Claim API

User Interface Guidelines

Version 1.7 - December 2023

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VERSION HISTORY

Date	Version	Change
March 2018	1.0	
February 2022	1.3	No material change; only cosmetics.
August 2022	1.4	Changed title and file name to read Tips & Tricks as opposed to User Interface.
May 2023	1.5	Document title change ONLY from Tips & Tricks to reflect the true nature of the document. No content change.
	1.6	Clearing up outdated content missed in earlier release.
December 2023	1.7	• Removal of *Injury details* from the **Copy for the Employer** • Updated patient declaration to align with Privacy guidance.

1   CLAIM API USER INTERFACE

1.1   INTRODUCTION

Support material for APIs consists of:

1. Context:
     a.   Provider API User Interface - Provides overall context for the service the specific API supports; and
2. The specific API:
     b.   Common API Specification;
     c.   Claim API User Interface - This document as a repository for remaining important items.

This document contains information specific to this API regards:

1. Quirks to keep in mind;
2. Support messages for the Provider; and
3. Additional Services / Functions / Steps for the Provider.

For the latter two items, tables are provided, and each item within is classified as follows:

1. **Required**
   ACC will check integration prior to go live.
2. **Recommended**
   ACC have learnt, primarily from Provider feedback, that this is good for the Provider; resulting in better quality submissions & less pain for them.
3. **Optional**
   Something ACC has learnt for your consideration.

1.2   QUIRKS

The business rules for claims and medical certificates appear different for the following situation, this is intended:

1. The claim API accepts employer details (optionally) for a patient who is not in paid employment, for instance a student or volunteer, but doesn't allow the Provider to set up work capacity periods for such a patient; whereas
2. The medical certificate API doesn't ask about employment so it can be used to issue a medical certificate for the student or volunteer who needs to be accountable to others.

2 CLAIM – SUPPORT MESSAGES FOR THE PROVIDER

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

Current Offering Term	API JSON Field Name	Provider Support Message
Patient Details		
Ethnicity	claim/patient/details/ethnicity Code	**Ethnicity** Select the ethnicity that the patient most identifies with. If the ethnicity is not specified use "Other" and state their preference within "Ethnicity Description".
Employment status	claim/employment/employmentStatusCode	How do you complete this field? 'Paid Employment in NZ' includes when the patient is: • An employee that pays PAYE • An owner or part owner of a limited liability company 'Self Employed in NZ' includes when the patient is: • Self Employed • Working as a Sole trader or Partnership These categories do not include when the patient is: • A volunteer worker (unpaid) An employee of an overseas company (not paying PAYE) Why is this important to ACC? ACC is required to maintain and operate separate accounts for Work, Motor Vehicle, Earners, Non-Earners, and Treatment Injury claims.

Current Offering Term	API JSON Field Name	Provider Support Message
Occupation	claim/patient/occupationCode	**The current Occupation of the Patient.** How do you complete this field? • Wherever possible, please be specific. For example, 'Dairy Farmer', rather than 'Farmer'. Why is it important to ACC? • The patient's rehabilitation assistance may depend on their work tasks. • It helps ACC assign the claim to the correct industry category for workplace accidents. This ensures accurate levy calculations.
Usual work type	claim/employment/workTypeCode	**Usual work type** How physical is the patient's job? Why is this important to ACC? The patient's rehabilitation assistance may depend on the nature of their work tasks.

Current Offering Term	API JSON Field Name	Provider Support Message
Accident Details		
Accident Details	(Heading)	**ACCIDENT DETAILS** The following are usually accepted as accidents: • A force or resistance external to the body (such as something striking the body or the body falling onto something) • Forceful movements of the body to avoid impact (such as ducking or twisting) • Environment factors (such as sudden exposure to gas or toxin) The following are not usually accepted as accidents: • Force is only from within the body (such as a sneeze causing a rib sprain, or biting the tongue) • Non occupational gradual process injuries (such as tendonitis developed playing tennis) • No specific event (such as waking up with a sore neck) As the ACC is a "no fault" scheme, injury cover and funding of treatment is not dependent on whether the injury was caused by someone (including the patient themselves). Why is it important to ACC? ACC must establish that the legislative criteria of an "accident" have been met in order to provide cover. To further understand what constitutes an accident, you refer to the ACC Legislation.

Current Offering Term	API JSON Field Name	Provider Support Message
Did the accident occur at work?	claim/injury/workInjury	**Did the accident occur at work?** How do you complete this field? The accident is a work accident if any of the following could be answered 'Yes'. Was the patient: • Injured while undertaking work tasks? • Required to be at this place for work purposes? • Injured while travelling to or from work in transport provided by their employer? • Injured when working from home? • Injured while travelling for their job? • Injured while having a rest or a meal break at work? To further understand what constitutes a work injury, you can refer to the ACC Legislation. Why is this important to ACC? ACC is required to maintain and operate separate accounts for Work, Motor Vehicle, Earners, Non-Earners, and Treatment Injury claims. You can read more here.

Current Offering Term	API JSON Field Name	Provider Support Message
Name of employer	claim/employment/employer/employerName	**Name of employer** The person, company or organisation that pays the patients wages or salary. How do you complete this field? This includes "Self" if the patient is self-employed. Why is this important to ACC? • ACC must notify the patient's employer of the accident. Some employers are 'Accredited Employers' who manage (and pay for) their own workplace accident claims in return for a reduced ACC levy. If you are unsure, please contact the Health Provider Helpline on 0800 222 070 or email: providerhelp@acc.co.nz. Please have your provider number ready and the team will be able to search on your behalf
Location of employer	claim/employment/employer/address/city	**Location of employer** How do you complete this field? Please include any information that will help ACC identify the employer such as: • Address, or • Phone number, or • Email address, or • Branch / Franchise location For example, if the patient says their employer is McDonalds include the location (Manners Mall, Wellington) in the address field. Why is this important to ACC? This information helps ACC to identify the correct employer so that it can notify the patient's employer of the accident.

Current Offering Term	API JSON Field Name	Provider Support Message
Did the accident involve a moving motor vehicle on a public road?	claim/injury/involvesVehicle	**Did the accident involve a moving motor vehicle on a public road?** How do you complete this field? A motor vehicle accident includes situations where the accident involved a moving motor vehicle and the patient was: • A driver or passenger • In a stationary vehicle • Struck by a moving vehicle • Travelling for work purposes A motor vehicle accident does not include: • Off-road use of vehicles. E.g. Falling off a dirt bike on private farm land • Loading/unloading or repairing a stationary vehicle. E.g. A mechanic's foot is crushed when a car jackfails • Non motorised vehicle only accidents. E.g. Falling off a bicycle riding down the road To further understand what constitutes a motor vehicle injury, you can refer to the ACC Legislation. Why is this important to ACC? ACC is required to maintain and operate separate accounts for Work, Motor Vehicle, Earners, Non-Earners, and Treatment Injury claims. You can read more here.

Current Offering Term	API JSON Field Name	Provider Support Message
Provide details	claim/injury/causeOfAccident	**Provide details** Provide details of how the accident happened. How do you complete this section? This free text field is to assist ACC to understand the: • Actual mechanism of the accident • Any external agents involved such as gas, smoke or environment. **For example:** • "Fell off a ladder" is sufficient, but not "Doing DIY". • "Inhaled smoke in a house fire" is sufficient, but not "Difficultybreathing". Why is this important to ACC? Why is this important to ACC? ACC must determine whether the legislative criteria of an accident have been met. To further understand what constitutes an accident, you can refer to the ACC Legislation.
Accident location (if outside NZ then select 'Overseas')	claim/injury/accidentLocationCode	**Accident Location** How do you complete this section? Please select the city or district in which the accident occurred. Why is this important to ACC? This is collected for statistical purposes.

Current Offering Term	API JSON Field Name	Provider Support Message
Injury Diagnosis		
This is a work related gradual process, disease, or infection claim	claim/injury/gradualProcessInjury	**Is this a work related gradual process, disease, or infection claim?** How do you complete this field? Work related gradual process, disease, or infection includes injuries sustained over time as a result of a work task or exposure in the work environment. This can include asbestosis, noise induced hearing loss, or musculoskeletal injuries. ACC will assess the factors in the workplace that may have contributed to the injury. In some instances input will be sought from Occupational Medicine specialists.
This is a claim for treatment injury	claim/injury/medicalTreatmentInjury	[Treatment Injury](#) definition.
Has the patient been admitted to hospital?	claim/injury/admittedToHospital	**Has the patient been admitted to hospital?** Indicates to ACC that the patient has been admitted to Hospital as a result of their injury. Why is this important to ACC? Patients who have been admitted to Hospital will be contacted by ACC to determine if further rehabilitation assistance is required.

Current Offering Term	API JSON Field Name	Provider Support Message
Fitness for work		
Fitness for work	(Heading)	**FITNESS FOR WORK** Identifies that the patient is unable to continue their normal duties at work. **This section should only be completed by General Practitioners or Nurse Practitioners; other Providers need to use a referral if they think the patient requires time off work.** This section is only applicable to patients where the Employment Status is "Paid employment in NZ (includes self- employed)". Note: One period of 'Fit for some work' capacity and one period of 'Fully unfit for work' (incapacity) may be certified on an ACC45 for a maximum combined period of 14 days. If further restriction is required after this period, an ACC18 must be completed when the injury is reviewed. If you wish to certify any period of incapacity prior to the date of this consultation, please submit an ACC18 including your clinical reasoning for this. How do you complete this field? 1. Drag across the calendar to select a date range 2. Select 'Fit for some work' or 'Fully unfit for work' For 'Fit for some work' capacity specify the restrictions that apply, either the hours worked or duties that should not be performed. Why is this important to ACC? ACC will work with the patient and their employer to determine if there is work available which is able to be performed within the restrictions you have advised. In cases where there is incapacity or restricted capacity for more than 7 days, ACC may provide earnings related weekly compensation.

Current Offering Term	API JSON Field Name	Provider Support Message
Referral		
Referral	(heading)	A maximum of five consultations can be submitted.
Declaration		
Health practitioner index	claim/provider/ details/providerId	**Health practitioner index** These fields are optional and may pre-populate from your patient management system. What is the Health Practitioner Index? The HPI is a national database holding information to identify health practitioners. The HPI comprises three separate indexes for: • Practitioner - HPI-CPN (Common Person Number, e.g. 12ABCD) • Organisation - HPI-ORG (e.g. GA1234) • Facility - HPI-FAC (e.g. FB1032) For further information you may look at the NZ Health Information Service website. http://www.health.govt.nz/our-work/health-identity/health-provider-index
ACC to contact me?	claim/injury/accContactProvider	**Do you want ACC to call you?** How do you complete this field? Please indicate if you would like to discuss any aspect of this claim with ACC. These discussions might include aspects of: • Claim management • Patient Contact • Entitlement to cover

3   CLAIM - ADDITIONAL SERVICES / FUNCTIONS / STEPS FOR THE PROVIDER

These are experiences that a Provider already has an expectation of as a result of using current ACC online offerings. This learning is offered for your consideration re including in the user experience you provide.

Service / Function / Step in process	API JSON Field Name	Required / Recommended / Optional	Description
Services			
Batching of claims **to ACC is not to occur**		Required	Send claims to ACC one at a time. Reasoning: This API is the base for ACC eventually providing an automated cover decision mechanism.
Highlights of mandated fields		Recommended	The swagger code identifies "mandated" fields. Consider assisting the Provider to know what they must do to minimise errors when sending by providing a form of highlight to those fields.
Provider Support Material		Recommended	The vendor to incorporate this into its standard user support offering.
Code sets		Required	Obtain access to ACC code sets from that API except SNOMED codes.
SNOMED Codes		Optional	This API supports the submission of SNOMED codes if you choose to offer that option to your customers.
Free form fields		Recommended	Consider advising Provider of available freeform field capacity. Providers can copy and paste content from other documents so natural field limits can be breached causing an error at submission.
Minimise the number of clicks		Optional	e.g. Ensure cursor automatically moves to next field after Y/N buttons are selected
Error messages (1)		Recommended	The error messages we supply (see the Specification) go to you, the software vendor; we recommend that you pass these onto the Provider.

Service / Function / Step in process	API JSON Field Name	Required / Recommended / Optional	Description
Error messages (2)		Recommended	As your Providers first point of contact re an error we recommend that there is a generic error instruction provided along the lines of, 'If the API returns an error, please check this with your software vendor.'
Functions			
Unique claim identifier (in Production) (1)		Required	Obtain a set of unique ACC claim numbers from number.allocation@acc.co.nz. Set up a mechanism within your system to ensure that each number is uniquely used.
Unique claim identifier (in Production) (2)		Recommended	A claim number is rejected by ACC if it has already been used (usually a Provider typo); consider a mechanism for your Provider to easily gain access to the next number in the sequence allocated to you by ACC.
Content stored before being sent		Recommended	Providers get situations where they start a claim but can't complete it immediately. Examples: emergency in waiting room or need to do research first.
Mechanism to remind Provider to submit claim		Recommended	
<Delete> or <Cancel>		Recommended	Ability for Provider to remove content loaded for ACC but not submitted. Reason = they realise that the event isn't one that is ACC supported.
Patient Details			
NHI Number	claim/patient/details/nhi	Recommended	Both supplied to ACC & displayed for the Provider
Patient Email Address	claim/patient/contact/emailAddress	Required	To assist patient interaction, ACC would like their email address if it has been collected.

Service / Function / Step in process	API JSON Field Name	Required / Recommended / Optional	Description
Patient Cellphone Number	claim/patient/contact/mobilePhone claim/patient/contact/workPhone claim/patient/contact/homePhone	Required	ACC systems currently only accept two phone numbers. Please ensure that patient cellphone number (if they have one) is submitted to ACC. Second highest priority is a work phone number. If the patient has no cell phone number, please enter the home phone number.
Patient Address – Country	claim/patient/address/country	Recommended	Note that ACC draws upon NZ Post addresses; as a result something like n/a within country will be rejected.
Employed / Unemployed	claim/employment/inPaidEmployment	Recommended	Reinforce use of Occupations. Note Unemployed has its own set of occupations and Overseas visitor does not require an occupation.
Injury Details			
Has the patient been admitted to hospital?	claim/injury/admittedToHospital	Required	Only to be made available to DHB
Is 'Home Help' or other assistance required by the patient?	claim/injury/assistanceRequired	Required	Only to be made available to DHB
Fitness for Work			
Work capacity		Optional	An important point for your information. The following is part of the Support Message mentioned in the previous table. "This section should only be completed by General Practitioners or Nurse Practitioners; other Providers need to use a referral if they think the patient requires time off work."
		Recommended	Use a calendar to portray incapacity options.
		Recommended	Display a few days before consultation as well as todays date and the following two weeks.
		Required	ACC policy = claim to be used solely for the first two weeks of any incapacity. Use a message such as "You can select at most 14 days in total."

Service / Function / Step in process	API JSON Field Name	Required / Recommended / Optional	Description
		Required	Ability for Provider to have a combination of "Fully Unfit" & "Fit for Some Work" through the two weeks from accident date. Only one period of each is to be possible.
<Clear>		Recommended	Ability for Provider to clear what put into the calendar so it can be redone.
Referrals			

		Recommended	1. You can enter up to 5 referrals, or none.
			
			2. If you have no referrals, either leave out the list altogether, or provide an empty list, like this:
			
			"referrals": []
			
			3. If you enter a referral, enter the provider type code and the reason, like this:
			
			    "referrals":[{
			
			    "providerTypeCode":"87"
			
			    "referralReason":"suspected hearing problems"
			
			    }]
			
			The reason can be up to 255 characters long. Our legacy system validates the provider type code.
			
			4. If you enter a referral with empty fields, you'll get an error.

3.1 PATIENT DECLARATION AND CONSENT

Service / Function / Step in process	API JSON Field Name	Required / Recommended / Optional	Description
Patient declaration and consent		Required	Provider declaration wording to be presented to Patient prior to submission. Your patient or authorised representative must confirm their consent for you to lodge the clam, and it must be recorded. This lets us collect information about their injury from you and any other health providers. You can do this electronically by reading the following statements to the patient and recording the response in their clinical record: ACC may collect, use and disclose personal and health information for its lawful functions in connection with the Accident Compensation Act 2001. This includes obtaining relevant medical or other records about you and sharing relevant information with third parties to manage claims and entitlements; and / or where permitted or required by law. Providing information to ACC is voluntary. However, if relevant information is not provided, ACC may not be able to determine whether you are eligible for cover or for particular entitlements. You have the right to access and request correction of your personal and health information. Further details of how and why ACC collect, use, store and disclosure information can be found on ACC's website under 'Privacy': acc.co.nz/privacy. 1. Do you authorise your records to be collected by ACC and used and disclosed for the purposes I have read out to you? 2. Do you declare that you have provided true and correct information and you'll tell ACC If your situation changes? 3. Do you authorise me as your (name of health profession: GP, physiotherapist, etc) to lodge your claim with ACC?
ACC to contact me?	claim/injury/accContactProvider	Required	1. Have this as an option for the Provider. 2. Do not print this on any printouts.

3.2 SEND A CLAIM

Service / Function / Step in process	API JSON Field Name	Required / Recommended / Optional	Description
<Submit> or <Send>		Required	Claim content sent to ACC.
Acknowledgment to Provider		Required	Minimum message to Provider is to be "ACC advise that your submission has been received, thank you."
Print outs for patients			
Printout options - Patient copy of claim - Employer copy of claim - Referral(s)		Required	1. Printouts are required. 2. Content within print outs is required. 3. Format is over to the vendor. Examples of a patient copy of injury and a fitness for work statement are provided in the **Format is over to the vendor** section below.
		Required	Allow the Provider to print any combination of documents.
		Required	The "ACC to contact" tick-box is submitted to ACC and deliberately not printed.
		Required	Ability to print the same content again at another time. E.g. Patient returns having lost the employer copy.
		Optional	1. Use of the ACC logo. 2. Request via "Contact" on the Developer Resource Centre (DRC).

FORMAT IS OVER TO THE VENDOR
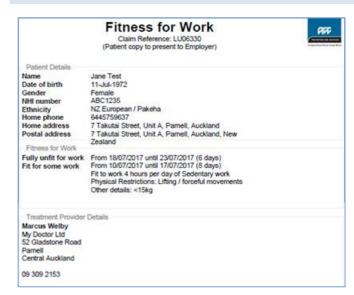
PATIENT CONSENT (DECLARATION)

See above.

PATIENT / ACC COPY

COPY FOR THE EMPLOYER

REFERRALS

1. Format can be that used by the system vendor.
2. Vendors have used the provided patient and/or ACC copy of the claim for referrals because it also provides the specific message(s) to another provider in the top right corner.