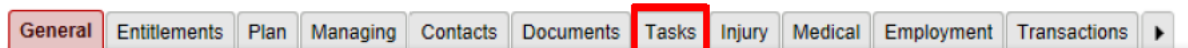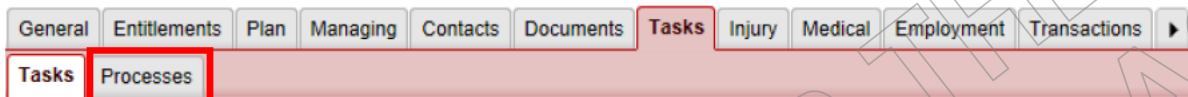# Reference Guide
Eos Review Lodgement steps
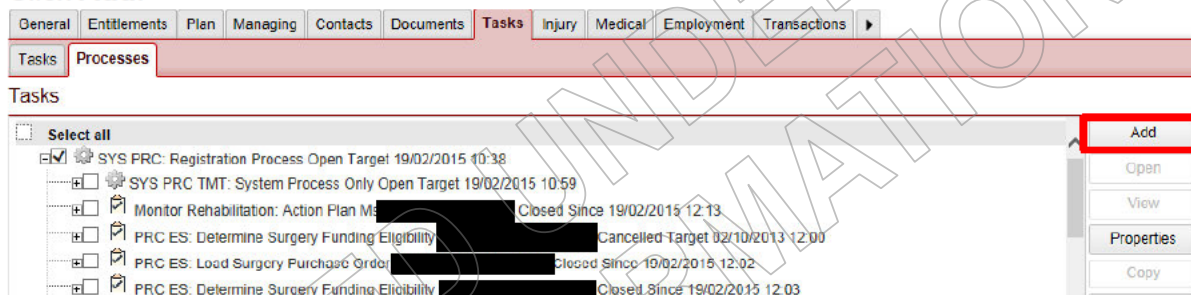
1. In the customer's claim in Eos and from the **General** screen, click the **Tasks** tab.

| General | Entitlements | Plan | Managing | Contacts | Documents | Tasks | Injury | Medical | Employment | Transactions | ▶ |

2. Click **Processes**.

| General | Entitlements | Plan | Managing | Contacts | Documents | Tasks | Injury | Medical | Employment | Transactions | ▶ |

| Tasks | Processes |

3. Click **Add**.

4. In the **Find Work Types Named** field, type **PRC REV: REVIEW PROCESS**, then
   - click **Find**
   - select **PRC REV: Review Process**
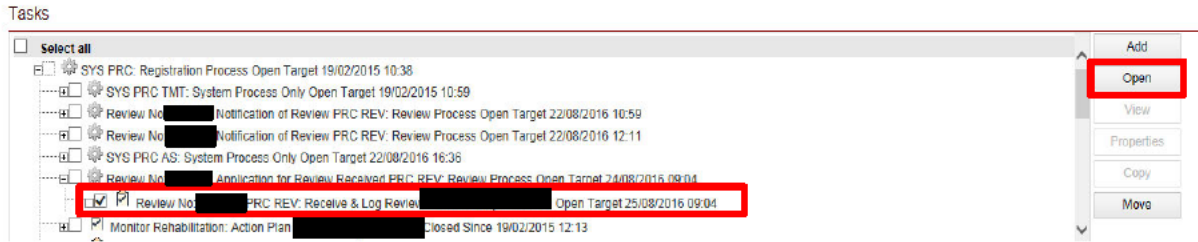   - click **Next**.
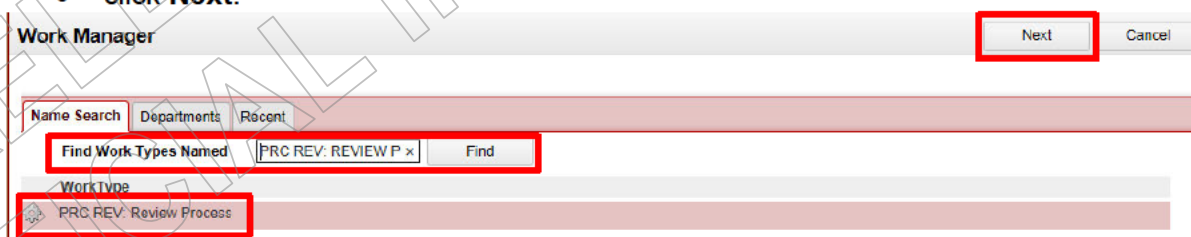
In the list that displays, you will see the COG and the assigned Review Number. Note down the review number, you will need this to update the Eos document descriptions.
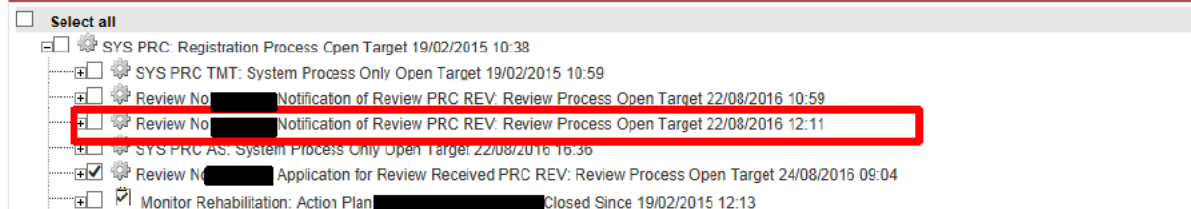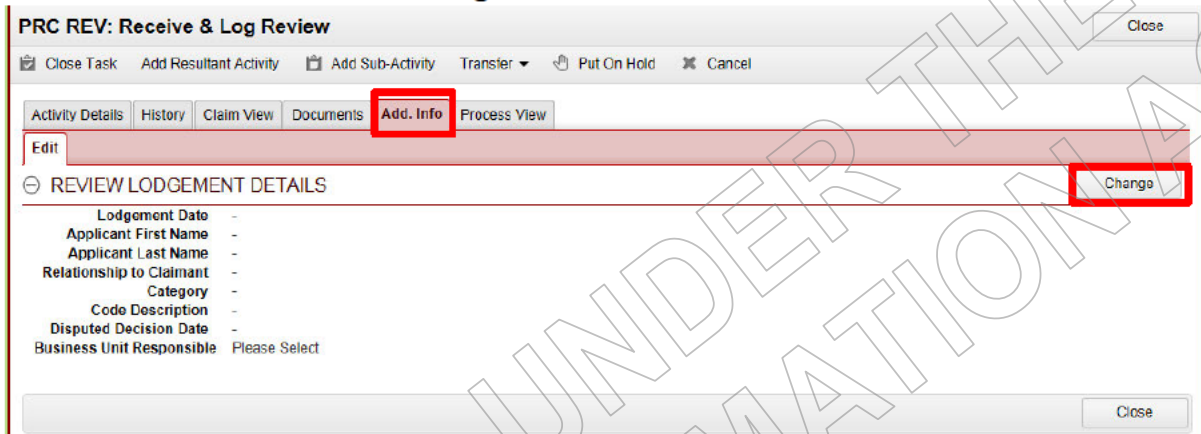

5. Click the **+** to open the COG.

6. Click **PRC: Review and Log Review** (will always have tomorrow's date) and click **Open**.
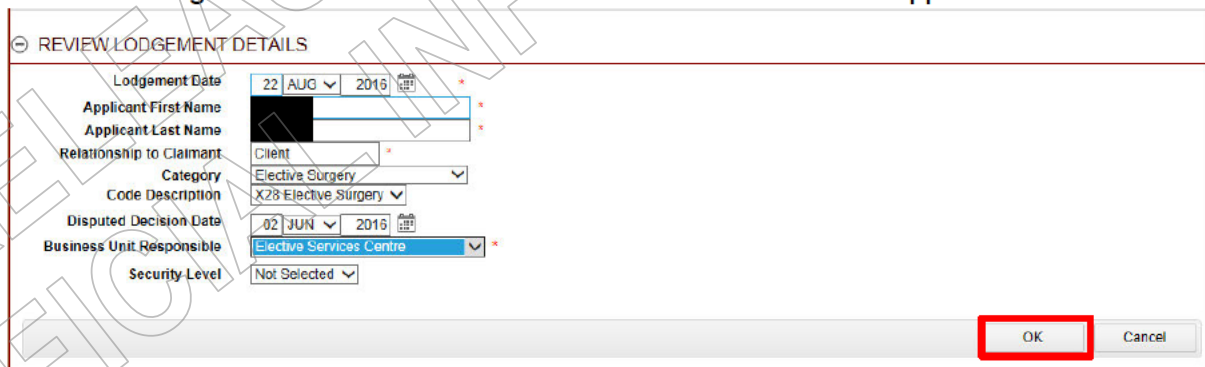

7. Click **Add. Info** and then click **Change**.

8. Edit the lodgement details with the information you have from Eos and the application. Then click **OK**.

   Note: The lodgement date is the date that ACC received the review application.

9. Click **Close task** on **left** hand side and click **Yes**.

Result: The next task in the COG, **Notification of Review Application** opens.

PRC REV: Receive & Log Review

Close Task | Add Resultant Activity | Add Sub-Activity | Transfer ▾ | Put On Hold | ✖ Cancel

Activity Details | History | Claim View | Documents | Add. Info | Process View

Edit

⊖ REVIEW LODGEMENT DETAILS

Lodgement Date	22/08/2016
Applicant First Name	
Applicant Last Name	
Relationship to Claimant	Party
Category	Elective Surgery
Code Description	X28 Elective Surgery
Disputed Decision Date	02/06/2016
Business Unit Responsible	Elective Services Centre

Change
Properties

Confirm Close ✖

Are you sure you want to close this task?

Yes | No

15 March 2019

ACC6239

Instruction for Review Provider

For Review Providers:
We have received a review application from the following customer. We have arranged a case conference to discuss the review application and have attached relevant documents. Please allocate a reviewer.

1. Initial case conference details

Provider Name: Choose an item.

Date: Click or tap to enter a date. | Time: Choose an item.

Date and time agreed by Customer? Yes ☐   No ☐

Complex Review? ☐ Yes   ☐ No

Primary contact: Customer ☐   Representative/Advocate ☐   Employer ☐

Additional information:

[e.g. ADR request/ cultural services requirements/ unsuccessful ADR/ linked reviews/ in-person hearing requested]

2. Review details

Review number	Review category	Lodgement date	Decision date
[insert review number]	Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.
[insert review number]	Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.

Late Review Application?   ☐Accepted   ☐Declined   ☒No decision yet   ☐Not Applicable

3. Customer details

Claim/ACC number:	Interested party: ☐Yes ☐ No
Customer name:	Telephone number:
Email address:	Postal address:
Care indicator: ☒Yes ☐ No	Preferred contact method: Email
Care indicator information:	

4. Advocate/Representative details

Name:	Preferred contact method: Choose an item.
Organisation:	Telephone number:
Email address:	Postal address:

Authority to Act included with documents: ☐Yes

Care indicator: ☐Yes   ☐ No

Care indicator information:

5. Employer details	
Name:	Interested party: ☐Yes ☐ No
Organisation name:	Telephone number:
Email address:	Preferred contact method: Choose an item.
Postal address:	

6. ACC Review Specialist details
ACC staff member: Choose an item.
Email address: resolutionservices@acc.co.nz
Contact telephone number:

When we collect, use and store information, we comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. For further details see ACC's privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.

Review codes

CATERGORY	CODE DESCRIPTION
1982 ACT REVIEWS	
W3	Accident Compensation Act 1982 Matters
W5	Backdated Attendant Care Compensation Reviews - Accident Compensation Act 1982
LEVY REVIEWS	
W6	First and Later Premium Reviews
CODE OF ACC CLAIMANTS RIGHTS (this is used for complaint reviews for OCI)	
W8	Code of ACC claimant's rights
COVER (used for all cover review applications)	
Y1	Cover - accident
X5	Cover - criminal injury
X3	Cover - gradual process
X2	Cover - is there a personal injury (eg hernia, dental cover, revoked cover, decline additional injury)
X4	Cover - medical misadventure (Pre 2005)
X26	Cover - mental injury (this is only used for mental injury covers)
X29	Cover - treatment ijury (only used for treatment injury cover made by TIC)
Y2	Overseas injuries (ord resident etc.)
FATAL ENTITLEMENTS	
Y5	Death benefits compensation
Y10	Death benefits - child care
Y7	Death benefits - funeral grant
Y8	Death benefits - survivors grant
SUSPENSION/DISENTITLEMENT	
Y4	Disentitlement (criminal activities / WISI)
X8	Suspension/cessation of entitltments
X9	Suspension/non-compliance
IA/LS (independence allowance and lump sum payment)	
Y25	Independence allowance
Y26	Lump sum (2001 Act)
JURISDICITON (only used when there is no decision made by ACC)	
Z5	No jurisdiciton - other (code we use)
Z6	No jurisdiciton - code
LATE ISSUES	
Y12	Out of time - failure to issue decision
Z2	Out of time - late lodgement of application for review
DEBT	
Y13	Overpayments
TREATMENT - Accepted Cover	
Z1	Physical treatment regulations (eg: additional treatment and any other treatment / Dental / treatment declined e.g. physio, along with medications)
ELECTIVE SURGERY	
X28	Decline funding for surgery costs
REHAB	
X10	Individual Rehabilitation Plan (IRP) (Victoria Mills)
Y16	Rehabilitation - aids and appliances (eg: hearing aids, orthopaedic appliances etc)

Review codes

Y17	Rehabilitation - attendant care, home help, child care etc
X12	Rehabilitation - education support (usually from a serious injury including birth and having to re-learn)
X13	Rehabilitation - housing support (modifications)
X14	Rehabilitation - motor vehicles (purchase and modifications)
X15	Rehabilitation - training for indpendent living (social rehab, dressing, everyday living)
ANCILLARY SERVICES	
Z3	Transport to tratment, accommodation, escort etc
WEEKLY COMPENSATION	
X6	Entitlement to weekly compensation
Y23	Upper age limits (NZSQA 65+ weekly comp for 12mths+)
X17	Weekly abatement of compensation (calculation) (returning to work part time)
X18	Weekly compensation (calculation)
Y20	Weekly compensation - interest for late payment
Y19	Weekly compensation - loss of potential earnings (LOPE where they were a potential earner)
VI ISSUES	
X16	Vocational rehabilitation (re-training/education/teritary study)
X7	Work capacity assessment (VI decision) (where the client doesn't agree that they can work (they have 2x assessments occupational and medical)
WORK INJURY	
X23	Work injury dispute

Relevant Document Checklists:

Cover:

1. ACC45/ACC18 (document used to lodge claim with ACC)
2. Cover Extension letters
3. Med notes for cover investigation
4. Radiology or other diagnostic information (if any)
5. Specialist referrals (if any)
6. Specialist reports (if any)
7. Clinical and/or Tech comment for cover investigation (if any)
8. Relevant contacts (if any)[1]
9. Cover Letter
10. Print Claim file

Surgery:

1. ACC45
2. Injury history for same body site (tbd)
3. Cover Decision
4. Radiology or other diagnostic information
5. All medical notes – especially those from the treating surgeon.
6. ARTP.
7. CAP or clinical advisor comment
8. Surgery decision.

Lump sum/Independence Allowance:

1. ACC45 of each claim for cover included in the assessment (?)
2. Schedule of client injuries (to be discussed further)
3. ACC54 (Application form)
4. ACC554 (LSIA Medical Certificate) for each injury assessed
5. IA/LS payment report.
6. Medical notes used for the assessment (usually uploaded as a document group)
7. AMA Report
8. Previous AMA reports (for decisions on reassessments)
9. AMA Peer Review Report
10. IA/LS decision letter

Vocational Independence:

1. ACC45 for each claim with incapacity or the schedule of client injuries[2]
2. Pre-Injury Job description.
3. Relevant contacts (if any)
4. Individual Rehabilitation Plan/s
5. Voc Rehab/pain program completion reports/s
6. All medical reports that are relevant to the covered physical injuries
7. Initial Medical Assessment
8. Initial Occupational Assessment

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[1] If the review specialist wishes to specifically refer to contacts recorded in the print claim file, its recommended to copy and paste the full contact or email into a word document and store it as a document in Eos.

[2] Please ensure that if the SCI is used, that it is checked for declined injuries within covered claims

9. VI02 letter (entry to VI)
10. ACC193: Vocational Independence Claimant questionnaire
11. ACC194: Vocational Independence GP questionnaire
12. ACC691: Vocational Independence Assessment readiness check
13. ACC191: Vocational Independence quality check form
14. Vocational Initial Medical Assessment
15. Vocational Initial Occupational Assessment
16. ACC850: Decision rational
17. Vocational Independence Decision letter

Hearing Loss:

- **ONIHL Cover:**
  1. ACC45
  2. Cover extension letters
  3. ACC725 Hearing Loss Employer questionnaire (if applicable)
  4. ACC724 Hearing loss questionnaire
  5. ACC612 Audiology report
  6. ACC723 Otolaryngologist report
  7. Decision Letter
- **TI Cover**
  1. ACC45
  2. TI stuff
- **Trauma Cover**
  1. Same as Cover with the addition of the ONIHL forms.
- **Entitlements – First Assessment**
  1. Cover decision
  2.
- **Entitlements – Reassessment**
  1. ACC612 Audiometric report
  2. ACC613 Hearing Loss Questionnaire
  3. HLS76 Re-aiding entitlement approval decision

Dental:

  1. ACC42 or ACC45
  2. Dental Records
  3. Dental Advice
  4. Cover decision

Work Injury Dispute:

  1. ACC45
  2. Liable employer notification
  3. Cover Decision letter
  4. Relevant contacts
  5. See Cover above – all information used to make cover decision including med notes, reports etc.

WRMI:

  1. ACC45
  2. Liable employer notification
  3. Cover Decision letter

4. Relevant contacts
5. See Cover above – all information used to make cover decision including med notes, reports etc.

ADU:

Weekly Comp:

Suspension: