



# Common (Core) API Specification

Version 1.12, April 2024

Business Group	Provider Consumed Services
Project Sponsor	Nathan Bramley

## TABLE OF CONTENTS

<b>Table of Tables</b> .....	<b>5</b>
<b>Changes since v1.0</b> .....	<b>6</b>
<b>1 Overview</b> .....	<b>7</b>
1.1 Summary of APIs.....	7
1.1.1 Claims.....	7
1.1.1 Medical certificate and change diagnosis .....	8
1.1.2 Invoices and payments.....	8
1.1.3 Query code tables .....	9
1.2 Terms and abbreviations .....	9
<b>2 The API process</b> .....	<b>10</b>
2.1 Authenticate .....	10
2.2 Validate .....	11
2.3 Authorise.....	11
2.4 Translate diagnosis codes .....	11
2.5 Submit.....	12
2.5.1 Submit requests .....	12
2.5.2 Submit queries .....	13
2.6 Summary of response codes.....	14
<b>3 Standard behaviour</b> .....	<b>15</b>
3.1 Input.....	15
3.1.1 Strings and number.....	15
3.1.2 Dates and times .....	15
3.2 Error messages.....	15
3.2.1 System error.....	15
3.2.2 Validation errors .....	15
3.2.3 Generic validation errors .....	16
3.2.4 Legacy code tables .....	16

<b>4</b>	<b>Common input for submissions .....</b>	<b>17</b>
4.1	Accident .....	17
4.2	ACC assistance .....	17
4.3	Address .....	17
4.3.1	Address type .....	17
4.3.2	Address line 1 .....	18
4.3.3	Address line 2 .....	18
4.3.4	Suburb .....	18
4.3.5	Town or city .....	19
4.3.6	Postcode .....	19
4.3.7	Country .....	19
4.4	Claim .....	20
4.4.1	Claim identifier .....	20
4.5	Contact details .....	21
4.5.1	Email address .....	21
4.5.2	Mobile phone number .....	21
4.5.3	Work phone number .....	22
4.5.4	Home phone number .....	22
4.6	Dates .....	23
4.6.1	Accident date .....	23
4.6.2	Declaration date .....	23
4.6.3	Fitness-for-work start date .....	24
4.6.4	Fitness-for-work end date .....	24
4.6.5	Patient's date of birth .....	25
4.7	Diagnosis .....	26
4.7.1	Diagnosis coding system .....	26
4.7.2	Diagnosis code .....	27
4.7.3	Diagnosis description .....	27
4.7.4	Laterality code .....	28
4.7.5	Diagnosis comment .....	28
4.7.6	Diagnosis action .....	29
4.7.7	Primary diagnosis indicator .....	29
4.7.8	Diagnosis date .....	29
4.8	Fitness for work .....	30
4.8.1	Incapacity type .....	30
4.8.2	Other work capacity details .....	30
4.9	Patient (claimant) .....	31
4.9.1	NHI number .....	31
4.9.2	Other patient details .....	31

4.10 Personal name .....	32
4.10.1 First name .....	32
4.10.2 Middle name or initials .....	32
4.10.3 Family name .....	33
4.11 Provider .....	33
4.11.1 Provider identifier .....	33
4.11.2 Provider type code .....	34
4.11.3 Provider's name .....	34
4.11.4 Provider's address .....	34
4.11.5 Provider's contact details .....	34
4.11.6 Practice (facility) identifier and name .....	34
4.12 Software name and version .....	35
4.12.1 Software name .....	35
4.12.2 Software version .....	35
4.13 Vendor and facility .....	36
4.13.1 Vendor identifier .....	36
4.13.2 Facility number .....	36
4.13.3 Practice (facility) name .....	37
<b>5 Translate read or SNOMED codes .....</b>	<b>38</b>
5.1 Read code to SNOMED code .....	38
5.2 SNOMED code to read code .....	38
<b>6 Common input for queries .....</b>	<b>40</b>
6.1 Claim .....	40
6.1.1 Claim (medical fees) number .....	40
6.1.2 Claim database identifier .....	41
6.2 Dates .....	42
6.2.1 Start date .....	42
6.2.2 End date .....	43
6.3 Invoice (schedule) .....	44
6.3.1 Invoice number .....	44
6.4 Page number and size .....	44
6.4.1 Page number .....	44
6.4.2 Number of results per page .....	45
6.5 Patient .....	45
6.5.1 NHI number .....	45
6.6 Payment .....	45
6.6.1 Payment reference .....	45
6.7 Provider .....	46
6.7.1 Provider ID .....	46
6.8 Vendor .....	46
6.8.1 Vendor ID .....	46

## TABLE OF TABLES

Table 1: Claims endpoints .....	7
Table 2: Medical certificate and Change diagnosis endpoints .....	8
Table 3: Invoices and payments endpoints.....	8
Table 4: Query code tables .....	9
Table 5: Terms and abbreviations.....	9
Table 6: API process flow .....	10
Table 7: Queries and results .....	13
Table 8: When a query returns no results .....	14
Table 9: Response codes.....	14
Table 10: Standard error messages .....	16
Table 11: SNOMED to read examples .....	38

## CHANGES SINCE V1.0

Version	Where	Change
	section 1.1.4 & section 2.5.2	added the code-tables API
	section 3.2.2	new 'Invalid JSON' error
	section 3.2.3	new 'Duplicate fields submitted' error (but Apigee doesn't pass a message with duplicate fields to the API)
	section 4.4.1	claim number error message updated
	section 4.6.5	all error conditions for the patient's or claimant's date of birth now included
	section 4.7	diagnosis elements reordered to match Swagger
	section 4.9.1	NHI number, added a query claims endpoint
	section 4.11.1	all error conditions for the provider ID now included
	section 4.12	new fields, Software name and version
	section 5.2	read code for an unspecified condition is Z followed by 4 dots
1.4	sections 6.2.1 & section 6.2.2	start and end dates, added error conditions for query invoices and payments
1.5	section 4.5.1 section 4.7.2	The addition of additional reference material in the <b>Note</b> sub-section as there could be some confusion around the dates of changes in the rules may render the original information incorrect, either partially or fully. Updated confluence links as they were pointing to a wrong reference and coming up as dead links.
1.6	section 4.4.1 section 6.1.1	1. Added two additional Claim Number formats of: [0-9]{5}[A-Z]{2} [0-9]{4}[A-Z]{3} 2. Added the two additional Claim Number patterns of 99999AA and 9999AAA.  1. Added two additional Claim Number formats of: [0-9]{5}[A-Z]{2} [0-9]{4}[A-Z]{3} 2. Added the two additional Claim Number patterns of 99999AA and 9999AAA.
1.7		Rectifying some specification issues identified internally.
1.8	section 4.9.2	Rectified missing section references and pagination issues.
1.9	section 4.9.1	<ul style="list-style-type: none"> <li>Clarified original NHI Number format: 'AAANNNC' (3 alpha, 3 numeric and one numeric check digit)</li> <li>Introduced additional NHI Number format: 'AAANNAX' (3 alpha, 2 numeric, 1 alpha and one alpha check digit).</li> </ul>
1.10	Section 4.7.4	Removal of Medical Certificate and Change Diagnosis from the Laterality Code as bilateral only applies to Claim
1.11	Section 4.7.4	Added Change Diagnosis and Medical Certificate back into the Laterality Code, but made it obvious that bilateral does NOT apply to these two APIs by clarifying that the Limit for both Change Diagnosis and Medical Certificate is: enum (notApplicable, left, right) ONLY.
1.12	Section 4.11.1	Updated to clarify the error message after checking the API and how error is being handled in the API.

## 1 OVERVIEW

ACC APIs enable vendors to submit requests that are processed by ACC's electronic gateway, and on success passed on to the relevant ACC system. These support querying the status of claims, invoices, and payments.

**This document** describes functions, components, and validation common to all the APIs:

- this section lists the APIs, lists source documents, and defines common terms
- **section 2** outlines the general process for all endpoints
- **section 3** describes principles and validation common throughout
- **sections 4 and 6** specify common input formats and input validation for submitting a request and submitting queries, respectively
- **section 5** describes translating read and SNOMED codes.

Specifications for each API exist on the Developer Resource Centre. API specifications may extend or override the common specifications given here.

In **sections 4 and 6**, the 'UI suggestion' value shows what a user might think the field is intended for, and what content to expect. It's not a required standard—the user experience is up to you. You may choose different names to label the same fields in different APIs. These suggestions are further extended through the "A Guide to building User Interfaces" content which is lined to each API Specification.

### 1.1 SUMMARY OF APIS

The following APIs are available. In all cases, insert '/https://<environment>/<version>', as required, between 'GET' or 'POST' and the rest of the URI.

#### 1.1.1 CLAIMS

URI	Description
POST /claims	Create a claim
GET /claims/summary/status	List claims submitted by an organisation
GET /claims/summary/patient	List claims for a given patient
GET /claims/summary/{claimNumber}	List claims with a given claim number
GET /claims	Get details of a claim selected from a list
POST /claims/status	Get the registration status of a list of claims
GET /claims/status/filter	Get the registration status of selected claims
GET /claims/status	Get the registration status of a given claim
GET /claims/claimNumber	Get allocated an unused claim number

*Table 1: Claims endpoints*

The Claims API enables a vendor to submit a new claim request to be processed by ACC's eChannel gateway, and offers various ways for a health provider to find information about claims that have been submitted, and possibly processed by ACC's Claim System Eos, as shown in Table 6, section 2.

### 1.1.1 MEDICAL CERTIFICATE AND CHANGE DIAGNOSIS

URI	Description
POST /claims/medical-certificates	Create a new medical certificate
POST /claims/change-diagnosis	Add a diagnosis to a submitted claim, or change or delete an existing diagnosis

*Table 2: Medical certificate and Change diagnosis endpoints*

A health provider can use these APIs to submit a medical certificate request, or a request to add, change or delete a diagnosis, for a claim that has been submitted to ACC.

### 1.1.2 INVOICES AND PAYMENTS

URI	Description
POST /claims/vendors/invoice	Create a new invoice for the given vendor
GET /claims/vendors/submissions	List invoices submitted by this vendor
GET /claims/vendors/invoices/batch	Get a summary of this vendor's invoices
GET /claims/vendors/invoice/{scheduleId}	Get details of the given invoice
GET /claims/vendors/payments	List payments to this vendor
GET /claims/vendors/payments/summary/{paymentReference}	Get a summary of a given payment made to this vendor
GET /claims/vendors/payments/details/{paymentReference}	Get details of a given payment made to this vendor

*Table 3: Invoices and payments endpoints*

This API enables a vendor to submit a schedule of invoices to be processed by the eChannel gateway, and offers several ways to find information about schedules of invoices that have been submitted to the eGateway, and possibly processed by MFP. Vendors can also search for the payment status of an invoice, and payment advice details.



### 1.1.3 QUERY CODE TABLES

URI	Description
GET /claims/code-tables/categories	List the code-table categories
GET /claims/code-tables/category	List the codes in a given category
GET /claims/code-tables/code	Return the name and description of a given code

*Table 4: Query code tables*

The Query code tables API allows health providers to look up certain code tables.

## 1.2 TERMS AND ABBREVIATIONS

Terms	Description
ACC18	The ACC medical certificate form.
ACC40	The form for a schedule of invoices submitted electronically to ACC, also referred to as an eSchedule.
ACC45	The ACC injury claim form
Facility	The building, site, or location where a health provider has treated an ACC claimant. Example: Wellington Hospital A facility has an HPI-FAC identifier, like FB1032, in the Health Practitioner Index.
Invoice	Although the terms 'invoice' and 'schedule' are used interchangeably, in fact each schedule line item is an invoice, with a contract identifier, service details, and amount.
Organisation	The employer of a health provider, or the umbrella group including that employer. Example: Southern Cross An organisation has an HPI-ORG identifier, like GA1234.
Provider	A health professional such as a doctor or physiotherapist, with an HPI-CPN identifier like 12ABCD; or a person providing services, such as a taxi driver or home help worker.
Schedule	Often referred to as an invoice, a schedule contains one or more line items, each one being an invoice for a given amount.
Service code	Identifies the health service that has been provided, for which the cost is charged to ACC. A service code is always linked to a contract, a purchase order, or a regulation identifier, and identified with a flat fee, or a unit, time, or distance measure. Sometimes called an 'unload reference'.
Vendor	A business providing health treatment. Example: Capital Coast Health A vendor has a GST number and a bank account, and one or more contracts with ACC. (In this case, vendor does not refer to a software vendor, the supplier of a software system used for instance by medical practices.)

*Table 5: Terms and abbreviations*

## 2 THE API PROCESS

Table 6 outlines the process flow, using Claims as an example.

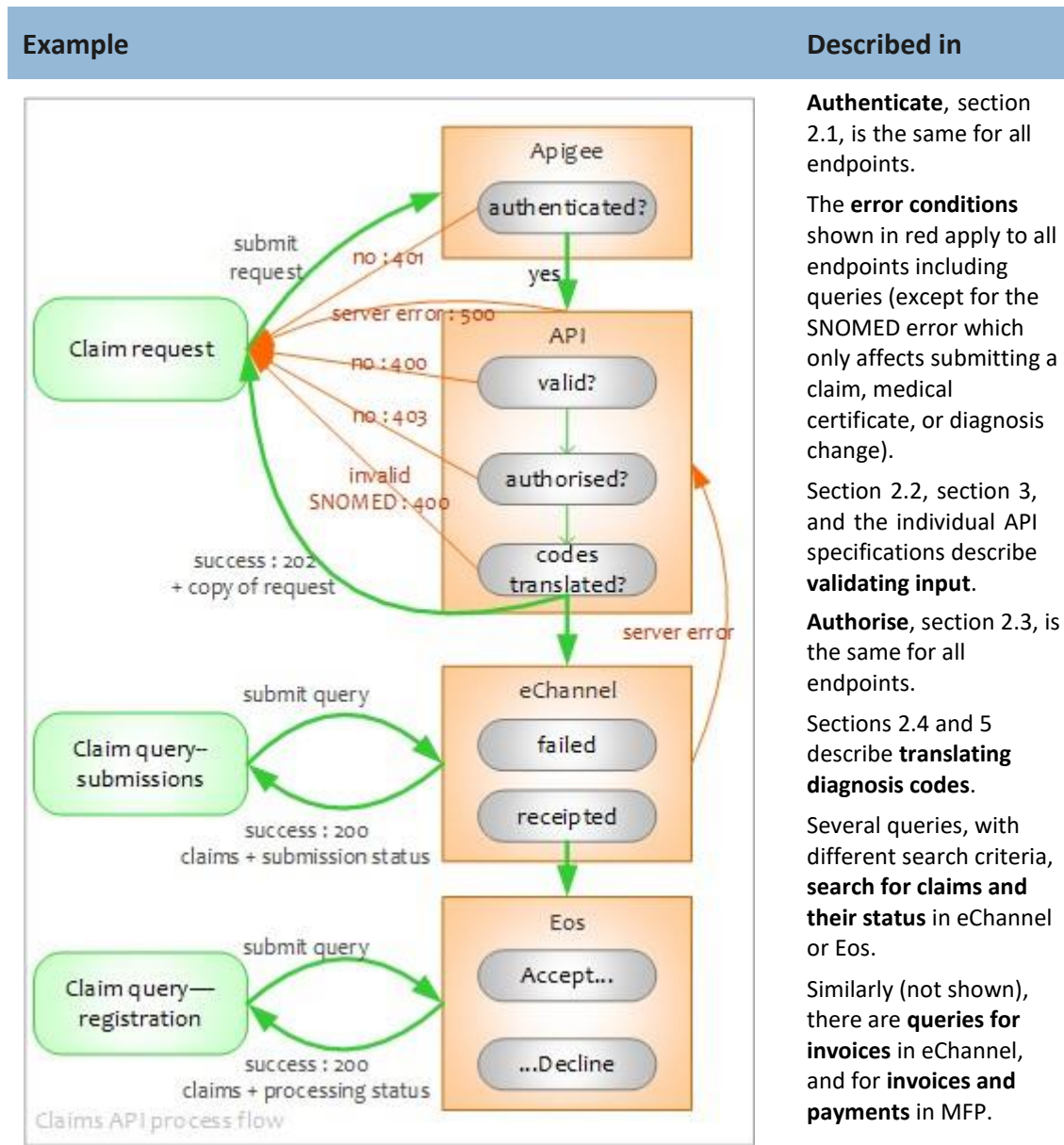


Table 6: API process flow

Section 2.6 lists all the possible response codes.

### 2.1 AUTHENTICATE

Apigee, not the API, authenticates the request. If the sender does not have a valid digital certificate, the SSL handshake is not completed and the transaction does not take place; Apigee may return an error message about the SSL certificate.

## 2.2 VALIDATE

The API validates each input field of an authenticated request, and transforms the request into an XML object that can be submitted to the target system. Sections 4 and 5 of this document describe validation that applies to more than one endpoint. API-specific validation is specified separately for each API.

If a request fails validation, the API returns all relevant error messages to the sending application, with no further processing.

In the current release, the APIs validate fields **except** when this requires looking up a code table (which must currently be done on-premises, not in the cloud). Code-table values are passed through to the legacy system as if they are valid, with no error message from the API. The legacy system carries out all the usual validation, including verifying codes with the relevant code table, and returns an error message if appropriate.

## 2.3 AUTHORISE

A provider must be authorised to submit a request, or to use the API queries. When a request or query has been validated, the API:

- gets from Apigee the email address from the sender's digital certificate
- verifies that the account with this email address is authorised to make the request or query.

If the account is not authorised, a log file records the specific error, but the error message returned to the sender is the same in all cases:

'You are not authorised to access this service. Contact ACC Digital Operations on 0800 222 994 option 1 to arrange permission.'

## 2.4 TRANSLATE DIAGNOSIS CODES

This applies to Claim requests, Medical certificate requests, and Change diagnosis requests.

The API accepts ICD-9 and ICD-10 codes as valid, and includes them in the request payload with no translation.

Section 5 of this document describes translating read codes to SNOMED codes, and SNOMED codes to read codes.

If any diagnosis has an invalid SNOMED code, that request is not submitted to eChannel.

## 2.5 SUBMIT

### 2.5.1 SUBMIT REQUESTS

1. **Submit to eChannel.** When:
  - a. a claim request with valid diagnosis codes has been authorised, the API submits it as an ACC45 to the eChannel gateway
  - b. a medical certificate or change diagnosis request with valid diagnosis codes has been authorised, the API submits it as an ACC18 to the eChannel gateway
  - c. a schedule (invoice) request has been authorised, the API submits it as an ACC40 to the eChannel gateway.

2. **Return a copy.** The API returns a copy of the request to the sender as a JSON file, with the code 202 'accepted'.

The copy returned to the sender matches the request originally sent to the API, not the transformed version submitted to eChannel. But it also includes:

- a. for a claim, medical certificate, or change diagnosis request, diagnosis code translations as defined in section 5
  - b. for an invoice request, these values created by the API (as defined in the Invoice API specification):
    - i. the `invoiceNumber`, identifying the schedule
    - ii. each `scheduleLineId`.
3. **eChannel validation.** The eChannel gateway carries out its own validation, retaining results in its database. If a request is:
    - a. validated, it is put on the queue for processing in the target system (see step 4), with submission status 'RECEIPTED' (that is, successfully received)
    - b. not validated, its submission status is 'FAILED'. In this case the request won't be processed by Eos, but it is recorded in the eChannel database which can be searched.
  4. **Submit to the ACC system.** On success, the gateway passes:
    - an ACC45 to Eos (where it may be accepted—'registered'—or rejected)
    - an ACC18 (medical certificate or change of diagnosis) to Eos
    - an ACC40 to MFP.
  5. **Result.** Eos and MFP return the final result of the request to the sender.

## 2.5.2 SUBMIT QUERIES

When a query request has been authorised, the API queries the target and returns results as follows:

Query endpoint	Target and key result values
GET /claims/summary/status	eChannel database
GET /claims/summary/patient	The claim submission status 'FAILED' or
GET /claims/summary/{claimNumber}	'RECEIPTED'
GET / claims	
POST /claims/status	Eos
GET /claims/status/filter	The registration (processing) status, such as
GET /claims/status	'Accept' for each claim selected
GET /claims/vendors/submissions	eChannel database
	The schedule submission status 'FAILED' or
	'RECEIPTED'
GET /claims/vendors/invoices/batch	MFP
	The processing status (such as Authorised,
	Partially Paid) of each schedule
GET /claims/vendors/invoice/{scheduleId}	MFP
	Details including payment status (such as
	Paid, Payment Cancelled) of the selected
	schedule
GET /claims/vendors/payments	MFP
	A list of payments to the selected vendor
GET /claims/vendors/payments/summary{paymentReference}	MFP
	A summary or details of a selected payment
GET /claims/vendors/payments/details/{paymentReference}	
GET /claims/code-tables/categories	ACC code tables, such as address type,
GET /claims/code-tables/category	ethnicity, occupation, scene, work type (not
GET /claims/code-tables/code	including claim number, contract number,
	diagnosis code, facility code, NHI number,
	provider ID, service code, vendor ID)

**Table 7: Queries and results**

Sometimes a query can only return some of the results in the search. In this case, the missing results are shown with null values.

In the following conditions, a valid query returns no results:

Condition	Code	Message
Legacy system reports an error - for instance when the vendor or provider given is not found or not active, or the payment reference given is not found		[error message from the legacy system]
The following conditions are all met: <ul style="list-style-type: none"> <li>a required identifier is not found in the ACC database</li> <li>no error is reported from the legacy system</li> <li>there are no other matching results</li> </ul>	200	Your search has returned no results. Please modify your search.
These conditions are both met: <ul style="list-style-type: none"> <li>a required identifier is found in the ACC database, but not for this vendor or other search criteria</li> <li>there are no other matching results</li> </ul>	200	Your search has returned no results. Please modify your search

Table 8: When a query returns no results

## 2.6 SUMMARY OF RESPONSE CODES

HTTP code	Database	Description
200	EM00	Successful query request
200	EM02-150	Your search has returned no results. Please refine your search.
202	-	Successful submission request
400	EM02-001	Vendor record is not currently active or in use
400	EM02-002	Provider record is not currently active or in use
400	EM02-003	Schedule not registered at ACC
400	EM02-006	NHI client number not held at ACC.
400	EM02-009	Validation error
400	EM02-600	NHI client number and date of birth does not return unique record—please contact ACC Provider Helpline 0800 222 070
401	-	Authentication error [user account not known]
403	-	Authorisation error [user account doesn't have the right security]
404	-	'not found', for instance when an endpoint is mistyped, or a required field is omitted; various error messages, probably from the browser
500	-	Internal server error

Table 9: Response codes

## 3 STANDARD BEHAVIOUR

### 3.1 INPUT

#### 3.1.1 STRINGS AND NUMBER

The API trims leading and trailing spaces from all string input.

Integer and decimal numbers must be entered without commas. The JSON maximum for an integer is 2,147,483,647; for a long integer, 9,223,372,036,854,775,807.

#### 3.1.2 DATES AND TIMES

Dates and times follow Swagger Specification standards.

### 3.2 ERROR MESSAGES

#### 3.2.1 SYSTEM ERROR

When a system error (error code 500) occurs, the API returns this message:

'There is an ACC system issue. Advise ACC Digital Operations on 0800 222 994 option 1. You'll need to resubmit your content later.'

#### 3.2.2 VALIDATION ERRORS

In the unlikely event that invalid JSON is submitted, such as a True / False field given as [{}] (without quote marks), the API returns an error message, 'Invalid JSON submitted.' The field name is not given, since the error may apply to all fields from that point onwards. [AICS-207]

In all other cases when the API returns an error message that relates to a specific field, the name of that field is given with the error, for instance:

```
declarationDate. The date format is invalid; use YYYY-MM-DD.
```

### 3.2.3 GENERIC VALIDATION ERRORS

The following validation error messages are returned whenever they apply:

Condition	Error message
The field is mandatory ('required'), and no value is present	This field is required.
Duplicate fields submitted*	More than one value submitted.
The value submitted is longer than the maximum length allowed for the field (when the minimum value is 1)	The field cannot be more than <maximum length> characters.
The value submitted is shorter than the minimum length	This field must be at least <minimum length> and no more than <maximum length> characters long.
The value submitted is longer than the maximum length (when the minimum value is greater than 1)	This field must be at least <minimum length> and no more than <maximum length> characters long.
Invalid format—integer field	This value must be a whole number no greater than 2,147,483,647.
Invalid format—alphanumeric field	The <field name> can only contain letters and numbers, no more than <maximum length> characters in all.
Invalid date format or date—date field	The date does not exist, or the format is invalid; use YYYY-MM-DD.
Not in valid email address format	This email address may not work.

*Table 10: Standard error messages*

\* In practice this error message will not be seen, since Apigee prevents a message with duplicate fields from reaching the API.

### 3.2.4 LEGACY CODE TABLES

As noted in section 2.2, the current release doesn't verify any codes from legacy code tables held at ACC. The target system carries out further validation and returns relevant errors to the sender.



## 4 COMMON INPUT FOR SUBMISSIONS

This section specifies the input format and validation for data elements common to two or more APIs, for **submitting requests**. See also:

- the standard errors in section 3.2
- the individual API specifications for all remaining details, such as the order of input, unique data elements, and variations or extensions from the common validation given here.

Variations in the required input format occur because requests to submit claims, medical certificates, and invoices must comply with different legacy schemas.

### 4.1 ACCIDENT

See section 4.6.1 for the accident date.

The Claim API specifies the accident or injury scene, location, causes, and whether the patient was admitted to hospital.

### 4.2 ACC ASSISTANCE

See the Claim and Medical certificate API specifications for these data elements, which are specific to those requests.

Both APIs ask whether ACC should contact the provider, but the answer for Claim must be one of the four rehabilitation code-table values, and for Medical certificate false or true.

### 4.3 ADDRESS

#### 4.3.1 ADDRESS TYPE

Field Name	type	
APIs	Claim: employer, patient, provider Medical certificate, Change diagnosis: patient, provider	
UI suggestion	Address type	
Data type	enum (Home, Postal)	
Note	Claim request: additional error conditions for employer's address	
<b>Error Condition</b>	<b>Code</b>	<b>Message</b>
Value not in the enum list	400	This value must be one of [Home, Postal].

---

#### 4.3.2 ADDRESS LINE 1

Field name	line1
APIs	Claim: employer, patient, provider Medical certificate, Change diagnosis: patient, provider
UI suggestion	Address
Data type	string
Limit	Claim: 1-35 characters Medical certificate, Change diagnosis: 1-40 characters
Format	
Note	Claim: additional error conditions for employer's address

---

#### 4.3.3 ADDRESS LINE 2

Field name	line2
APIs	Claim: employer, patient, provider Medical certificate, Change diagnosis: patient, provider
Data type	string
Limit	Claim : 1-30 characters Medical certificate, Change diagnosis: 1-40 characters
Format	
Note	Claim: additional error conditions for employer's address

---

#### 4.3.4 SUBURB

Field name	suburb
APIs	Claim: employer, patient, provider Medical certificate, Change diagnosis: patient, provider
Data type	string
Limit	Claim: 1-30 characters Medical certificate, Change diagnosis: 1-40 characters
Format	
Note	Enter the suburb if it's different from the town. Claim: additional error conditions for employer's address

#### 4.3.5 TOWN OR CITY

Field name	city	
APIs	Claim:	employer, patient, provider
	Medical certificate, Change diagnosis:	patient, provider
Data type	string	
Limit	Claim:	1-30 characters
	Medical certificate, Change diagnosis:	1-40 characters
Format		
Note	Claim: additional error conditions for employer's address	

#### 4.3.6 POSTCODE

Field name	postCode	
APIs	Claim:	employer, patient, provider
	Medical certificate, Change diagnosis:	patient, provider
Data type	string	
Limit	Claim:	4-20 characters
	Medical certificate, Change diagnosis:	4-10 characters
Format		
Note	<p>Although New Zealand postcodes are generally 4 digits, overseas postcodes may include alphabetic characters, such as 'NW1'.</p> <p>Claim: additional error conditions for employer's address</p> <p>Invoice: only required for New Zealand addresses</p>	

#### 4.3.7 COUNTRY

Field name	country	
APIs	Claim:	employer, patient, provider
	Medical certificate, Change diagnosis:	patient, provider
Data type	string	
Limit	Claim:	1-30 characters
	Medical certificate, Change diagnosis:	1-40 characters
Format		
Note	Claim: additional error conditions for employer's address	

## 4.4 CLAIM

**Caution:** see also section 6.1, which specifies the claim identifier requirements for queries.

### 4.4.1 CLAIM IDENTIFIER

Field name	Claim, Medical certificate, Change diagnosis:	<code>claimNumber</code>
	Invoice:	<code>claimId</code>
APIs	Claim, Medical certificate, Change diagnosis, Invoice	
UI suggestion	Claim number (medical fees number)	
Data type	string	
Limit	Claim:	1-7 characters
	Medical certificate, Change diagnosis, Invoice:	1-12 characters
Format	Claim:	[A-Z]{2}[0-9]{5} [0-9]{5}[A-Z]{2} [0-9]{4}[A-Z]{3}
	Medical certificate, Change diagnosis, Invoice:	alphanumeric
Note	<p><b>Claim:</b> the ACC45 claim number, which must be unique. Examples: AB12345, 12345AB or 1234ABC</p> <p><b>Medical certificate, Change diagnosis, Invoice:</b> Examples can be any one of: A123456, AA12345, 12345AB, 1234ABC, 1234567, 12345678901, A1234567890 where A represents an alphabetic character and each digit represents any digit.</p> <p><b>Invoice:</b> the ACC45 <code>ClaimNumber</code> or form number; also referred to as the Medical fees number. Examples: form number: DS34534 claim number: 11145678901</p> <p>The API doesn't verify whether the claim number exists. The <code>claimNumber</code> identifier is used in claim queries.</p>	
<b>Error condition</b>	<b>Code</b>	<b>Message--Claim</b>
Format is invalid	400	The claim number format is invalid; it must be in the form A999999, AA99999, 99999AA or 9999AAA, where A is any capital letter, 9 is any single digit, and there are 7 characters altogether.
		<b>Message—Medical certificate, Change diagnosis</b>
		The claim number is not in valid form. Please resubmit with the ACC45 or Claim number from the PMS.
		<b>Message--Invoice</b>
		The claim number can only contain letters and numbers, no more than 12 characters in all.

## 4.5 CONTACT DETAILS

### 4.5.1 EMAIL ADDRESS

Field name	emailAddress	
APIs	Claim:	patient
	Medical certificate, Change diagnosis:	patient, provider
UI suggestion	Email address	
Data type	string	
Limit	1-255 characters	
Format	valid email form	
Note	<p>Claim: see notes in the Claims API</p> <p>valid email address format, as in <a href="https://rumkin.com/software/email/">https://rumkin.com/software/email/</a></p> <p><b>27 September 2022:</b></p> <p>As at the above date some confusion around the dates of changes in the rules may render the above information incorrect, either partially or fully. The following links are intended to assist you in your decisions.</p> <ul style="list-style-type: none"> <li>• <a href="#">RFC 5322 - Internet Message Format (ietf.org)</a> Obsoletes RFC 2822 referred to in the above rumkin.com link.</li> <li>• <a href="#">RFC 6854 - Update to Internet Message Format to Allow Group Syntax in the "From:" and "Sender:" Header Fields (ietf.org)</a> Updates RFC 5322.</li> </ul>	
<b>Error condition</b>	<b>Code</b>	<b>Message</b>
Not in valid email address format	400	This email address may not work.

### 4.5.2 MOBILE PHONE NUMBER

Field name	mobilePhone	
APIs	Claim:	patient
	Medical certificate, Change diagnosis:	patient, provider
UI suggestion	Mobile number	
Data type	string	
Limit	Claim:	1-20 characters
	Medical certificate, Change diagnosis:	1-30 characters
Format		
Note	Claim: If the patient has a cell phone number, please enter it.	

---

### 4.5.3 WORK PHONE NUMBER

Field name	workPhone	
APIs	Claim:	patient
	Medical certificate, Change diagnosis:	patient, provider
UI suggestion	Work phone number	
Data type	string	
Limit	Claim:	1-20 characters
	Medical certificate, Change diagnosis:	1-30 characters
Format		
Note	No format validation	

---

### 4.5.4 HOME PHONE NUMBER

Field name	homePhone	
APIs	Claim:	patient
	Medical certificate, Change diagnosis:	patient, provider
UI suggestion	Home phone number	
Data type	string	
Limit	Claim:	1-20 characters
	Medical certificate, Change diagnosis:	1-30 characters
Format		
Note	No format validation. Claim: only retains the home phone number if there is no mobile number	

## 4.6 DATES

Note also the generic errors in Table 10, section 3.2.

### 4.6.1 ACCIDENT DATE

Field name	accidentDate		
APIs	Claim, Medical certificate, Change diagnosis, Invoice		
UI suggestion	Injury date, or Accident date		
Data type	string date		
Format	YYYY-MM-DD		
Note			
<b>Error condition</b>	<b>Code</b>	<b>Message</b>	
Date is earlier than 1972-01-01	400	The date cannot be before 1972-01-01.	
Date is earlier than the patient's date of birth	400	The accident date cannot be before the patient's date of birth.	
Date is later than the declaration date	400	The accident date cannot be later than the date of the declaration.	

### 4.6.2 DECLARATION DATE

Field name	Claim, Medical certificate, Change diagnosis:	providerDeclaration
	Invoice:	declarationDate
APIs	Claim, Medical certificate, Change diagnosis, Invoice	
UI suggestion	Declaration date	
Data type	string date-time	
Format	YYYY-MM-DD	
Note	The date the form was signed, which is the effective date unless there is another date.	
<b>Error condition</b>	<b>Code</b>	<b>Message</b>
Date is earlier than 1900-01-01	400	The date cannot be before 1900-01-01.
Date is later than the current date	400	That date is in the future; enter a date no later than today.

---

#### 4.6.3 FITNESS-FOR-WORK START DATE

Field name	fromDate
APIs	Claim, Medical certificate
UI suggestion	Start date of incapacity period
Data type	string date-time
Format	YYYY-MM-DD
Note	Additional error conditions <b>vary</b> in the Claim and Medical certificate APIs
<b>Error condition</b>	<b>Code</b> <b>Message</b>
The from date is earlier than the patient's accident date	400      The period of time off work cannot start before the accident date.

---

#### 4.6.4 FITNESS-FOR-WORK END DATE

Field name	toDate
APIs	Claim, Medical certificate
UI suggestion	End date of incapacity period
Data type	string date-time
Format	YYYY-MM-DD
Note	Claim has additional error conditions
<b>Error condition</b>	<b>Code</b> <b>Message</b>
This date is earlier than the from date for this period	400      The end date of a period of incapacity must be no earlier than its start date.



#### 4.6.5 PATIENT'S DATE OF BIRTH

Field name	dateOfBirth
APIs	Claim, Medical certificate, Change diagnosis, Invoice
UI suggestion	Date of birth
Data type	string date-time
Format	YYYY-MM-DD
Note	Since the declaration date can't be in the future, neither can the date of birth. In the Invoice API the claimant's date of birth is optional, with a default value.

<b>Error condition—Claim, Medical certificate, Change diagnosis</b>	<b>Code</b>	<b>Message</b>
Date is earlier than 1900-01-01	400	The date cannot be before 1900-01-01.
Date is later than the declaration date	400	The date cannot be later than the declaration date.
<b>Error condition—Invoice</b>		<b>Message</b>
Date is not 1800-01-01, but is earlier than 1900-01-01	400	The date cannot be before 1900-01-01.
There is an accident date, and this date is later than the accident date	400	The date cannot be later than the accident date
Date is later than the current date	400	That date is in the future; enter a date no later than today.

## 4.7 DIAGNOSIS

### 4.7.1 DIAGNOSIS CODING SYSTEM

Field name	diagnosisCodeType
APIs	Claim, Medical certificate, Change diagnosis
UI suggestion	Read or ICD or SNOMED
Required?	Yes
Data type	string
Limit	1 character
Note	Code-table values: 1 read code or SNOMED code 2 ICD-9 3 ICD-10
<b>Error condition</b>	<b>Code</b> <b>Message</b>
Value not in (1, 2, 3)	400    This value must be one of [1, 2, 3].

### 4.7.2 DIAGNOSIS CODE

Field name	diagnosisCode
APIs	Claim, Medical certificate, Change diagnosis
UI suggestion	Diagnosis code
Required?	Yes
Data type	string
Limit	1-18 characters
Format	alphanumeric, also allowing '.'
Note	<p>For coding system 1:</p> <ul style="list-style-type: none"> <li>a read code contains exactly 5 characters, which must be alphanumeric, that is letters and digits, with a '.' also allowed</li> <li>a SNOMED code is 6-18 digits long, with digits only.</li> </ul> <p><a href="https://confluence.ihtsdotools.org/display/DOCRELFMT/6.1+SCTID+Data+Type">https://confluence.ihtsdotools.org/display/DOCRELFMT/6.1+SCTID+Data+Type</a> describes how SNOMED codes are represented; see examples at <a href="https://confluence.ihtsdotools.org/display/DOCRELFMT/6.8+Example+SNOMED+CT+identifiers">https://confluence.ihtsdotools.org/display/DOCRELFMT/6.8+Example+SNOMED+CT+identifiers</a></p>

Error condition	Code	Message
Coding system is 1 and length is more than 5 characters, but a non-digit character is included	400	This value is not a valid SNOMED code. SNOMED codes are 6-18 digits long.
Coding system is 1 and length is less than 6 characters, but an invalid character is included	400	This value is not a valid read code. Read codes are 5 characters long, with only letters, digits, and full stops allowed.

### 4.7.3 DIAGNOSIS DESCRIPTION

Field name	diagnosisDescription
APIs	Claim, Medical certificate, Change diagnosis
UI suggestion	Diagnosis description
Required?	Yes
Data type	string
Limit	Claim: 1-255 characters Medical certificate, Change diagnosis: 1-100 characters
Format	
Note	Mandatory, because the original description of a failed SNOMED translation is stored in a key-value pair.

---

#### 4.7.4 LATERALITY CODE

---

Field name	diagnosisSide		
APIs	Claim Change of Diagnosis Medical Certificate		
UI suggestion	Side		
Required?	Yes		
Data type	string		
Limit	Claim:	enum (notApplicable, left, right, bilateral)	
	Change of Diagnosis:	enum (notApplicable, left, right)	
	Medical Certificate:	enum (notApplicable, left, right)	
Note			
<b>Error condition</b>	<b>Code</b>	<b>Message</b>	
Value not in the enum list	400	This value must be one of [notApplicable, left, right, bilateral].	

---

#### 4.7.5 DIAGNOSIS COMMENT

---

Field name	diagnosisComment		
APIs	Medical certificate, Change diagnosis		
UI suggestion	Diagnosis comments (optional); can refer to any of the diagnoses; for instance, complications, severity		
Data type	string		
Limit	1-185 characters		
Format			
Note			

#### 4.7.6 DIAGNOSIS ACTION

Field name	diagnosisAction	
APIs	Medical certificate, Change diagnosis	
UI suggestion	Add, modify, or delete	
Data type	string	
Format	enum (add, modify, delete)	
Note	Choosing 'change' or 'delete' implies that the diagnosis described already exists in the relevant claim. The API cannot verify this, but Eos will.	
<b>Error condition</b>	<b>Code</b>	<b>Message</b>
Value not in the enum list	400	This value must be one of [add, modify, delete].

#### 4.7.7 PRIMARY DIAGNOSIS INDICATOR

Field name	primaryDiagnosisIndicator	
APIs	Medical certificate, Change diagnosis	
UI suggestion	Principal diagnosis	
Data type	string	
Format	enum (False, True)	
Note	In each request, exactly one diagnosis must be selected as primary.	
<b>Error condition</b>	<b>Code</b>	<b>Message</b>
Value not in the enum list	400	This value must be one of [False, True].
This field is True for another diagnosis	400	Exactly one diagnosis must be selected as primary.
No diagnosis has this field set to True	400	Exactly one diagnosis must be selected as primary.

#### 4.7.8 DIAGNOSIS DATE

The API sets this to the current date.

## 4.8 FITNESS FOR WORK

### 4.8.1 INCAPACITY TYPE

Field name	incapacityType	
APIs	Claim, Medical certificate	
UI suggestion	Fully unfit for work, or fit for some work	
Data type	string	
Format	enum (Fitforselectedwork, Fullyunfitforwork)	
Note	<b>Additional error conditions vary</b> in the Claim and Medical certificate APIs	
<b>Error condition</b>	<b>Code</b>	<b>Message</b>
Value not in the enum list	400	This value must be one of [Fitforselectedwork, Fullyunfitforwork].

### 4.8.2 OTHER WORK CAPACITY DETAILS

See sections 4.6.3 and 4.6.4 for the start and end dates of an incapacity period.

See the Claim and Medical certificate API specifications for the other data elements, which are specific to each API.

## 4.9 PATIENT (CLAIMANT)

### 4.9.1 NHI NUMBER

Field name	nhi
APIs	Claim, Medical certificate, Change diagnosis, Invoice Query claims GET /claims/status/filter
UI suggestion	NHI number
Data type	string
Limit	exactly 7 characters
Format	alphanumeric
Note	Valid NHI number format is: <ul style="list-style-type: none"> <li>• 'AAANNNC' (3 alpha, 3 numeric and one numeric check digit)</li> <li>• 'AAANNAX' (3 alpha, 2 numeric, 1 alpha and one alpha check digit)</li> </ul>
<b>Error condition</b>	<b>Code</b> <b>Message</b>
Invalid format	400    The NHI number can only contain letters and numbers, and must have exactly 7 characters.

### 4.9.2 OTHER PATIENT DETAILS

See:

- section 4.3, Address
- section 4.5, Contact details
- section 4.6.5, Patient's date of birth
- section 4.10, Personal name

The patient's gender, ethnicity, employment status and details, and occupation status are only used in the Claim API.

## 4.10 PERSONAL NAME

### 4.10.1 FIRST NAME

Field name	firstName	
APIs	Claim, Medical certificate, Change diagnosis, Invoice: patient, provider	
UI suggestion	First name	
Data type	string	
Limit	Claim:	1-40 characters
	Medical certificate, Change diagnosis:	1-50 characters
	Invoice patient:	1-20 characters
	Invoice provider:	1-50 characters
Format		
Note		

### 4.10.2 MIDDLE NAME OR INITIALS

Field name	middleName	
APIs	Claim, Medical certificate, Change diagnosis, Invoice: patient, provider	
UI suggestion	Middle name or initials	
Data type	string	
Limit	Claim:	1-40 characters
	Medical certificate, Change diagnosis:	1-50 characters
	Invoice patient:	1-80 characters
	Invoice provider:	1-50 characters
Format		
Note		



### 4.10.3 FAMILY NAME

Field name	surname
APIs	Claim, Medical certificate, Change diagnosis, Invoice: patient, provider
UI suggestion	Family name or surname
Data type	string
Limit	Claim, Medical certificate, Change diagnosis: 1-50 characters Invoice patient: 1-25 characters Invoice provider: 1-50 characters
Format	
Note	

## 4.11 PROVIDER

### 4.11.1 PROVIDER IDENTIFIER

Field name	providerId
APIs	Claim, Medical certificate, Change diagnosis, Invoice
UI suggestion	ACC provider identifier
Data type	string
Limit	Claim: 1-6 characters Medical certificate, Change diagnosis: 1-8 characters Invoice: 2-8 characters
Format	Invoice: alphanumeric
Note	A unique identifier for the provider, either the ACC number or the HPI number.
<b>Error condition—Invoice</b>	<b>Message</b>
invalid format	400 This field can only contain letters and numbers.
Value has fewer than 2 or more than 9 characters	400 This value must be at least 2 and no more than 9 characters long.

#### 4.11.2 PROVIDER TYPE CODE

---

Field name	providerTypeCode
APIs	Claim, Medical certificate, Change diagnosis
UI suggestion	Provider type
Data type	string
Limit	1 or 2 characters
Format	
Note	The provider type code tables include 55 entries, with values such as Audiologist, District Nurse, Radiotherapist, and codes 1 or 2 digits long.

---

#### 4.11.3 PROVIDER'S NAME

See section 4.10, Personal name

---

#### 4.11.4 PROVIDER'S ADDRESS

See section 4.3, Address

---

#### 4.11.5 PROVIDER'S CONTACT DETAILS

See section 4.5, Contact details.

---

#### 4.11.6 PRACTICE (FACILITY) IDENTIFIER AND NAME

See section 4.13.

## 4.12 SOFTWARE NAME AND VERSION

Required fields, new in Release 3.

### 4.12.1 SOFTWARE NAME

Field name	pmsSoftwareName
APIs	Claim, Medical certificate, Change diagnosis, Invoice
UI suggestion	N/A
Required?	Yes
Data type	string
Limit	1-80 characters
Note	

### 4.12.2 SOFTWARE VERSION

Field name	pmsSoftwareVersion
APIs	Claim, Medical certificate, Change diagnosis, Invoice
UI suggestion	N/A
Required?	Yes
Data type	string
Limit	1-10 characters
Note	

## 4.13 VENDOR AND FACILITY

### 4.13.1 VENDOR IDENTIFIER

Field name	Claim, Medical certificate, Change diagnosis: Invoice:	hpiOrganisationNumber vendorId
APIs	Claim, Invoice	
UI suggestion	HPI organisation	
Data type	string	
Limit	1-12 characters	
Format	Claim, Medical certificate, Change diagnosis: Invoice: alphanumeric, also allowing forward-slash '/'	string
Note		
<b>Error condition</b>	<b>Code</b>	<b>Message</b>
Value contains non-alphanumeric characters other than forward-slash, or is longer than 12 characters.	400	The vendor ID is invalid; it can only contain letters, numbers, and '/', no more than 12 characters in all.

### 4.13.2 FACILITY NUMBER

Field name	Claim, Medical certificate, Change diagnosis: Invoice:	hpiFacilityNumber facilityId
APIs	Claim, Medical certificate, Change diagnosis, Invoice	
UI suggestion	HPI facility	
Data type	string	
Limit	Claim: Medical certificate, Change diagnosis: Invoice:	1-8 characters 1-12 characters 1-6 characters
Format	Invoice:	alphanumeric
Note	Not always in HPI format	

---

**4.13.3 PRACTICE (FACILITY) NAME**

---

Field name	practiceName
APIs	Claim, Medical certificate, Change diagnosis
UI suggestion	Practice name
Data type	string
Limit	1-40 characters
Format	
Note	

---

## 5 TRANSLATE READ OR SNOMED CODES

When a claim, medical certificate, or change-diagnosis request has been authorised, for each diagnosis which includes:

- a read code, the API looks up the relevant SNOMED code
- a SNOMED code, the API looks up the relevant read code and on success, replaces the SNOMED code in the request with the result.

### 5.1 READ CODE TO SNOMED CODE

If every diagnosis in a request has a read code, the API submits this request to ACC's eGateway, regardless of the translation result—this translation never causes failure.

The API logs the result of each successful translation (the matched read and SNOMED codes, with the full message payload) in ACC's ICS database.

Vendors can find translations for read and SNOMED codes as follows:

- given a read code, find the SNOMED code:  
[https://accapi.snochillies.com/api/v1/readcode?readcode=G60...&accesskey=vHft2abD\\_Wsx8V1L](https://accapi.snochillies.com/api/v1/readcode?readcode=G60...&accesskey=vHft2abD_Wsx8V1L)
- given a SNOMED code, find the read code:  
<https://accapi.snochillies.com/api/v1/snomedcode/439820062/CU3NjKT8NZpbtjx>.

### 5.2 SNOMED CODE TO READ CODE

The Translation API returns an error message for every invalid SNOMED code submitted—that is, a code not in the SNOMED CT International edition.

For every valid SNOMED code, it returns:

- the **mapped read code** and read description, if available
- if no mapping is found, an **exception read code** and read description
- the original SNOMED code ('concept ID') and description (the fully-specified name).

Both the mapped read code and the exception read code count as success; a request with one or more exception read codes is still submitted to the eGateway. Examples:

SNOMED code	SNOMED description	Result?	Read code	Read description
1261007	Fracture of multiple ribs (disorder)	valid, mapped	S1270	Multiple fractures of ribs
417697003	Irresistible craving for drugs (finding)	valid, not mapped	Z...	Unspecified Conditions
1234567890	[any]	invalid	-	-

Table 11: SNOMED to read examples

The values the Translation API returns are shown in blue; 'Unspecified Conditions' is the actual text returned. (In this case, the read code is Z followed by four dots.)

## Errors

Should the SNOMED translation fail for any reason, the following message is returned:

```
"errors": {
  "code": "500",
  "message": "There is an ACC system issue. You'll need to resubmit your content
  later. Advise ACC Digital Operations at digitaloperations@acc.co.nz"
}
```

## What goes where?

- |                          |   |                  |
|--------------------------|---|------------------|
| • translated read code   | payload diagnosis code field              | AND ICS database |
| • translated description | payload diagnosis description field       | AND ICS database |
| • original SNOMED code   | payload—fields depend on the request type |                  |
| • original description   |   |                  |

For a claim request, the API appends the original SNOMED code and description to the translated description in the `diagnosisDescription` field. The original values may be truncated.

For a medical certificate or change-diagnosis request, the API stores the original SNOMED code and description in an Additional Information component of the XML file.

If any diagnosis in a request has an invalid SNOMED code (that is, one for which the Translation API returns an error, like the third example in Table 12 above), the API:

- returns all relevant error messages to the sender
- does not update the ICS database
- does not submit the request to eChannel.

## 6 COMMON INPUT FOR QUERIES

This section specifies the input format and validation for data elements used in more than one query endpoint.

See also the standard errors in section 3.2, and the individual API specifications for all remaining details.

Because queries can return data that was not submitted by the APIs, some of the validation here is less restrictive than for data elements in section 4, to allow for variations in data created over time, by different ACC systems.

### 6.1 CLAIM

See also section 4.4.1, which defines the claim identifiers for submitting a request: `claimNumber` for Claim, Medical certificate, Change diagnosis; `claimId` for Invoice.

For ease of reference, although the `claimId` search parameter is used in a single query endpoint, it is defined here in section 0.

#### 6.1.1 CLAIM (MEDICAL FEES) NUMBER

Path	<code>claimNumber</code>	
APIs	<ol style="list-style-type: none"> <li>1. Query claims <code>GET/claims/status</code></li> <li>2. Query claims <code>GET/claims/summary/{claimNumber}</code></li> <li>3. Query invoices</li> </ol>	
UI suggestion	1, 3	Claim number (using any claim-number format)
	2	Claim number (using only the ACC45 number)
Data type	string	
Format	1, 3	1-12 alphanumeric characters
	2	A999999, AA99999, 9999AA or 9999AAA
Note	1, 3	This may be the number of the ACC45 claim, or the Eos number. AICS-195 error message
	2	This endpoint uses the ACC45 number specifically.
<b>Error condition</b>	<b>Code</b>	<b>Message—GET /claims/status, POST /claims/status, Query invoices</b>
Invalid format	400	The claim number can only contain letters and numbers, no more than 12 characters in all.
		<b>Message—GET /claims/summary/{claimNumber}</b>
		The claim number format is invalid; it must be in the form A999999, AA99999, 9999AA or 9999AAA, where A is any capital letter, 9 is any single digit, and there are 7 characters altogether.



---

## 6.1.2 CLAIM DATABASE IDENTIFIER

Path	claimId	
APIs	Query claims GET /claims	
UI suggestion	Claim identifier (the very long string) from a claim summary list, previously returned	
Data type	string	
Format	8-40 alphanumeric characters	
Note	<p>This is the unique string, up to 40 characters long, identifying one item in a successful claim summary search.</p> <p>It is <b>not</b>:</p> <ul style="list-style-type: none"> <li>the ACC45 claim number, which has 7 characters—see section 4.4.1</li> <li>the Invoice claim identifier, also called claimId—see section 4.4.1</li> <li>the 11-digit claim ID issued by ACC and shown in correspondence.</li> </ul>	
<b>Error condition</b>	<b>Code</b>	<b>Message</b>
claimId is less than 8 or more than 40 characters long	400	The claim ID must be at least 8 and no more than 40 characters long.

## 6.2 DATES

### 6.2.1 START DATE

Parameter	startDate	
APIs	Query claims, Query invoices and payments	
UI suggestion	From	
Required?	All queries: <ul style="list-style-type: none"> <li>required if endDate is supplied, otherwise not permitted</li> </ul> Query payments: <ul style="list-style-type: none"> <li>required if endDate is supplied and paymentReference is not present</li> <li>not permitted if paymentReference is present, or endDate is missing</li> </ul>	
Data type	string date	
Format	YYYY-MM-DD	
Default value	Query claims:	14 days earlier than the current date
	Query invoices:	for invoices, 93 days earlier than the current date
		for payments, 13 months earlier than the current date
Note	<b>Query claims has additional error conditions on the start date.</b>	
<b>Error conditions—All queries</b>	<b>Code</b>	<b>Message</b>
startDate is present but endDate is not	400	Start and end dates are both required if one is entered.
Date is later than the end date	400	The start date must be earlier than the end date.
Date is later than the current date	400	That date is in the future; enter a date no later than today.
<b>Extra error condition—all Invoice and payment queries</b>	<b>Code</b>	<b>Message</b>
Date is earlier than 1900-01-01	400	The date cannot be before 1900-01-01.
<b>Extra error condition—Query payments</b>	<b>Code</b>	<b>Message</b>
paymentReference is present	400	Either a date range or a payment reference may be specified, but not both.
Date is more than 13 months earlier than the current date	400	The start date cannot be more than 13 months ago.

## 6.2.2 END DATE

Parameter	endDate
APIs	Query claims, Query invoices and payments
UI suggestion	To
Required?	<p>All queries:</p> <ul style="list-style-type: none"> <li>required if startDate is supplied, otherwise not permitted</li> </ul> <p>Query payments:</p> <ul style="list-style-type: none"> <li>required if startDate is supplied and paymentReference is not present</li> <li>not permitted if paymentReference is present, or startDate is missing</li> </ul>
Data type	string date
Format	YYYY-MM-DD
Default value	current date
Note	The minimum time period is two days, when the start date is a day before the end date.

Error conditions—All queries	Code	Message
endDate is present but startDate is not	400	Start and end dates are both required if one is entered
End date is earlier than the start date	400	The start date must be earlier than the end date.
Date is later than the current date	400	That date is in the future; enter a date no later than today.
Extra error condition—Query payments	Code	Message
paymentReference is present	400	Either a date range or a payment reference may be specified, but not both.

## 6.3 INVOICE (SCHEDULE)

### 6.3.1 INVOICE NUMBER

Parameter	invoiceNumber
APIs	Query invoices: GET/claims/vendors/submissions GET/claims/vendors/invoices/batch
UI suggestion	Invoice number (schedule identifier)
Data type	string
Format	alphanumeric
Limit	1-10 characters
Note	This identifies the schedule of invoices. The identifier of a schedule submitted by the API comprises 'APG' followed by 7 alphanumeric characters.

## 6.4 PAGE NUMBER AND SIZE

### 6.4.1 PAGE NUMBER

Parameter	page
APIs	Query claims, Query invoices
UI suggestion	The page number you want to see; the first page appears by default
Required?	Optional
Data type	integer
Limit	1 or more
Default value	1
Note	1 shows the first page of results. If there are too few results to reach the page number entered, the last page of results is shown, with no error message.
<b>Error condition</b>	<b>Code</b> <b>Message</b>
Value is less than 1	400      The page number must be at least 1.

## 6.4.2 NUMBER OF RESULTS PER PAGE

Parameter	pageSize
APIs	Query claims, Query invoices
UI suggestion	The number of results you want on each page
Required?	Optional
Data type	integer
Limit	1 or more
Default value	25
Note	Includes the given number of results on each page in the list. If the number of results returned is less than the page size entered, all available results are shown.
<b>Error condition</b>	<b>Code</b> <b>Message</b>
value is less than 1	400    The page size must be at least 1.

## 6.5 PATIENT

### 6.5.1 NHI NUMBER

See section 4.9.1; the definition for a query is the same as when submitting a request.

## 6.6 PAYMENT

### 6.6.1 PAYMENT REFERENCE

Parameter	paymentReference
APIs	Query invoices:    GET/claims/vendors/payments GET claims/vendors/payments/summary/{paymentReference} GET claims/vendors/payments/details/{paymentReference}
UI suggestion	Payment ID
Data type	string
Format	alphanumeric
Note	The payment reference is shown in invoice details results and in lists of payments. Query payment advice, /claims/vendors/payments, has an extra error condition.

## 6.7 PROVIDER

### 6.7.1 PROVIDER ID

Parameter	providerId
APIs	Query claims, Query invoices
UI suggestion	ACC provider ID
Data type	string
Format	alphanumeric
Limit	1-12 characters
Note	This is the ACC_Provider_Number. The search parameter may also be used in a search which allows 12 characters.
<b>Error condition</b>	<b>Code</b> <b>Message</b>
Invalid format	400    The provider ID can only contain letters and numbers, no more than 12 characters in all.

## 6.8 VENDOR

### 6.8.1 VENDOR ID

Parameter	vendorId
APIs	Query claims, Query invoices
UI suggestion	ACC vendor ID
Data type	string
Format	alphanumeric, also allowing forward-slash '/'
Limit	1-12 characters
Note	This is the hpiOrganisationNumber, not necessarily in HPI format. The search parameter maximum is 12 characters (although the eClaim schema allows 14 characters, the Claims API sets 12 characters maximum, to be consistent).
<b>Error condition</b>	<b>Code</b> <b>Message</b>
Value contains non-alphanumeric characters other than forward-slash, or is longer than 12 characters.	400    The vendor ID is invalid; it can only contain letters, numbers, and '/', no more than 12 characters in all.