



ICP Query (Get Incapacity & WC Details) API

Software specification

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Table of Contents

Version History	5
1 ICP Query (Get Incapacity & WC Details) API: Overview	6
2 Query Parameters & Basic Parameter Validation.....	7
2.1 Web service	7
2.2 Claim Number	7
2.3 Patient’s Date of Birth	8
2.4 Vendor ID.....	8
2.5 Provider ID.....	9
3 Common ICP-Eos Validations Rules and Response Error Messages.....	10
Appendix A - Fields to be Returned	11
Appendix B - Sample Response	13

VERSION HISTORY

Date	Version	Change
July 2023	0.1	Initial DRAFT for review
August 2023	1.0	Updates from review made. Ready for general release.
October 2023	1.1	<ul style="list-style-type: none">Removed the “Response Time Requirements” section as details have been confirmed from performance testing.Added additional paragraph into the “API: Overview” section to cover findings from above.

1 ICP QUERY (GET INCAPACITY & WC DETAILS) API: OVERVIEW

This document is an ICP-specific Query API that will allow ICP suppliers to retrieve a broad set of details related to the referred claim.

This query is restricted to ICP-contracted organisations.

This service will be slightly slower than the other/standard Query Claim Status responses, given that it's gathering up and returning much more information. The majority of responses will be returned within 2 - 5 seconds, but there may be some outliers in the range of 5 - 15 seconds.

2 QUERY PARAMETERS & BASIC PARAMETER VALIDATION

2.1 WEB SERVICE

Endpoint	GET claims/icp/{claimnumber}
Results	Results to be returned are shown in Appendix A - Fields to be Returned .
Sample response	Refer to Appendix B - Sample Response .

2.2 CLAIM NUMBER

Parameter	claimNumber
UI suggestion	Claim number
Mandatory	Yes
Data type	string
Limit	1-12 characters
Format	^[a-zA-Z0-9]{1,12}\$
Notes	Note that this value can be the ACC45 number or the Eos case number.

Error condition	Code	Message
Parameter is missing or is blank string	400	The Claim Number is required.
Value doesn't comply with regex <code>^[a-zA-Z0-9]{1,12}\$</code>	400	The Claim Number can only contain letters and numbers, no more than 12 characters in all.

2.3 PATIENT'S DATE OF BIRTH

Parameter	dateOfBirth
UI suggestion	Date of birth
Mandatory	Yes
Data type	string date
Format	YYYY-MM-DD

Error condition	Code	Message
Parameter is missing or is blank string	400	The date of birth of the client is required.
Invalid Date	400	The date does not exist, or the format is invalid; use YYYY-MM-DD.
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.

2.4 VENDOR ID

Parameter	vendorId
UI suggestion	Vendor Id
Mandatory	Yes
Data type	string
Limit	1 - 12 characters
Format	alphanumeric or "/" only - regex: [a-zA-Z0-9\]{1,12}
Notes	Vendor ID is our way of identifying the ICP supplier.

Error condition	Code	Message
Parameter is missing or is blank string	400	The Vendor ID is required.
Value doesn't comply with regex <code>^[a-zA-Z0-9\]{1,12}\$</code>	400	The Vendor ID is invalid; it can only contain letters, numbers, and '/', no more than 12 characters in all.

2.5 PROVIDER ID

Parameter	providerId
UI suggestion	ACC Provider ID
Mandatory	Yes
Data type	string
Limit	1 - 12 characters
Format	^[a-zA-Z0-9]{1,12}\$
Note	This is the ACC_Provider_Number.

Error condition	Code	Message
Parameter is missing or is blank string	400	The Provider ID is required.
Value doesn't comply with regex ^[a-zA-Z0-9]{1,12}\$	400	The provider ID can only contain letters and numbers, no more than 12 characters in all.

3 COMMON ICP-EOS VALIDATIONS RULES AND RESPONSE ERROR MESSAGES

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

Scenario	Code	Error Message
Claim number found but DOB doesn't match	400	The Claim and specified Patient DOB do not match.
Cover Status is Held	400	This claim has not yet been accepted for cover and cannot be entered into ICP. Please contact ACC on 0800 101 996 for more information if required.
Cover Status is Decline	400	This claim has been declined for cover and cannot be entered into ICP.
TPA Exclusion If the claim is managed by a TPA (or has a "Accredited Employer" cover decision?)	400	This claim is managed by a Third Party Administrator (TPA) and cannot be entered into ICP. Please ask the Client to contact their TPA Provider and discuss having their claim returned to ACC if they would like to enter ICP.
There are certain claim types that <u>are not</u> eligible for ICP & so claim detail won't be provided on these either	400	This claim is not eligible for ICP. Please check that the correct claim number has been used.
There are claim types that <u>may not</u> be eligible for ICP & so staff members will need to assess eligibility.	400	This claim is unlikely to be eligible for ICP. Please check the claim number used. Contact ACC on 0800 101 996 ext. 77097 for more information or have a staff member assess eligibility.
There are claim types that <u>may not</u> be eligible for ICP & so staff members will need to assess eligibility.	400	This claim requires assessment from an ACC staff member before it can be entered into ICP. Please contact ACC on 0800 101 996 ext. 77097 to discuss.

APPENDIX A - FIELDS TO BE RETURNED

Field Name	Description (if required)
ACC45 #	The ACC45 ClaimNumber or form number; also referred to as the Medical fees number.
Claim ID	This value can be the ACC45 number or the Eos case number.
Cover status (e.g. "Accepted")	The cover status of the claim, for example, Received, Failed, Accepted.
Accident description	Free form description of how the accident happened.
Accident date	Date the accident occurred.
Did the accident happen at work? (Y/N)	-
'Care' indicator if active against the Client	Indicates that the Client could pose a risk to someone's safety.
'Vulnerable situation' indicator if active against the Client	Client is in a situation where there is a potential threat to their safety, health or wellbeing.
Weekly comp days paid	Total number of weekly compensation days paid to the Client so far for this claim
First date weekly comp entitlement	First date that weekly compensation was paid to the Client for this claim
Latest date weekly comp entitlement	The last date to when the Client currently has weekly compensation
Diagnosis code type	-
Diagnosis code(s) of <u>covered injury(s)</u>	-
Diagnosis description(s) of <u>covered injury(s)</u>	-
Diagnosis injury side(s) of <u>covered injury(s)</u>	-
Incapacity type	Whether Client is fit for selected duties or fully unfit
[Incapacity] source type*	if it was via ACC45, ACC18, or ACC
Provider HPI number	An Identifier for the certifying Provider
Incapacity start date* (what Provider submitted to ACC aka Medical incapacity)	-
Incapacity end date* (what Provider submitted to ACC)	-
Incapacity end date* (what ACC has approved)	-
Incapacity hours per day (up to 24hrs)*	-
Incapacity days per week (0-7)*	-

Field Name	Description (if required)
Incapacity physical restrictions (only relevant if incapacity type is 'fit for selected work').	-
Services received: Services received & volumes by each service type and when they occurred in the following fields: <ul style="list-style-type: none"> • Service code (e.g. PHY3) • Service date (e.g. 2019-09-14) • Service description (e.g. Physiotherapy Treatment) • Quantity value (e.g. 00:45) • Quantify units (e.g. hours) 	The code of the service being provided, for example PHY3. The date of the service received. Description of the therapy being undertaken. Duration. Weeks, days, hours, or minutes.

APPENDIX B - SAMPLE RESPONSE

This is not illustrative of a true response but outlines the data structure.

```
{
  "acc45Number": "SP90065",
  "claimNumber": "P4865824770",
  "coverStatus": "Accept",
  "accidentDescription": "Was running, tripped and fell, twisting ankle",
  "accidentDate": "2022-05-24",
  "occuredAtWork": false,
  "patientIndicators": {
    "care": false,
    "vulnerableSituation": false
  },
  "diagnoses": [{
    "diagnosisCodeType": "1",
    "diagnosisCode": "Az...",
    "diagnosisDescription": "Infectious and parasitic diseases NOS",
    "snomedCode": null,
    "snomedCodeDescription": null,
    "injuryStatus": "Provisional",
    "diagnosisSide": "right"
  },
  {
    "diagnosisCodeType": "1",
    "diagnosisCode": "Dz...",
    "diagnosisDescription": "Blood/blood forming organ NOS",
    "snomedCode": null,
    "snomedCodeDescription": null,
    "injuryStatus": "Investigating",
    "diagnosisSide": "notApplicable"
  }
  ],
  "weeklyCompensation": {
    "daysPaid": 125,
    "dateOfFirstEntitlement": "2022-01-24",
    "latestPaymentDate": "2022-11-24"
  },
  "medicalIncapacity": [{
    "incapacityType": "Fitforselectedwork",
    "source": "ACC45",
    "providerHpiNumber": "ABC123",
    "incapacityDateRange": {
      "fromDate": "2019-09-04",
      "toDate": "2019-09-06"
    },
    "selectedAlternativeWork": {
      "restrictedHoursPerDay": 5,
      "restrictedDaysPerWeek": 1,
      "restrictionComment": "There are are additional restriction details - please discuss with the patient.",
      "physicalRestrictions": ["Lifting", "Other"]
    }
  }, {
    "incapacityType": "Fullyunfitforwork",
    "source": "ACC18",
    "providerId": "ABC123",
    "incapacityDateRange": {
      "fromDate": "2019-09-01",
      "toDate": "2019-09-03"
    }
  }
  ],
  "latestApprovedIncapacity": {
    "toDate": "2022-12-24",
    "type": "FullyUnfitForWork"
  }
}
```

```
    },
    "servicesReceived": [{
      "serviceCode": "RB03",
      "serviceDate": "2019-09-07",
      "serviceDescription": "Lumbar spine Incl. Lumbosacral Joint",
      "qtyValue": "1",
      "qtyUnits": "Units"
    }, {
      "serviceCode": "PHY3",
      "serviceDate": "2019-09-14",
      "serviceDescription": "Physiotherapy Treatment",
      "qtyValue": "00:45",
      "qtyUnits": "Hours"
    }
  ]
}
```