the legacy schema, and are not required.

7.4 DECLARATION DATE

7.4.1 PROVIDER'S DECLARATION DATE

| | |
|-----------|---------------------------------------|
| API JSON | claim/declaration/providerDeclaration |
| Required? | Yes |
| Note | Core |

8 PATIENT

8.1 PATIENT DETAILS

8.1.1 NHI NUMBER

| | |
|-----------|---------------------------|
| API JSON | claim/patient/details/nhi |
| Required? | Optional |
| Note | Core |

8.1.2 PATIENT'S FIRST NAME

| | |
|-----------|---------------------------------|
| API JSON | claim/patient/details/firstName |
| Required? | Yes |
| Note | Core |

8.1.3 PATIENT'S MIDDLE NAMES OR INITIALS

| | |
|-----------|----------------------------------|
| API JSON | claim/patient/details/middleName |
| Required? | Optional |
| Note | Core |

8.1.4 PATIENT'S FAMILY NAME

| | |
|-----------|-------------------------------|
| API JSON | claim/patient/details/surname |
| Required? | Yes |
| Note | Core |

8.1.5 PATIENT'S DATE OF BIRTH

| | |
|-----------|-----------------------------------|
| API JSON | claim/patient/details/dateOfBirth |
| Required? | Yes |
| Note | Core |

8.1.6 PATIENT'S GENDER

| | | | |
|----------------------------|------------------------------|---|--|
| API JSON | claim/patient/details/gender | | |
| Required? | Yes | | |
| Data type | string | | |
| Format | enum (M, F, O, U) | | |
| Note | | | |
| Error Condition | Code | Message | |
| Value not in the enum list | 400 | This value must be one of [M, F, O, U]. | |

8.1.7 PATIENT'S ETHNICITY

| | | | |
|-----------|--|--|--|
| API JSON | claim/patient/details/ethnicityCode | | |
| Required? | Yes | | |
| Data type | string | | |
| Limit | 1 or 2 characters | | |
| Format | Ethnicity | | |
| Note | The Ethnicity code table has 23 values | | |

8.1.8 OTHER ETHNICITY

| | | | |
|--|---|---|--|
| API JSON | claim/patient/details/otherEthnicity | | |
| Required? | Required when ethnicityCode is 54 | | |
| Data type | string | | |
| Limit | 40 characters | | |
| Format | Ethnicity—other | | |
| Note | The legacy system doesn't allow this field if the ethnicity is 61 'Other ethnicity' | | |
| Error Condition | Code | Message | |
| Ethnicity_Code is 54, and Other_Ethnicity is not present | 400 | This field is required when the ethnicity code is 'Other' | |

8.1.9 PATIENT'S OCCUPATION

| | |
|---------------|--|
| API JSON | claim/patient/occupationCode |
| Required? | Yes |
| Data type | string |
| Limit | 1-20 characters |
| UI suggestion | Occupation |
| Note | The Occupation code table has 269 values, including 'Unemployed', 'Retired', 'Overseas visitor'. Occupation codes are 4 digits long. |

8.1.10 PATIENT'S DECLARATION DATE

Not required. The value in section 7.4 is used here also.

8.2 PATIENT'S CONTACT DETAILS

8.2.1 EMAIL ADDRESS

| | |
|-----------|---|
| API JSON | claim/patient/contact/emailAddress |
| Required? | Optional |
| Note | If the patient has an email address, please enter it. Core |

8.2.2 MOBILE PHONE NUMBER

| | |
|-----------|--|
| API JSON | claim/patient/contact/mobilePhone |
| Required? | Optional |
| Note | If the patient has a cell phone number, please enter it. Core |

8.2.3 WORK PHONE NUMBER

| | |
|-----------|---------------------------------|
| API JSON | claim/patient/contact/workPhone |
| Required? | Optional |
| Note | Core |

8.2.4 HOME PHONE NUMBER

| | |
|-----------|--|
| API JSON | claim/patient/contact/homePhone |
| Required? | Optional |
| Note | If the patient has no cell phone number, please enter the home phone number. Core |

8.3 PATIENT'S ADDRESS

The patient address contains the seven elements Address type through Country.

8.3.1 ADDRESS TYPE

| | |
|-----------|----------------------------|
| API JSON | claim/patient/address/type |
| Required? | Yes |
| Note | Core |

8.3.2 ADDRESS LINE 1

| | |
|-----------|-----------------------------|
| API JSON | claim/patient/address/line1 |
| Required? | Yes |
| Note | Core |

8.3.3 ADDRESS LINE 2

| | |
|-----------|-----------------------------|
| API JSON | claim/patient/address/line2 |
| Required? | optional |
| Note | Core |

8.3.4 SUBURB

| | |
|-----------|------------------------------|
| API JSON | claim/patient/address/suburb |
| Required? | Optional |
| Note | Core |

8.3.5 TOWN OR CITY

| | |
|-----------|----------------------------|
| API JSON | claim/patient/address/city |
| Required? | Yes |
| Note | Core |

8.3.6 POSTCODE

| | |
|-----------|--------------------------------|
| API JSON | claim/patient/address/postCode |
| Required? | Yes |
| Note | Core |

8.3.7 COUNTRY

| | |
|----------|-------------------------------|
| API JSON | claim/patient/address/country |
|----------|-------------------------------|

| | |
|-----------|-----|
| Required? | Yes |
|-----------|-----|

| | |
|------|------|
| Note | Core |
|------|------|

9 EMPLOYMENT

9.1 PATIENT'S EMPLOYMENT STATUS

9.1.1 WHETHER THE PATIENT IS EMPLOYED

| | | | |
|----------------------------|---|--|--|
| API JSON | claim/employment/inPaidEmployment | | |
| Required? | Yes | | |
| Data type | string | | |
| Format | enum (False, True) | | |
| UI suggestion | In paid employment? | | |
| Note | True if the patient is in paid employment | | |
| Error Condition | Code | Message | |
| Value not in the enum list | 400 | This value must be one of [False, True]. | |

9.1.2 EMPLOYMENT STATUS

| | | | |
|---|---|---|--|
| API JSON | claim/employment/employmentStatusCode | | |
| Required? | Required if inPaidEmployment is true, otherwise not permitted | | |
| Data type | string | | |
| Format | 1 or 2 characters | | |
| UI suggestion | Employment option | | |
| Note | <p>The code tables include four values (codes 1, 3, 11, 5) for EmploymentStatus: employee, company owner or part owner, self-employed, and other; see also section 9.2.</p> <p>Use occupationCode, section 8.1.9, for values such as 'Retired', 'Unemployed'.</p> | | |
| Error Condition | Code | Message | |
| inPaidEmployment is true, and employment status is not present | 400 | Employment status is required when the patient is in paid employment. | |
| inPaidEmployment is false, and an employment status is supplied | 400 | This value is only permitted when the patient is in paid employment. | |

9.1.3 OTHER EMPLOYMENT

| | | |
|---|--|---|
| API JSON | claim/employment/otherEmployment | |
| Required? | Required if employmentStatusCode is 5 (Other), otherwise not permitted | |
| Data type | string | |
| Limit | 1-50 characters | |
| UI suggestion | Other employment | |
| Note | | |
| Error Condition | Code | Message |
| employmentStatusCode is 5 (other), and otherEmployment is not present | 400 | This field is required when the employment status is 'Other'. |
| employmentStatusCode is not 5, and otherEmployment is supplied | 400 | This value is only permitted when the employment status is 'Other'. |

9.1.4 TYPE OF WORK

| | | |
|---|---|--|
| API JSON | claim/employment/workTypeCode | |
| Required? | Required if inPaidEmployment is true, otherwise not permitted | |
| Data type | string | |
| Limit | 1 character | |
| UI suggestion | Usual work type | |
| Note | The work type code table has five values, such as Light, Heavy. | |
| Error Condition | Code | Message |
| inPaidEmployment is true, and workTypeCode is not present | 400 | This field is required when the patient is in paid employment. |
| inPaidEmployment is false, and workTypeCode is supplied | 400 | This value is only permitted when the patient is in paid employment. |

9.2 EMPLOYER'S NAME AND ADDRESS

| Work injury (section 10.2.4) | Employment status code (section 9.1.2) | Can resume normal work (section 11.1) | Employer name and address details are both: |
|---------------------------------|--|---|--|
| True | 1 | Yes | required |
| True | 1 | No | required |
| False | 1 | No | required |
| False | 1 | Yes | optional |
| True | 3 | Yes | optional |
| True | 3 | No | optional |
| False | 3 | Yes | optional |
| False | 3 | No | optional |
| True or False | 5 or 11 or not permitted | (not permitted) | optional |

Table 3: When are employer details required?

Both the employer's name and the employer's address are always permitted.

9.3 EMPLOYER'S NAME

| | | | |
|---|--|---|--|
| API JSON | claim/employment/employer/employerName | | |
| Required? | Required if employmentStatusCode is 1, and either: <ul style="list-style-type: none"> this is a work accident (section 10.2.4), or the claimant cannot continue normal work (section 11.1). Otherwise optional | | |
| Data type | string | | |
| Limit | 1-50 characters | | |
| UI suggestion | Employer's name | | |
| Note | 'Self' is valid. | | |
| Error Condition | Code | Message | |
| employmentStatusCode is 1; and workInjury is true or canResumeNormalWork is false; and employerName is not supplied | 400 | When the patient is employed, and this is a work accident or the patient can't continue normal work, then the employer's name and address are required. | |

9.3.1 EMPLOYER'S ADDRESS

| | | |
|---|---|---|
| API JSON | claim/employment/employer/address | |
| Required? | Required if employmentStatusCode is 1, and either: <ul style="list-style-type: none"> this is a work accident (section 10.2.4), or the claimant can not continue normal work (section 11.1). Otherwise optional | |
| Data type | structure | |
| Note | 'Self' is valid. | |
| Error Condition | Code | Message |
| employmentStatusCode is 1; and workInjury is true or canResumeNormalWork is false; and employerName is not supplied | 400 | When the patient is employed, and this is a work accident or the patient can't continue normal work, then the employer's name and address are required. |

9.3.1.1 Employer's address type

| | |
|-----------|--|
| API JSON | claim/employment/employer/address/type |
| Required? | Required if employerAddress is present |
| Note | Core |

9.3.1.2 Address line 1

| | |
|-----------|---|
| API JSON | claim/employment/employer/address/line1 |
| Required? | Required if employerAddress is present |
| Note | Core |

9.3.1.3 Address line 2

| | |
|-----------|---|
| API JSON | claim/employment/employer/address/line2 |
| Required? | Optional if employerAddress is present |
| Note | Core |

9.3.1.4 Suburb

| | |
|-----------|--|
| API JSON | claim/employment/employer/address/suburb |
| Required? | Optional if employerAddress is present |
| Note | Core |

9.3.1.5 Town or city

| | |
|-----------|--|
| API JSON | claim/employment/employer/address/city |
| Required? | Required if employerAddress is present |
| Note | Core |

9.3.1.6 Postcode

| | |
|----------|--|
| API JSON | claim/employment/employer/address/postCode |
| Limit | 20 characterers |
| Note | Core |

9.3.1.7 Country

| | |
|-----------|---|
| API JSON | claim/employment/employer/address/country |
| Required? | Optional if employerAddress is present |
| Note | Core |

10 INJURY

10.1 TIME AND PLACE OF THE ACCIDENT

10.1.1 DATE OF THE ACCIDENT

| | |
|-----------|---------------------------|
| API JSON | claim/injury/accidentDate |
| Required? | Yes |
| Note | Core |

10.1.2 TIME OF THE ACCIDENT

The API sets this value to midnight.

10.1.3 SCENE OF THE ACCIDENT

| | |
|---------------|---|
| API JSON | claim/injury/accidentSceneCode |
| Required? | Yes |
| Data type | string |
| Limit | 1 or 2 characters |
| UI suggestion | Accident scene |
| Note | The scene code table has 10 values, such as Home, Farm, School. |

10.1.4 LOCATION OF THE ACCIDENT

| | |
|---------------|--|
| API JSON | claim/injury/accidentLocationCode |
| Required? | Yes |
| Data type | string |
| Limit | 1-3 characters |
| UI suggestion | Accident location (if outside New Zealand, choose 'Overseas') |
| Note | Intended to record the city or district where the accident occurred. The backend system does not validate this value with the geolocation code. |

10.1.5 WHETHER THE ACCIDENT OCCURRED IN NEW ZEALAND

The API sets this according to the value of the accident location code.

10.2 CAUSE AND CONDITIONS OF THE ACCIDENT OR INJURY

10.2.1 CAUSE OF INJURY

| | |
|---------------|---|
| API JSON | claim/injury/causeOfAccident |
| Required? | Yes |
| Data type | string |
| Limit | 1-255 characters |
| UI suggestion | Provide details |
| Note | Intended to describe the specific accident event, such as 'fell off a ladder', rather than 'doing DIY'. |

10.2.2 WHETHER A VEHICLE WAS INVOLVED

| | | |
|----------------------------|---|---|
| API JSON | claim/injury/involvesVehicle | |
| Required? | Yes | |
| Data type | string | |
| Format | enum (False, True) | |
| UI suggestion | Did the accident involve a moving motor vehicle on a public road? | |
| Note | <p>True if the accident involved a moving motor vehicle on a public road, when the patient was:</p> <ul style="list-style-type: none"> • a driver or passenger • in a stationary vehicle • struck by a moving vehicle • travelling for work purposes. <p>This value doesn't apply to off-road or non-motorised vehicles, or to a stationary vehicle that's being repaired</p> | |
| Error Condition | Code | Message |
| Value not in the enum list | 400 | This value must be one of [False, True] |

10.2.3 WHETHER THE INJURY WAS FROM MEDICAL TREATMENT

| | |
|----------------------------|--|
| API JSON | claim/injury/medicalTreatmentInjury |
| Required? | Optional |
| Data type | string |
| Format | enum (False, True) |
| UI suggestion | Is this a claim for treatment injury? |
| Note | True for injuries that occurred while the patient was receiving treatment from a registered health professional. |
| Error Condition | Code Message |
| Value not in the enum list | 400 This value must be one of [False, True] |

10.2.4 WHETHER THE ACCIDENT IS RELATED TO WORK

| | |
|---|--|
| API JSON | claim/injury/workInjury |
| Required? | Yes |
| Data type | string |
| Format | enum (False, True) |
| UI suggestion | Did the accident occur at work? |
| Note | True for injuries sustained over time, a gradual process, or infection, related to work. |
| Error Condition | Code Message |
| Value not in the enum list | 400 This value must be one of [False, True] |
| inPaidEmployment is false, and workInjury is true | 400 Work accident may not be true when inPaidEmployment is false |

10.2.5 WHETHER THE INJURY WAS FROM SPORT

| | |
|----------------------------|--|
| API JSON | claim/injury/sportingInjury |
| Required? | Yes |
| Data type | string |
| Format | enum (False, True) |
| UI suggestion | Sports or exercise? |
| Note | True for an accident related to playing sport |
| Error Condition | Code Message |
| Value not in the enum list | 400 This value must be one of [False, True] |

10.2.6 TYPE OF SPORT

| | | |
|---|---|--|
| API JSON | claim/injury/sportNameCode | |
| Required? | Required if sportingInjury is true, otherwise not permitted | |
| Data type | string | |
| Limit | 1-3 characters | |
| UI suggestion | Name of the sport | |
| Note | The legacy system validates the code | |
| Error Condition | Code | Message |
| sportingInjury is true and sportNameCode is not present | 400 | For a sporting injury, the name of the sport is required. |
| sportingInjury is false but sportNameCode is provided | 400 | If the injury is not from sport, the name of a sport is not permitted. |

10.2.7 WHETHER THE INJURY OCCURRED GRADUALLY

| | | |
|----------------------------|--|---|
| API JSON | claim/injury/gradualProcessInjury | |
| Required? | Optional | |
| Data type | string | |
| Format | enum (False, True) | |
| Note | Please be advised that this value is no longer used in claim processing. | |
| Error Condition | Code | Message |
| Value not in the enum list | 400 | This value must be one of [False, True] |

10.2.8 WHETHER THE PATIENT WAS ADMITTED TO HOSPITAL

| | | |
|----------------------------|---------------------------------------|---|
| API JSON | claim/injury/admittedToHospital | |
| Required? | Optional | |
| Data type | string | |
| Format | enum (False, True) | |
| UI suggestion | Was the patient admitted to hospital? | |
| Note | | |
| Error Condition | Code | Message |
| Value not in the enum list | 400 | This value must be one of [False, True] |

10.3 ACC HELP AND CONTACT

10.3.1 WHETHER ASSISTANCE IS REQUIRED

| | | |
|----------------------------|---------------------------------|---|
| API JSON | claim/injury/assistanceRequired | |
| Required? | Optional | |
| Data type | string | |
| Format | enum (False, True) | |
| UI suggestion | Is further assistance required? | |
| Note | | |
| Error Condition | Code | Message |
| Value not in the enum list | 400 | This value must be one of [False, True] |

10.3.2 INJURY COMMENTS

| | | |
|---------------------------------|---|---|
| API JSON | claim/injury/injuryComments | |
| Required? | Optional | |
| Data type | string | |
| Limit | 1-255 characters, total | |
| UI suggestion | Diagnosis comments | |
| Note | The API maps the patient's email address (from section 8.2.1) and the injury comments to this field as key-value pairs, in the form 'email='<emailAddress>', comment='<injuryComments> | |
| Error Condition | Code | Message |
| Concatenated string is too long | 400 | This field cannot be more than 255 characters. The patient's email address is required in full; shorten the injury comment. |

10.3.3 WHETHER ACC SHOULD CONTACT THE PROVIDER

| | | |
|---------------|--|--|
| API JSON | claim/injury/accContactProvider | |
| Required? | Optional | |
| Data type | string | |
| Limit | 1 character | |
| UI suggestion | Should ACC contact me? | |
| Note | Value '4' if ACC should contact the health provider. This field is sent to ACC but doesn't appear in the printout. Value '1' by default. | |

10.4 INJURY DIAGNOSES

| | | |
|-------------------------------|----------------------------------|--|
| API JSON | claim/diagnosis | |
| Required? | Yes | |
| Limit | 1-10 diagnoses in a single claim | |
| Note | Core | |
| Error Condition | Code | Message |
| Ten diagnoses already present | 400 | A claim request cannot include more than 10 diagnoses. |

10.4.1 DIAGNOSIS CODING SYSTEM

| | |
|-----------|-----------------------------------|
| API JSON | claim/diagnosis/diagnosisCodeType |
| Required? | Yes |
| Note | Core |

10.4.2 DIAGNOSIS CODE

| | |
|-----------|-------------------------------|
| API JSON | claim/diagnosis/diagnosisCode |
| Required? | Yes |
| Note | Core |

10.4.3 DIAGNOSIS DESCRIPTION

| | |
|-----------|--|
| API JSON | claim/diagnosis/diagnosisDescription |
| Required? | Yes |
| Note | Core. For a valid SNOMED code, any description entered in the claim request is replaced with a string showing the translated description and the original SNOMED description, possibly truncated, in this format: Closed fracture of scapula \$= 29749002 – Closed fracture of scapula (disorder) |

10.4.4 LATERALITY CODE

| | |
|-----------|-------------------------------|
| API JSON | claim/diagnosis/diagnosisSide |
| Required? | Yes |
| Note | Core |

11 FITNESS FOR WORK

This comprises 11 elements, 11.1 through 11.2.10. It applies to patients who have ‘Paid employment in New Zealand’, that is with employment status 1 employee or 3 self-employed.

Business requirements allow for one or both of the following time periods, in either order, for a total of no more than 14 days (**Error! Reference source not found.**, pages 8-9; section 11.2.4):

- one period when the patient is unfit for any work
- one when the patient is fit for selected work.

This is shown in Figure 1:

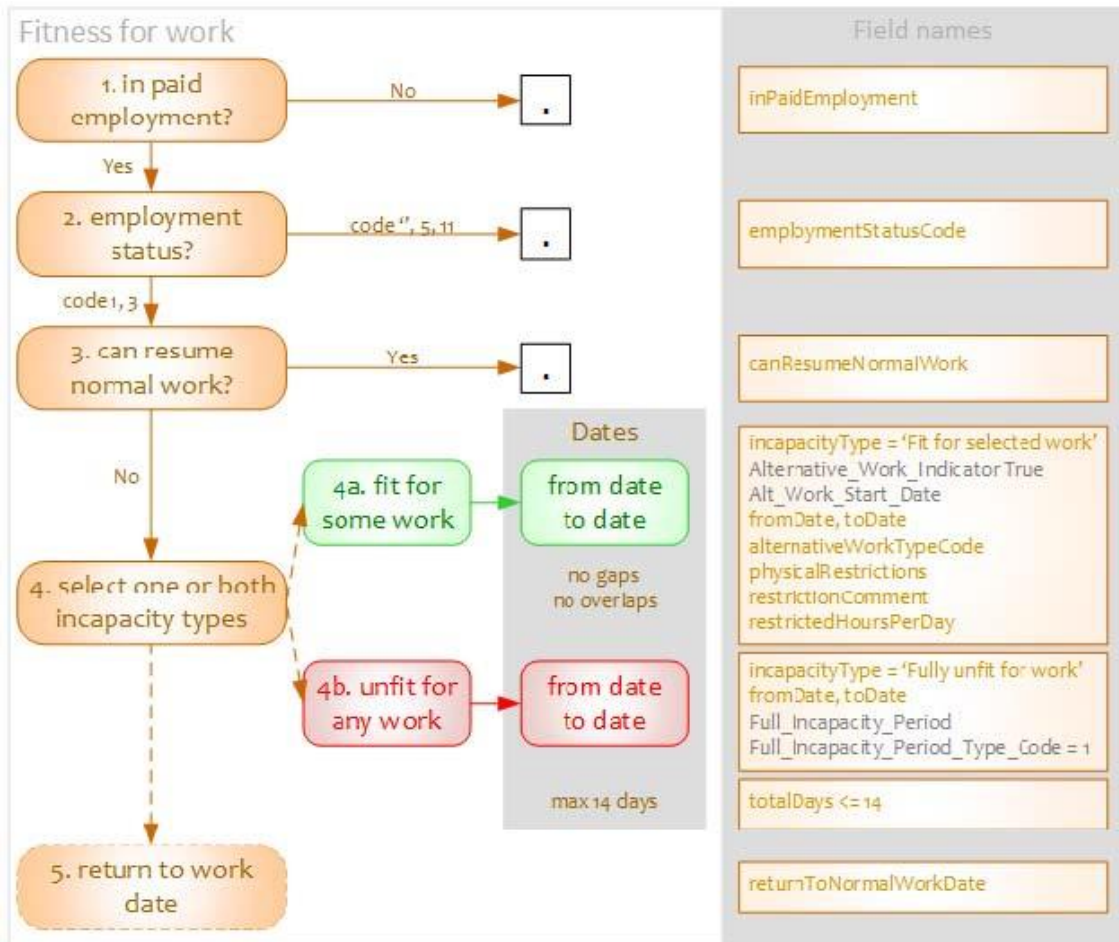


Figure 1: Fitness for work

Rules for the date periods are over the page.

Figure 2 shows the options for one or two time periods:

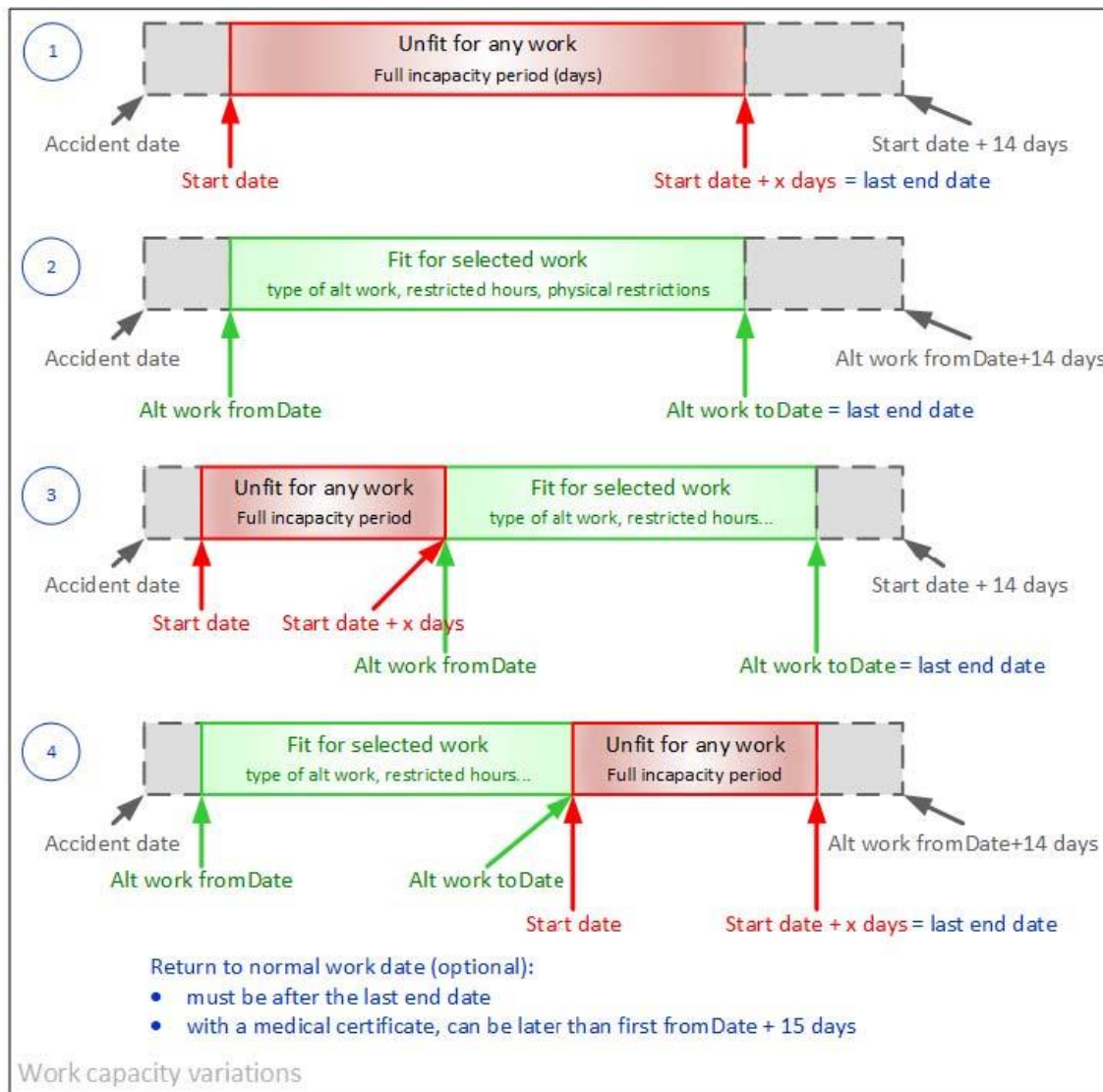


Figure 2: Work capacity with one or two time periods

The following rules apply to the dates for these periods.

| Rules | See |
|--|--------------|
| 1 fromDate is not before the date of the accident | 9.2.2 |
| 2 toDate for either period is not earlier than fromDate for that period | 9.2.3 |
| 3 if there are two periods, fromDate for the second period must = toDate for the first period + 1 day (no gap, no overlap) | 9.2.2, 9.2.3 |
| 4 returnToNormalWorkDate is later than the last or only toDate | 9.2.10 |

Table 4: Date rules for the fitness-for-work time periods

11.1 WHETHER THE PATIENT CAN CONTINUE NORMAL WORK

| | | |
|--|---|---|
| API JSON | claim/workCapacity/canResumeNormalWork | |
| Required? | Required if employmentStatusCode is 1 or 3, otherwise not permitted | |
| Data type | string | |
| Format | enum (False, True) | |
| UI suggestion | Is the patient fit to continue normal work? | |
| Note | True if the patient can resume normal work | |
| Error Condition | Code | Message |
| employmentStatusCode is 1 or 3, and canResumeNormalWork is not present | 400 | When the patient is employed or self-employed, this field is required. |
| Value not in the enum list | 400 | This value must be one of [False, True]. |
| employmentStatusCode is not present, or is 5 or 11 | 400 | This field is only allowed when the patient is employed or self-employed. |

11.2 INCAPACITY DETAILS

11.2.1 TYPE OF INCAPACITY

| | | |
|--|--|---|
| API JSON | claim/workCapacity/incapacity/incapacityType | |
| Required? | One value must be selected if canResumeNormalWork is false. Both types may be selected, but only one of each. Not permitted if canResumeNormalWork is true, or is not set. | |
| Data type | string | |
| Format | list: Fullyunfitforwork, Fitforselectedwork | |
| Note | Core | |
| Error Condition | Code | Message |
| canResumeNormalWork is false, but no incapacityType is not selected | 400 | If the patient cannot continue normal work, at least one of 'Fully unfit for work' or 'Fit for selected for work' must be selected. |
| canResumeNormalWork is true or is not set, but an incapacityType is selected | 400 | This field is only permitted when the patient is employed or self-employed, and cannot continue normal work. |

11.2.2 START DATE OF AN INCAPACITY PERIOD

| | | | |
|--|--|--|--|
| API JSON | claim/workCapacity/incapacity/incapacityDateRange/fromDate | | |
| Required? | Required for each incapacityType selected | | |
| Note | Core | | |
| Error Condition | Code | Message | |
| Both incapacity types are selected, and the second fromDate is not equal to the first toDate + 1 day | 400 | The time periods for time off work and time on light duties must have no gap and no overlap. | |

11.2.3 END DATE OF AN INCAPACITY PERIOD

| | | | |
|--|--|--|--|
| API JSON | claim/workCapacity/incapacity/incapacityDateRange/toDate | | |
| Required? | Required for each incapacityType selected | | |
| Note | Core | | |
| Error Condition | Code | Message | |
| Both incapacity types are selected, and the second fromDate is not equal to the first toDate + 1 day | 400 | The time periods for time off work and time on light duties must have no gap and no overlap. | |

11.2.4 PERIOD OF TIME OFF WORK OR ON SELECTED WORK

| | | | |
|--------------------------|---|---|--|
| API JSON | - | | |
| Required? | Calculated by the API, when canResumeNormalWork is false. | | |
| Data type | integer | | |
| Range | 1-14 | | |
| Note | | | |
| Error Condition | Code | Message | |
| total time off work > 14 | 400 | A claim request allows no more than 14 days off work or on alternative work. A medical certificate is needed beyond this. | |

11.2.5 TYPE OF THE TIME-OFF-WORK PERIOD

The API sets this to 1 (day) if Fullyunfitforwork is selected; otherwise, it sets the field to empty.

11.2.6 TYPE OF ALTERNATIVE WORK

| | | |
|---|---|--|
| API JSON | claim/workCapacity/incapacity/selectedAlternativeWork/alternativeWorkTypeCode | |
| Required? | Required if Fitforselectedwork is selected, otherwise not permitted | |
| Data type | string | |
| Limit | 1 character | |
| UI suggestion | The patient is fit for the following type of work: | |
| Note | The work type code table has five values, such as Light, Heavy. | |
| Error Condition | Code | Message |
| Fitforselectedwork is selected, but alternativeWorkTypeCode is not supplied | 400 | The alternative work type code must be selected when the patient is fit for selected work. |
| Alternative_Work_Ind is false, and alternativeWorkTypeCode is supplied | 400 | This value is only allowed when the patient is fit for selected work. |

11.2.7 PHYSICAL RESTRICTION OPTIONS

| | | |
|---|--|---|
| API JSON | claim/workCapacity/incapacity/selectedAlternativeWork/physicalRestrictions | |
| Required? | Optional if Fitforselectedwork is selected, otherwise not permitted | |
| Data type | string | |
| Format | List: (Lifting, Posture, Heavy Physical, Repetition, Vibration, Temperature, Driving, Prolonged Sitting, Prolonged Walking, Prolonged Standing, Other) | |
| UI suggestion | Physical restrictions, if relevant | |
| Note | Any of the listed items can be selected once, up to 11 choices. This list is specified in the medical certificate. | |
| Error Condition | Code | Message |
| Fitforselectedwork is not selected, but this field is present | 400 | This field is only allowed when alternative work is selected. |
| Value not in the enum list | 400 | This value must be one of [Other, Prolonged Walking, Vibration, Prolonged Sitting, Driving, Posture, Heavy Physical, Repetition, Temperature, Lifting, Prolonged Standing]. |

11.2.8 PHYSICAL RESTRICTION COMMENT

| | |
|---------------|---|
| API JSON | claim/workCapacity/incapacity/selectedAlternativeWork/restrictionComment |
| Required? | Optional if Fitforselectedwork is selected, otherwise not permitted |
| Data type | string |
| Limit | 1-255 characters |
| UI suggestion | Comment on any physical restrictions |
| Note | A single XML field stores the options selected in section 11.2.7, as well as any text in this field 11.2.8, the actual comment. The comment may need to be quite short. |

| Error Condition | Code | Message |
|---|------|---|
| Fitforselectedwork is not selected, but this field is present | 400 | This field is only allowed when alternative work is selected. |
| This value is longer than 255 characters | 400 | This field only allows 255 characters in total. Please shorten the comment or select fewer options. |

11.2.9 HOURS PER DAY

| | |
|---------------|---|
| API JSON | claim/workCapacity/incapacity/selectedAlternativeWork/restrictedHoursPerDay |
| Required? | Required if Fitforselectedwork is selected, otherwise not permitted. |
| Data type | integer |
| Range | 1-24 |
| UI suggestion | The patient is fit to work X hours per day |
| Note | |

| Error Condition | Code | Message |
|--|------|---|
| Fullyunfitforwork is selected and this field is present | 400 | This field is only allowed when the patient is fit for selected work. |
| Fitforselectedwork is selected and restrictedHoursPerDay < 1 or > 24 | 400 | When the patient is fit for selected work, this value must be a whole number from 1 to 24, inclusive. |

11.2.10 DATE FOR RETURNING TO NORMAL WORK

| | |
|---------------|--|
| API JSON | claim/workCapacity/returnToNormalWorkDate |
| Required? | Optional if canResumeNormalWork is false. Not permitted if canResumeNormalWork is true or is not set. |
| Data type | string date-time |
| Format | YYYY-MM-DD |
| UI suggestion | Date for returning to normal work |
| Note | See also toDate, in section 11.2.3, and the core specifications. Must be after the last 'toDate' |

| Error Condition | Code | Message |
|--|------|--|
| returnToNormalWorkDate is not later than the last or only toDate | 400 | This date must be later than the end date of the last period. |
| canResumeNormalWork is true or is not set, but returnToNormalWorkDate is present | 400 | This field is only permitted when the patient is employed or self-employed, and cannot continue normal work. |

12 REFERRAL

Referrals are optional; you can enter up to 5 referrals, or none, like this.

- If you have no referrals, either leave out the list altogether, or provide an empty list.
- If you enter a referral, you must include the two fields below.

If you enter a referral with empty fields, the API will return an error, because the schema requires the type code and reason for every referral.

12.1 TYPE OF PROVIDER

| | | |
|--------------------------------|---|--|
| API JSON | claim/referrals/providerTypeCode | |
| Required? | Yes | |
| Data type | string | |
| Limit | 1 or 2 characters | |
| UI suggestion | Type of treatment the referral is for | |
| Note | Provider type codes have 1 or 2 digits. Values include Dentist, Optometrists, Practice Nurse. | |
| Error Condition | Code | Message |
| Five referrals already present | 400 | A claim request cannot include more than five referrals. |

12.2 REASON FOR REFERRAL

| | | |
|--------------------------------|--------------------------------|--|
| API JSON | claim/referrals/referralReason | |
| Required? | No | |
| Data type | string | |
| Limit | 1-255 characters | |
| UI suggestion | Referral notes | |
| Note | | |
| Error Condition | Code | Message |
| Five referrals already present | 400 | A claim request cannot include more than five referrals. |