

## Summary

### Objective

This page provides you with the definition of 'incapacity' provided by the Accident Compensation Act 2001. A client's eligibility for weekly compensation depends on their inability to carry out employment.

Use this guidance to determine incapacity of a client, ie whether the client is unable, because of their personal injury, to engage in either:

- employment that they were in when they suffered the personal injury (section 103)
- work that they are suited for based on their experience, education, training, or combination of those things (section 105).

If a client is not incapacitated, then a client is not eligible for weekly compensation.

This guidance applies to incapacities that occurred from 1 July 2010.

- 1) Definition of incapacity
- 2) Determine incapacity under Section 103 of the Accident Compensation Act 2001
- 3) Determine incapacity under Section 105 of the Accident Compensation Act 2001
- 4) Links to legislation

Owner 9(2)(a)

Expert 9(2)(a)

## Policy

### 1.0 Definition of incapacity

- a** Section 6 of the Accident Compensation Act 2001 defines 'incapacity' as determined under either:
- Section 103 or
  - Section 105.

Sections 103 and 105 of the Accident Compensation Act 2001 only apply to the covered personal injury.

**NOTE** **Accident Compensation Act 2001, section 103**

The client is unable to engage in employment for which they were employed when the personal injury was suffered.

**NOTE** **Accident Compensation Act 2001, section 105**

The client is unable to engage in employment for which they are suited by reason of education, experience or training, or a combination of these things.

- b** Inability to work includes being absent from employment to get treatment for the personal injury if the treatment is:
- necessary for the injury
  - of a type that we, as the insurer, are liable to provide.

### 2.0 Determine incapacity under Section 103 of the Accident Compensation Act 2001

- a** Section 103 of the Accident Compensation Act 2001 applies if, at the time of the injury, the client is:
- an earner
  - on unpaid parental leave or
  - a recuperating organ donor.

- b** 'Incapacity' for these clients is determined by whether the personal injury restricts or prevents them, mentally or physically, from being able to perform their employment activities.

- c** To determine whether a client is unable to work due to the injury, refer to Determine incapacity - client employed at the time of injury.

Determine incapacity – client employed at the time of injury (CHIPS)

### 3.0 Determine incapacity under Section 105 of the Accident Compensation Act 2001

- a** Section 105 of the Accident Compensation Act 2001 applies if, when the client became unable to work, they:
- were a potential earner
  - had a TimeOut cover policy
  - were not in employment, but had recently ceased employment and extension of employee status applies.

- b** 'Incapacity' for these clients is determined by whether the personal injury restricts or prevents them, mentally or physically, from being able to engage in employment for which they are suited by reason of education, experience or training, or a combination of these things.

- c** To determine whether the client is unable to work due to the injury, and what is suitable employment, refer to Determine incapacity – client has ceased employment, was potential earner or has TimeOut cover.

Determine incapacity – client has ceased employment, was potential earner or has TimeOut cover (CHIPS)

### 4.0 Links to legislation

Accident Compensation Act 2001, section 103  
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101458.html>

Accident Compensation Act 2001, section 105  
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101462.html>

## Summary

### Objective

Refer to this guidance when a client suffers a further personal injury. This information applies to claims where the client became unable to work from 1 July 2010.

- 1) Rules
- 2) Exceptions
- 3) If and when to transfer costs
- 4) Transferring weekly compensation
- 5) Further personal injury is fatal
- 6) Letter to treatment provider
- 7) Confirming eligibility for new injury
- 8) Self-employed people and non-PAYE shareholder employees

Owner **9(2)(a)**

Expert **9(2)(a)**

## Procedure

### 1.0 Rules

- a** A client who is unable to work due to a personal injury and receiving weekly compensation from ACC may sustain a further personal injury, which is also covered by ACC.

For example, a client may be on weekly compensation for a knee injury sustained while playing sport then, also suffer a back injury lifting a heavy object in a separate accident. This second injury is regarded as a further personal injury.

In such cases, ACC needs to decide if and when weekly compensation payments should be transferred, from the prior personal injury claim, to the further personal injury claim. This is because a client cannot receive weekly compensation on more than one claim file at a time.

If there is a transfer, the existing weekly earnings calculation on the prior personal injury claim, continues to apply on the further personal injury claim. A recalculation of weekly earnings, based on earnings prior to the date of the further personal injury, is not required.

### 2.0 Exceptions

- a** There are two exceptions when considering whether to transfer costs from the prior personal injury claim, to the further personal injury claim:

1) If Earnings Related Compensation (ERC) was being paid on two claim files immediately before 1 July 1992 and these payments were carried over under the transitional provisions, of the Accident Rehabilitation and Compensation Insurance Act 1992 and subsequently carried forward under the transitional provision, of the Accident Insurance Act 1998 and the Accident Compensation Act 2001

2) If a client is receiving compensation as a dependent, on an accidental death claim and is also receiving weekly compensation for loss of earnings, due to personal injury on another claim.

### 3.0 If and when to transfer costs

- a** In cases of further personal injury, a decision needs to be made about whether, weekly compensation should be paid on the further personal injury claim, and if so, from when.

Use the attached two decision tables to determine if and when to transfer costs, from the prior personal injury claim, to the further personal injury claim.

- b** Decision table one - abated weekly compensation

| If, at the time the further personal injury occurs...  | and...   | then...  |
|--|--|--|
| <ul style="list-style-type: none"> <li>the client is receiving abated weekly compensation payments</li> <li>the amount of weekly compensation payable in the week after the further personal injury, is double (or more than double) the amount of abated weekly compensation payable, in the week prior to the further personal injury</li> </ul> | the expected duration of incapacity: <ul style="list-style-type: none"> <li>for the further personal injury is likely to exceed or be equivalent to that of the prior personal injury</li> <li>or</li> <li>for both the prior personal injury and further personal injury is likely to exceed two years</li> </ul> | <ul style="list-style-type: none"> <li>weekly compensation payments must transfer to the further personal injury claim, from the date that the further personal injury occurs</li> <li>otherwise</li> <li>consider decision table two below</li> </ul> |
| <p>Note:</p> <p>This doubling effect will be caused by any increase in the level of incapacity, due to the further injury and the corresponding reduction in earnings they were getting, through partial work</p>  |  |  |

Decision table one - abated weekly compensation.PNG

#### NOTE Example

A client injures their right knee while at work, which causes a permanent inability to perform their work duties. ACC determines that they are eligible to receive a weekly compensation payment of \$400 per week.

The client gradually returns to a new job at near full capacity and is receiving \$100 abated weekly compensation per week when they have a motor vehicle accident and injure their left leg, which results in an amputation. Weekly compensation payable after the further personal injury is \$400, because the client is certified fully unfit for work from the date that the further personal injury occurs.

As weekly compensation payable in the week following the further personal injury (that is, \$400) is more than double the amount payable in the week prior to the further personal injury (that is, \$100), and medical evidence confirms that both the first and second injury are likely to cause inability to work of equivalent duration, weekly compensation is transferred to the further personal injury claim from the date that this further personal injury occurs.

- c** Decision table two

| If at the time of the further personal injury...  | then...   |
|---|---|
| the client is receiving either: <ul style="list-style-type: none"> <li>full, unabated, weekly compensation</li> <li>abated weekly compensation and decision table one (above) does not apply</li> </ul> | weekly compensation continues to be payable on the prior personal injury claim, until the date that the prior personal injury, ceases to cause incapacity<br><br>If, at this date, incapacity continues as a result of the further personal injury, weekly compensation payments transfer to, the further personal injury claim |

Decision table two.PNG

## 4.0 Transferring weekly compensation

- a Under the Accident Compensation Act 2001, Schedule 1 Clause 48 a client's eligibility for weekly compensation for the further personal injury is based on the client's weekly earnings from the prior personal injury claim.

This means that the weekly earnings, as calculated on the prior personal injury claim, updated for any applicable indexation, become the weekly earnings for the further personal injury claim.

Similarly, as the client's inability to work is continuous between the prior personal injury claim and the further personal injury claim, the inability to work regime of the prior personal injury claim is carried forward to the further personal injury claim. That is, the same first week, short-term and long-term periods that applied on the prior personal injury claim will also apply on the further personal injury claim. In other words the second claim 'picks up' the regime of inability to work, of the prior personal injury claim.

See: Examples: Transferring weekly compensation - Reference

**NOTE** If the further personal injury is a work injury and the employer has made a first week payment then those earnings will need to be considered for abatement.

Examples – transferring weekly compensation - Reference

<http://thesauce/team-spaces/chips/compensation/weekly-compensation/reference/incapacity-187/examples--transferring-weekly-compensation/index.htm>

Accident Compensation Act 2001, Schedule 1, Clause 48  
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM104893.html>

## 5.0 Further personal injury is fatal

- a If the further personal injury results in death, inability to work on the prior personal injury claim ceases at the date of death.

Weekly compensation ceases to be payable on the prior personal injury claim at the date of death. If the fatal claim is accepted, payment of weekly compensation based on the prior claims weekly earnings is payable to spouses, children and other dependants of the deceased from the date of death.

See: Determine when to transfer weekly compensation to the further personal injury claim

Determine when to transfer weekly compensation to the further personal injury claim - Reference

<http://thesauce/team-spaces/chips/compensation/weekly-compensation/reference/incapacity-187/transfer-weekly-compensation-to-the-further-injury-claim/index.htm>

## 6.0 Letter to treatment provider

- a If a letter to the client's treatment provider is required to establish the date on which the inability to work, due to the initial personal injury, will cease and the date on which the inability to work, due to the further personal injury, will cease, the following questions may be helpful:

- In your opinion, on what date would <client's name> have been fit for work, after their initial personal injury?
- If you are unable to provide this date, is it your view that the inability to work, due to <client's name> initial personal injury, will continue beyond that, due to their further (new) personal injury?
- Is <client's name> further personal injury contributing to their current inability to work?
- Has <client's name> further personal injury delayed recovery from their initial personal injury?
- Is it your view that <client's name> inability to work, due to their initial personal injury, would have stopped, before the inability to work due to their further personal injury stopped? That is, would they have received a clearance, had it not been for their further personal injury?
- In your opinion, on what date should <client's name> inability to work, due to their further personal injury stop?
- For what period will <client's name> be unable to work, solely as a result of their further personal injury?
- If you are unable to advise on any of these points, would you please give the reason, or a date when this information will be available.

**NOTE** Wherever possible in these questions, substitute a brief description of the relevant injury for the terms 'initial personal injury', and 'further personal injury'. Take care not to request information that ACC already has.

## 7.0 Confirming eligibility for new injury

- a If a person suffers a new injury, that makes them unable to work within 28 days of ceasing weekly compensation on a prior personal injury claim, confirm whether the client is eligible for weekly compensation for the new injury.

That is, they are an earner in employment at the time the new injury occurred and have earnings immediately before they became unable to work due to the new injury. See: Determine employment type and eligibility

Where a new inability to work applies, weekly earnings are always recalculated based on earnings before the client became unable to work for the new injury.

Deciding employment type and eligibility - Reference  
<http://thesauce/team-spaces/chips/compensation/weekly-compensation/reference/eligibility-187/deciding-employment-type-and-eligibility/index.htm>

## 8.0 Self-employed people and non-PAYE shareholder employees

| If...  | then...   |
|--|---|
| <p>The client is a self-employed person or a non-PAYE shareholder employee; and</p> <ul style="list-style-type: none"> <li>the most recently completed income year, prior to the commencement of incapacity for the new injury, is a later year to that in which the weekly earnings for the prior personal injury were based</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>the client holds other employment at the time of the new injury</li> </ul> | <ul style="list-style-type: none"> <li>check Juno to confirm the earnings as a self-employed person or a shareholder employee in the most recently completed income year, prior to the commencement of incapacity for the new injury</li> </ul> <p>and/or</p> <ul style="list-style-type: none"> <li>collect earnings details for any other employment type held at the time incapacity commenced for the new injury. See <a href="#">Gather information - self employed</a> and <a href="#">Gather information - shareholder employee</a></li> <li>When the details are obtained, perform the relevant short-term and long-term weekly earnings calculation for the new injury. See <a href="#">Calculate weekly compensation</a></li> </ul> <p><b>Note:</b></p> <p>Only add the previous ACC earnings into the calculation when the prior calculation has been finalised, ie assessed on the most recent tax year</p> |



Further personal injury Policy.PNG



Gather information for self-employed Policy  
<https://go.promapp.com/accnz/Process/20a673e5-f5ed-456a-acee-5f58c78f6d09>



Gather information for shareholder employees Policy  
<https://go.promapp.com/accnz/Process/a965edac-ca71-4d31-85d2-81688bb1cfc7>



Calculate weekly compensation Policy  
<https://go.promapp.com/accnz/Process/69479386-2eb5-4624-b1d8-1ec9c4f4354f>

## 9.0 How to request a further injury transfer of entitlement

**a** Determine information required by the Payments Team

**NOTE** What information does the payments team require?

You need to complete a Non-Standard Eform (or all of the requisite information provided in the task) and provide:

- The originating claim number
- The further injury transfer date
- Approved incapacity from the date of entitlement on the further injury claim
- Any other instructions that may be relevant for the assessment

You also need to:

- Wind back medical cover to the day before the further injury transfer date on the originating claim. (Consider changing this date if the action will result in an overpayment to the client)



Add an Eform  
<http://thesauce/team-spaces/eos-online-help/documents/add-an-eform/index.htm>



Add approved incapacity



Modify approved incapacity

**b** Create task for payments team and link required information

**NOTE** What task should I use to make the request

Use the Setup Weekly Compensation Task and link the completed Non-Standard E-Form to the task



Link a document to a task in Eos



**PROCESS**

**Transfer Weekly Compensation to a New Claim due to Further Injury**



## Summary

### Objective

This page lists the business rules related to straight-through payment processing.










Owner **9(2)(a)**

Expert **9(2)(a)**

## Policy

### 1.0 Straight-through payment processing business rules

**a** Business rules governing straight-through processing of electronic ACC18s.

-  Automatic approval of a pending activity period
-  Definition of a pending activity period
-  Automatic approval of a weekly compensation payment for a payable activity period
-  Notification for a manual approval of and activity period payment
-  Definition of a non-payable activity period
-  Definition of a payable activity period
-  Definition of a valid IRD Number
-  Pending activity periods for an exception payment may be automatically approved
-  Payments for an exception payment may be automatically approved

RELEASED UNDER THE OFFICIAL INFORMATION ACT

# Straight-Through Payment Processing Business Rules

Rule Name Automatic approval of a pending activity period

Statement A **pending activity period** must receive an **automatic approval** if all of the following are true:

- a **payment** has been made for a previous activity period for the **weekly compensation entitlement**.
- there is no outstanding request to approve any of the following:
  - a payment for a **claim** with the weekly compensation entitlement.
  - a **payment notification method** for the **client** receiving the weekly compensation entitlement.
- an electronic **ACC18** medical certificate has been approved without being edited since its submission for the claim.
- a **calculated weekly earnings rate** exists for the whole of the pending activity period.
- there is no gap between the end date of the previous activity period and the start date of the pending activity period.
- the previous activity period has been approved.
- the start of the pending activity period for which approval is being considered is within the last 28 days.
- the pending activity period does not overlap with another activity period for the same weekly compensation entitlement
- there is no existing payable activity period in the future for the same weekly compensation entitlement
- there is no **entitlement cessation date** within the pending activity period.
- **post incapacity earnings** are available where **abatement** has been applied to **approved incapacity**.

Rule Name Definition of a pending activity period

Statement An **activity period** must be considered to be a **pending activity period** if it has not yet been determined to be one of the following:

- a **payable activity period**.
- a **non-payable activity period**.

Rule Name Automatic approval of a weekly compensation payment for a payable activity period

Statement A **payment** of **weekly compensation entitlement** must receive an **automatic approval** only if all the following are true:

- the payment is being paid for a payable **activity period** for the weekly compensation entitlement.
- the **payee** for the payment has been approved.
- there is an approved **bank account** for the payee.
- there is a valid **IRD number** for the client being paid.
- there is a valid **tax code** for the client being paid.

Rule Name Notification for a manual approval of an activity period payment

Statement The **weekly compensation team** must be notified of all of the following if a **pending activity period** did not receive an **automatic approval**:

- at least one reason for the pending activity period failing to receive an automatic approval.
- the pending activity period which failed to be automatically approved.

Rule Name Definition of a non- payable activity period

Statement An **activity period** must be considered to be a **non-payable activity period** if **ineligibility criteria** determines that it cannot receive an approval to become a **payable activity period**.

Rule Name Definition of a payable activity period

Statement An **activity period** must be considered to be a **payable activity period** if a **pending activity period** has received an approval.

Rule Name Definition of a valid IRD Number

Statement An **IRD number** must be considered a valid IRD number if all the following are true:

- the value of the IRD number is between the following 9 digits:  
010-000-000 and 150-000-000
- the IRD number is successfully validated through a **modulus 11 checksum routine**
- the IRD number is not recorded in an **ACC list of invalid IRD numbers**.

Rule Name Pending activity periods for an exception payment may be automatically approved

Statement An automated approval may be received for a pending **activity period** associated with a **weekly compensation exception payment** if all criteria for an automated approval of a pending activity period are met.

Rule Name Payments for an exception payment may be automatically approved

Statement An automated approval may be received for a **weekly compensation exception payment** if all criteria for an automated approval of a payment for a payable activity period are met.

## Summary

### Objective

Determining the date of first incapacity (DOFI) is important as it establishes when a client's first week period starts. Refer to this guidance to help you determine the first week period and establish the start of the client's weekly compensation.



- 1) Determining a client's DOFI
- 2) Time off work for treatment before certified as unable to work
- 3) No time off work for treatment before certified as unable to work
- 4) Client on leave
- 5) Statutory holidays

Owner **9(2)(a)**

Expert **9(2)(a)**

## Policy

### 1.0 Rules

- a** A client's date of first incapacity (DOFI) is the earlier of the first date that they:
  - were medically certified as unfit for work due to their injury
  - had time off work to receive necessary health care treatment for their injury.
- b** Each claim can have only one DOFI date.
- c** If the client has an injury, they will be medically certified as unfit for their employment from the date they were first off work due to this personal injury. This date is the DOFI.
  -  Definition of incapacity  
<https://go.promapp.com/accnz/Process/4a00b447-a198-4dee-9537-facfa9ff9376>
  -  Examples – determining DOFI - Reference  
<http://thesauce/team-spaces/chips/compensation/weekly-compensation/reference/incapacity-187/examples--determining-dofi/index.htm>


### 2.0 Time off work for treatment before certified as unable to work

- a** If the client has taken time off work for treatment before the date they were first medically certified as unable to work, the date of that treatment is DOFI.
- b** This earlier date can only be used as DOFI if ACC is required, or allowed, to pay for the type of treatment they received.
- c** ACC also needs confirmation from the employer of any actual time taken off work.

### 3.0 No time off work for treatment before certified unable to work

- a** If the client has not had time off during work hours for necessary treatment, DOFI is the first date they were medically certified as unable to work.
- b** For example: a Monday to Friday worker:
  - suffered an injury after work on Friday
  - went to the doctor the next day, where they were certified unable to work from that day.The Saturday's date is the DOFI.

### 4.0 Client on leave

- a** If a client is on annual or other paid leave on the first day they are certified as unfit for work, this day is DOFI. This is regardless of whether or not the business was open at the time the client was on annual, or other paid leave.
- b** Determine DOFI as if they had not been on leave at the time.
- c** For example: A worker who normally works on Mondays:
  - is on leave on a Monday, when they suffer an injury
  - is certified as being unable to work from that day.The Monday date is the DOFI date.
- d** This also applies if the client is on unpaid leave when injured, provided they are accepted as being an earner. See Unpaid leave.
  -  Unpaid leave  
<https://go.promapp.com/accnz/Process/6b0e3eaa-4d40-41a7-bbb7-084a7fb81470>

### 5.0 Statutory holidays

- a** DOFI is the first date the client was medically certified as unable to work.
- b** If a statutory holiday falls between the date that the client is certified as being unable to work and the day that they would have worked, if not for being unable to work due to the injury, DOFI is taken as the earlier date, ie the date they were certified as unable to work.



## Summary

### Objective

This entry informs you about the ways we accept medical certificates, the frequency that the client must provide us with a medical certificate. Refer to this guidance to determine whether a client is exempt from submitting a medical certificate every 13 weeks, and whether we can pay them if there are gaps between medical certificates.

- 1) Frequency of medical certificates
- 2) Acceptance of certificates
- 3) Exemptions
- 4) Criteria
- 5) Rules
- 6) Cases where an exemption should not apply
- 7) Unstable health status: Serious Injury clients
- 8) Monitoring exemptions
- 9) Gaps of time between medical certificates
- 10) Gaps between medical certificates of less than 29 days
- 11) When the gap between medical certificates is longer than 28 days, or 90 in the case of a seriously injured client
- 12) Compensation for permanent inability to work

### Background

To be eligible for ongoing weekly compensation, clients must provide ACC with regular medical certificates certifying their inability to work.

Regular medical certificates allow ACC to monitor a client's continued need for weekly compensation and rehabilitation.

|               |         |
|---------------|---------|
| <b>Owner</b>  | 9(2)(a) |
| <b>Expert</b> | 9(2)(a) |

## Policy

### 1.0 Frequency of medical certificates

- a** ACC requires medical certificates to be submitted at least every 13 weeks, for long-term clients.
- b** Where the client is receiving on-going treatment from a medical practitioner, more frequent certificates may be appropriate to ensure:
  - the client attends the medical/nurse practitioner when requested
  - the client's condition does not change in the meantime, enabling them to return to work.

### 2.0 Acceptance of certificates

- a** Certificates that result in the granting of support may be accepted by Fax or direct from a provider electronically.
- b** All medical certificates must be signed by the relevant provider, or, in the case of an eACC18, must be appropriately authorised by the provider. The patient does not need to sign either the ACC18 or eACC18.

### 3.0 Exemptions

- a** It may be appropriate to require medical certificates at intervals of more than 13 weeks, for example at six- or twelve-monthly intervals.
- b** Ongoing inability to work because of their injury, is instead, monitored by regular contact with the case manager.

### 4.0 Criteria

- a** Medical certificates can be accepted for periods exceeding 13 weeks, for a maximum period of 12 months, if all the following are met:
  - physical or mental restrictions have stabilised and are likely to remain unchanged
  - these restrictions mean the client is unable to perform any work
  - eligibility for long-term support is not in doubt.
- b** Significant periods of backdated support, if maintained by medical evidence, eg an Occupational Physician's report.

### 5.0 Rules

- a** Agreement to less frequent medical certificates must be documented in the client's Individual Rehabilitation Plan (IRP).
- b** The client must agree that:
  - the case manager will monitor their ongoing inability to work as part of scheduled, regular contact
  - the client, or their representative, must regularly complete a personal declaration, stating they are aware of their responsibility to declare to ACC, any change in work fitness and other income, to continue being eligible for weekly compensation.

**NOTE** This declaration is necessary to monitor progress and reduce the potential for fraud.

### 6.0 Where the exemption to allow less frequent medical certificates does not apply


- a** The exemption to allow less frequent medical certificates should not apply in the following cases:
  - strain and sprain cases, including back strains and occupational overuse claims
  - serious injury – where the client is 'non-compliant' with treatment or rehabilitation
  - clients who are residing overseas
  - sensitive claims – other than when they involve serious injury clients who are receiving intensive treatment.
- b** Serious injury status, for a sensitive claim, is usually for a temporary duration of six months to two years while the client receives intensive, usually in-patient or residential, treatment. In these situations the duration of a medical certificate is determined between the case manager, client and health provider, and is written into the client's IRP.


### 7.0 Unstable health status: Serious Injury clients

- a** Where the health status of the client is fragile or unstable, eg where there are pressure sores or recurrent infections, the exemption to allow less frequent medical certificates does not apply. This includes all ventilator-dependent tetraplegics.
- b** In these cases, although the client's level of physical restriction is not in doubt, it is vital for their health status, that there is regular medical supervision. The 13-weekly medical certificate provides this opportunity.

## 8.0 Monitoring less frequent medical certificate exemptions

- a There will be situations where an exemption for less frequent medical certificates may need to be withdrawn once already approved, eg for reasons of non-compliance.
- b Team Managers are responsible for ensuring that discretion for agreement to less regular medical certificates is exercised appropriately.
- c Team Managers are also responsible for monitoring the use of this discretion as part of their coaching and Quality Assurance responsibilities.

 Request an exemption - Reference <http://thesauce/team-spaces/chips/compensation/weekly-compensation/reference/incapacity-187/request-an-exemption/index.htm>

 Entering details into Eos Contacts - Reference <http://thesauce/team-spaces/chips/compensation/weekly-compensation/reference/incapacity-187/entering-details-into-eos-contacts/index.htm>

## 9.0 Gaps of time between medical certificates

- a In some cases there may be a gap between the period covered by the elapsed medical certificate and the period covered by the new medical certificate.

### NOTE Example

A client suffers an injury on 14 February and their first medical certificate covers their inability to work for 13 weeks up to 16 May. The second medical certificate covers the next 13-week period to 18 August, but as the client was late in getting to the doctor it does not start until 19 May. In this case there is a two-day gap.

## 10.0 Gaps between medical certificates of less than 29 days

- a When the gap between medical certificates is less than 29 days, or 91 days in the case of a Seriously Injured client, the client continues to be eligible for weekly compensation, so long as ACC is satisfied that the client was fully unable to work for that period.
- b Consider each case on its own merits. Some examples:
  - The client has a serious injury, and was clearly unable to work, but could not get an appointment with their general practitioner.
  - The gap occurred within the accepted duration for that type of injury, and both the client and the current employer have confirmed the client did not work.
- c In all cases:
  - contact the client and/or their employer to confirm they did not work during the gap period and note their response on Eos Contacts
  - note the gap period on Eos Contacts.

## 11.0 When the gap between medical certificates is longer than 28 days or 90 in the case of a seriously injured client

- a A client can continue to be eligible for weekly compensation during a period of more than 28 days or 90 days respectively in circumstances where:
  - the client has a significant injury and was obviously unable to work
  - the length of the period between medical certificates is due to the fact, that the client was otherwise unable to get to a doctor, eg this could be because of an illness.

## 12.0 Permanent eligibility for weekly compensation

- a Clients who, prior to 1 October 1992, were formally assessed for and awarded compensation for permanent eligibility for weekly compensation under Accident Compensation Act 1972, Section 114 or Accident Compensation Act 1982, Section 60 are not required to provide ACC with medical certificates.
- b Any case involving a client who is not eligible for a permanent inability to work award, as outlined above and who is not providing regular medical certificates, must be brought to the attention of the Technical Specialist or Team Manager.



## Summary

### Objective

Serious injury claims are managed by the National Serious Injury Service using a different service approach than for non-serious injury claims.

**Owner** 9(2)(a)

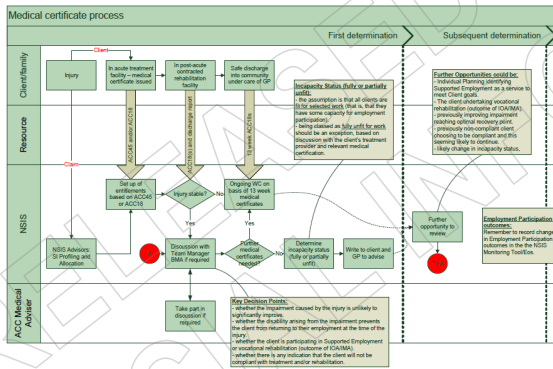
**Expert** 9(2)(a)

## Procedure

### 1.0 Rules

- a In relation to medical certification, serious injury clients differ because:
  - they have sustained a significant and permanent impairment
  - once their condition is stable, a one time determination can usually be made on their ability to return to their pre-injury employment
  - they will usually have a long term treatment relationship with one or more medical practitioners.

The process chart below sets out the overall process for Serious Injury clients.



Medical Certification for Serious Injury claims process chart.png

### 2.0 Key Points of the new process

- a An initial decision is made while the client is in post-acute rehabilitation, or soon after, about whether ongoing medical certificates are required. This decision involves the support coordinator consulting with the team manager, and if required an appropriate Medical Adviser, and is made based on if:
  - the disability arising from the impairment has reached a point from which it is unlikely to significantly improve.
  - the client is unable to return to the employment they had at the time of the injury
  - the client is participating, or planning to participate in a Supported Employment program or vocation rehabilitation, including the Initial Occupational Assessment/Initial Medical Assessment process
  - there is any indication the client will be non-compliant with necessary treatment requirements, or with the Individual Planning process.

| If...  | then...   |
|--|---|
| the support coordinator is not satisfied that these criteria have been met | the client will need to continue to provide medical certification in line with the current process, as set out for non-serious injury clients   |
| the support coordinator is satisfied that all the criteria have been met   | <ul style="list-style-type: none"> <li>• a decision is made on incapacity status, fully unfit for work or fit for selected work. All clients are initially identified as 'Fit for selected work', on the basis that all clients will have some capacity for employment participation. Fully Unfit for work is the exception, and follows discussions with the client's treatment provider(s) and appropriate certification</li> <li>• the client and their medical practitioner will be advised about the incapacity status and that medical certificates are no longer required</li> <li>• to ensure there is no disruption to the client, the support coordinator will arrange to extend weekly compensation on a yearly basis through the use of Eos Tasks.</li> </ul> |

#### Key Points of the new process.PNG

- b A further decision can be made at a later date, if required by:
  - the IP process identifying Supported Employment as a service to meet client goals
  - the client undertaking vocational rehabilitation, including the Initial Occupational Assessment/Initial Medical Assessment process
  - the client's condition or level of compliance changing
  - identification that the status of their inability to work is likely to, or needs to, be altered.

This process complies with the legislation and removes the unnecessary burdens of the process for non-serious injury clients for this group. It removes the financial burden to clients, of attending a doctor just for an ACC medical certificate and allows ACC to withdraw from their lives, thereby enhancing any ongoing relationship with ACC. The process also reduces the administrative burden for NSIS staff.

Issues around Fraud and return to work expectations will be managed outside of the medical certification process.

## Summary

### Objective

This guidance outlines the information that ACC require from a medical health professional when they issue an acceptable medical certificate confirming the client is unable to work. This guidance covers retrospective, and forward-dated medical certificates. Refer to this guidance to determine whether a medical certificate contains the information we require to confirm inability to work.

- 1) Rules: medical practitioners issuing medical certificates for inability to work
- 2) Legislation related to the activities of health practitioners and the certification ACC will accept from health practitioners
- 3) Acceptance of certificates
- 4) Retrospective medical certificates
- 5) Forward-dated medical certificates
- 6) Links to guidelines and legislation

**Owner** 9(2)(a)

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## Procedure

### 1.0 Rules: medical practitioners issuing medical certificates for inability to work

- a** A medical practitioner (or nurse practitioner) can confirm whether a client is unable to perform their employment duties through issuing a medical certificate. A medical certificate can be any of the following:
  - an ACC045 ACC injury claim form
  - an ACC018 Medical Certificate
  - electronically created medical certificate
  - inability to work included within a report from a medical practitioner.
- b** The medical certificate should be provided by the medical practitioner the client consulted about the injury when they became unable to work.
- c** For ACC to accept the certificate, it must refer to the injury in question and clearly identify the client's restrictions due to the injury.
- d** Electronically created medical certificates can only be accepted from medical practitioners who have had their certificates approved by Corporate Office and numbers allocated.
- e** If that doctor is not available, a medical practitioner from the same practice can provide the certificate, if details of the consultation can be confirmed.
- f** If a public hospital provided treatment to the client but did not complete a certificate, it can be completed later, provided the medical practitioner completing the certificate has the hospital notes. If required, contact this medical practitioner to check that the hospital notes were available to them.
- g** See the Medical Council of New Zealand's guidelines on medical certification for more information on doctors' professional obligations when completing certificates.

### 2.0 Legislation related to the activities of health practitioners and the certification ACC will accept from health practitioners

- a** Legislative changes mean suitably qualified health practitioners will be able to carry out some activities that could previously only be done by medical practitioners (doctors). Refer to the Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill in Activity 6.0.
- b** One of these involves a change to the Holidays Act 2003. The Holidays Act allows an employer to require an employee to produce proof of sickness or injury. The Act previously stated that this proof may include 'a certificate from a medical practitioner'. The recent amendment changes this to 'a certificate from a health practitioner'.
- c** ACC's legislation has not changed and the requirement for an assessment of inability to work remains by a medical or nurse practitioner.
- d** However, ACC can accept a health practitioner's certificate for the purposes of determining the first date the client became unable to work, if they had taken time off work to be treated by the health practitioner. ACC would also require confirmation that the client was absent from work to attend that treatment. The treatment would have to be one that ACC is liable to provide and is necessary for the client's covered injury.

### 3.0 Acceptance of certificates

- a** Certificates that result in the granting of support may be accepted by fax or direct from a provider electronically.
- b** All medical certificates must be signed by the relevant provider, or, in the case of an eACC18, must be appropriately authorised by the provider. The patient does not need to sign either the ACC18 or eACC18.
- c** When we receive a manual ACC18 Medical Certificate it must have a valid provider ID to ensure that the certificate can be approved for payment.
- d** Provider detail is a mandatory field in Eos, as they must exist to process a manual ACC18 and/or eACC18. However, Vendor and Facility fields are optional.
- e** If the Provider ID is showing as invalid, then you will need to search for the correct Provider or use the dummy number K95229.

### 4.0 Retrospective medical certificates

- a** Medical certificates that cover a period before the date of consultation are less convincing proof of inability to work and may not be acceptable. In this case:
  - obtain further medical information before deciding whether to accept a retrospective certificate
  - determine the basis on which the retrospective medical certificate has been given. This can be sought from the medical practitioner
  - obtain confirmation from the client's employer that they had time off work due to their inability to work due to the injury.
- b** It may also be helpful to get comments from a Medical Advisor before deciding.

- c** Retrospective certificates by a medical practitioner may be more compelling when read alongside a Health Practitioner's certificate particularly where the client has been treated by them in the intervening period.

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## 5.0 Forward-dated medical certificates

- a** Medical certificates specifying a period of inability to work, that starts sometime after the date of consultation, can be accepted depending on the circumstances of each case. Factors to be considered in deciding whether to accept a forward-dated medical certificate include:
- the reason for the certificate being forward-dated, e.g. if surgery is expected, or a current certificate of inability to work is due to expire
  - gap between the date the certificate was completed and the specified start date for the period that the client was unable to work (this must only be a few days)
  - the duration of inability to work is specified, particularly where the certificate is forward-dated because surgery is planned
  - the medical details of the injury and inability to work, i.e. if the available facts clearly support that the person would be unable to work
  - the basis on which the forward-dated medical certificate has been given should be determined. This may be sought from the medical practitioner.
- b** It may also be helpful to get comments from a Medical Advisor before deciding.
- c** Where ACC does accept a forward-dated medical certificate, the period of inability to work is taken from the 'date specified on the certificate', not the date the certificate is completed.
- d** Ensure the reasons for accepting or rejecting a forward-dated medical certificate are recorded on Eos Contacts Log.

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## 6.0 Links to guidelines and legislation

-  Medical Council of New Zealand's guidelines on medical certification  
[https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKewj23PG9vN\\_gAhWdV30KHQe8AL4QFjAAegQIChAC&url=https%3A%2F%2Fwww.mcnz.org.nz%2Fassets%2FNews-and-Publications%2FStatements%2FMedical-certification.pdf&usg=AOvVaw3KjCXxcxD8x1Y5Ma555auc](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKewj23PG9vN_gAhWdV30KHQe8AL4QFjAAegQIChAC&url=https%3A%2F%2Fwww.mcnz.org.nz%2Fassets%2FNews-and-Publications%2FStatements%2FMedical-certification.pdf&usg=AOvVaw3KjCXxcxD8x1Y5Ma555auc)
-  Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill  
<http://www.legislation.govt.nz/bill/government/2015/0036/23.0/DLM6514118.html>
-  Holidays Act 2003  
<http://www.legislation.govt.nz/act/public/2003/0129/45.0/DLM236387.html>

## Summary

### Objective

Refer to this guidance to determine whether a client has suffered a subsequent inability to work, and the date that subsequent inability to work began. This guidance applies to claims where the client became unable to work from 1 July 2010.

- 1) Determining subsequent inability to work
- 2) Date of subsequent incapacity (DOSI)

Owner **9(2)(a)**

Expert **9(2)(a)**

## Policy


### 1.0 Determining subsequent inability to work


- a** A subsequent inability to work can occur if a client has:
- had a period when they were unable to work
  - ceases to be unable to work
  - becomes unable to work for a further period, due to that same personal injury.

### 2.0 Date of subsequent incapacity (DOSI)

- a** The date the client subsequently becomes unable to work (date of subsequent incapacity 'DOSI') is the first day of a new period that they are no longer able to work because of their injury. DOSI also includes time off work for treatment for their injury.
- b** To be eligible for a weekly earnings calculation in respect of an employment, the client must either:
- hold that employment at DOSI and have been in employment at the date of injury; OR
  - satisfy the extension of earner status criteria under clause 43 of Schedule 1 at DOSI. The client does not need to be in employment at the date of injury under this criterion.


Refer to Determine if a subsequent incapacity.

 Determine if a subsequent incapacity - Reference <http://thesauce/team-spaces/chips/compensation/weekly-compensation/reference/incapacity-187/determine-if-a-subsequent-incapacity/index.htm>

 Extension of Employment status policy <https://go.promapp.com/accnz/Process/edf99751-2dab-453e-8e58-db46ad9a1be6?force=False>

 Eligibility criteria for weekly compensation <https://go.promapp.com/accnz/Process/aa77ed4c-f8eb-472b-b001-112a97080068?force=False>

### 3.0 Link to process

 (NGCM) Conduct Recovery Check-in Conversation <https://go.promapp.com/accnz/Process/9ec268dc-24a7-4d98-8776-4f3201104d2a#>