

Eos Review Lodgement steps

1. In the customer's claim in Eos and from the General screen, click the Tasks tab.

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

Select all	Add
	Open
	View
	Properties
	Copy
PI Review No. PRC REV: Receive & Log Review Open Target 25/08/2016 09:04 PL Pl Monitor Rehabilitation: Action Plan Closed Since 19/02/2015 12:13	Move
	•
	\land
Click Add. Info and then click Change.	
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PRC REV: Receive & Log Review	Close
🛱 Close Task 🛛 Add Resultant Activity 📋 Add Sub-Activity Transfer 👻 🖑 Put On Hold 🗰 Cancel	
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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.

	© REVIEW LODGEMENT DETAILS		
	Lodgement Bate 22 AUG V 2016 📾 *		
	Applicant First Name		
	Applicant Last Name Relationship to Claimant Client		
	Category Elective Surgery		
$\langle \rangle \rangle$	Code Description X28 Elective Stringery V Disputed Decision Date 02 JUN V 2016		
	Business Unit Responsible		
	Security Level Not Selected V		
× /			
		ОК	Cancel
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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		
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Document 2

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.

Provider Name: (Choose an item.			\diamond
Date: Click or tap	o to enter a date.	Time: Choos	e an item.	
Date and time ag	reed by Customer? Yes \Box	No 🗆		\bigvee (
Complex Review	? □ Yes □ No			
Primary contact:	Customer Represe	ntative/Advocate 🗆	Employer 🗆	
Additional inform			\sim	7/12
[e.g. ADR request/	cultural services requirements/ ur	nsuccessful ADR/ (inked)	reviews/ in-person hearli	ng requested]
2. Review deta	iils			\checkmark
Review number	Review category		Lodgement date	Decision dat
[insert review number]	Choose an item.		Click or tap to enter a date.	Click or tap
[insert review number]	Choose an item.		Click or tap to enter a date.	Click or tap t enter a date
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ACC6239 Instruction for Review Provider

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
V3	Accident Compensation Act 1982 Matters
V5	Backdated Attendant Care Compensation Reviews - Accident Compensation Act 1982
	LEVY REVIEWS
V6	First and Later Premium Reviews
	CODE OF ACC CLAIMANTS RIGHTS (this is used for complaint reviews for OCI)
V8	Code of ACC claimant's rights
	COVER (used for all cover review applications)
1	Cover - accident
5	Cover - criminal injury
3	Cover - gradual process
2	Cover - is there a personal injury (eg hernia, dental cover, revoked cover, decline additional injury)
4	Cover - medical misadventure (Pre 2005)
(26	Cover - mental injury (this is only used for mental injury covers)
(29	Cover - treatment ijury (only used for treatment injury cover made by TIC)
′2	Overseas injuries (ord resident etc.)
	FATAL ENTITLEMENTS
5	Death benefits compensation
10	Death benefits - child care
7	Death benefits - funeral grant
/8	Death benefits - survivors grant
	SUSPENSION/DISENTITLEMENT
′4	Disentitlement (criminal activities / WISI)
8	Suspension/cessation of entitItments
(9	Suspension/non-compliance
	IA/LS (independence allowance and lump sum payment)
/25	Independênce allowance
/26	Lump sum (2001 Act)
	JURISDICITON (only used when there is no decision made by ACC)
5	No jurisdiciton - other (code we use)
26	No jurisdiciton - code
	LATE ISSUES
/12	Out of time - failure to issue decision
22	Out of time - late lodgement of application for review
>	DEBT
Y13	Overpayments
	TREATMENT - Accepted Cover
	Physical treatment regulations (eg: additional treatment and any other treatment / Dental /
21	treatment declined e.g. physio, along with medications)
	ELECTIVE SURGERY
X28	Decline funding for surgery costs
	REHAB
X10	Individual Rehabilitation Plan (IRP) (Victoria Mills)
/16	Rehabilitation - aids and appliances (eg: hearing aids, orthopaedic appliances etc)

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Review codes

Y17	Rehabilitation - attendant care, home help, child care etc
	Rehabilitation - education support (usually from a serious injury including birth and having to
X12	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)
	Work capacity assessment (VI decision) (where the client doesn't agree that they can work
X7	(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 injuries²
- 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

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. VIO2 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

Dentak

- 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: