

# Policy - Lodgement & registration of New Claims

*This topic covers how a claim can be lodged, how we identify and deal with specific claims such as treatment injury claims, sensitive claims and accidental death claims, and how we register claims for cover.*

## Policy

---

- [Computer-generated ACC45](#)
- [Claim forms](#)
- [Consequential injuries](#)
- [Treatment injury claims](#)
- [Sensitive claims](#)
- [Dental injury forms](#)
- [Accidental death claims](#)
- [Conversion probability threshold](#)

## Process

---

- [Lodging a manual claim](#)
- [Lodging electronic claim](#)
- [Missing mandatory data](#)
- [Streaming a claim from registration](#)
- [Streaming TI claim](#)
- [Responding to provider requests](#)

## Reference

---

- [Electronic claim checklist](#)
- [Manual claim checklist](#)
- [Health Practitioner Index](#)
- [Streaming criteria](#)
- [Applying streaming criteria](#)
- [Claim types](#)
- [Sensitive Claim Engagement Form](#)

# Policy

Lodgement and registration policies are:

[Computer-generated ACC45](#)

[Claim forms](#)

[Consequential injuries](#)

[Treatment injury claims](#)

[Sensitive claims](#)

[Dental injury forms](#)

[Accidental death claims](#)

[Conversion probability threshold](#)

## Computer-generated ACC45

### Introduction

The ACC45 Injury Claim form is available only as a commercially published document because each claim form has to be individually numbered.

Some providers complete the form with the client by hand and send it to ACC.

Providers with computerised systems can submit computer-generated ACC45 forms that can be viewed in Eos as a PDF document.

The information required on the form is exactly the same as the paper version but may be laid out slightly differently. Providers may also include some internal reference information on the form.

### Rules

#### Form version and claim number sequence

Providers must use an ACC-approved version of the form. Each provider is issued a sequence of claim numbers to use on these forms, to avoid duplication with other electronic versions or with claims submitted on paper.

As the provider uses up their allocated claim numbers, they ask ACC to issue a new sequence of numbers.

#### Approving a new form version

ACC must approve a computer-generated version of the ACC45 before allowing a medical practice to use it.

Refer any provider or software developer enquiries about computer-generated versions of the ACC45 to:

National Manager Claims Processing & Specialist Services  
Corporate Office

### List of approved versions

There are currently seven approved versions of the ACC45, four developed by software companies and three by providers. These are listed below.

#### ACC approved versions developed by software companies

Company	identified by...	and prints out on...
Health Technology Ltd	'HTL' at the top centre of the page, beside the name of the form	two A4 pages
Advanced Clinical Records	'HG' on the left-hand side of form, below the ACC45 logo	two A5 pages
Virtuoso Productions Limited	'VPL' on the left-hand side of the form, below the ACC45 logo	two A5 pages
IntraHealth (MMAS system)	'Macintosh Medical Administration System' on the top left of the form	two A4 pages

#### ACC approved versions developed by providers

These versions are identified by the provider's name at the top of the form:

- Mid Central Health
- Canterbury Health
- Pegasus Medical Group.

#### Allocating a claim number sequence

The treatment provider must apply to ACC for a claim numbering sequence to be allocated for the approved version of the ACC45 they intend to use.

Enquiries from providers regarding the claim numbering sequence should be referred to:

Northern Processing Centre  
PO Box 90-341  
Auckland Mail Centre

The Northern Processing Centre is also responsible for allocating the number sequence for electronic versions of the Accident Insurance Treatment Certificate (AITC).

### Receiving a claim on a computer-generated ACC45

When you receive a claim on a computer-generated ACC45, you must check the version of the form used by the provider to see if it is an approved version or a non-approved version.

If the form is...	then...
an approved version	follow the normal procedure for processing claim forms
not an approved version	return it to the provider immediately with a covering letter that: <ul style="list-style-type: none"><li>• explains all computer-generated forms must be approved by ACC before use</li><li>• provides contact details to arrange this, if they wish</li><li>• asks them to resubmit the claim on a standard paper form.</li></ul>

## Claim forms

### Introduction

Claims can be submitted on any of the ACC-approved ACC45 injury claim form versions or the Accident Insurance Treatment Certificate (AITC).

For more information about the special requirements for work injuries that occurred between 1 July 1999 and 30 June 2000, see [Which Act to use](#).

### Rules

#### Submitting claim forms

For all non-work injuries, or work injuries received after 1 July 2000 use:

- the ACC45 ACC injury claim form (ACC45).

For work injuries received between 1 July 1999 and 30 June 2000 use:

- an ACC45 or AITC.

#### Lodging a claim

When a claim is lodged, it is important to note that:

- acceptance for lodgement does not mean a claim has been accepted for cover
- the date of lodgement determines when the 'clock starts ticking' for the purposes of determining the correct insurer, cover and payment of statutory entitlements

- mandatory information is required for each claim.

For information about lodgement processes, see:

- [Lodging a manual claim](#)
- [Lodging an electronic claim](#)
- [Managing missing mandatory data.](#)

# Consequential injury claims

## Introduction

A consequential injury is an injury that occurs as a result of a previous injury, eg gradual process, disease or infection due to a covered injury or due to treatment for a covered injury.

### Legislation

- [AC Act 2001, Sections 20\(2\)\(d\) & \(h\)](#) relate to cover for personal injury that is a consequence of treatment given for a previous personal injury, for which the person has cover.
- AC Act 2001, sections 20(2)(g) relates to cover for personal injury that is a gradual process, disease, or infection consequential on personal injury suffered by the person, for which the person has cover:
- [AC Act 2001, Section 28\(5\)](#) relates to cover for work-related injury that is a consequence of treatment given for a previous work-related injury.

## Rules

### Consequential claim identification

A consequential injury caused by treatment is identified by any of the following:

- text on the ACC45 ACC Injury claim form (ACC45) stating the client has an existing physical injury claim, and while receiving treatment for this injury, incurred a further injury
- the key words 'treatment', 'medical', 'hospital', 'surgery', 'physiotherapy', 'chiropractor' or 'doctor' appearing on the ACC45
- a tick in the 'Is this claim for treatment injury?' box on the ACC45 or, for older ACC45s, the 'Medical misadventure' box
- discussion with the client and/or provider.

### The difference between consequential injury and treatment injury

The key point in the difference between a treatment injury and a consequential injury is understanding what the treatment is provided for, that gives rise to the claimed new injury:

- if the treatment is for an underlying condition and the person suffers new injury from the treatment provided by a registered health professional , it is considered under the treatment injury provisions (s32 of the AC Act 2001)
- if the treatment is for a covered ACC injury and the person suffers new injury from the treatment, it is considered under the consequential injury criteria (s20(2)(d) & (h)) – TI delegation to determine cover
- if the person has a covered ACC injury and that injury through gradual process, disease or infection develops into another injury, this is a consequential injury that the branch has delegation to determine cover [as there is no intervening treatment that gives rise to the additional injury] (s20(2)(g))

### Forwarding consequential injury claims

All consequential injuries caused by treatment, whether or not the original injury claim is lodged or accepted, are sent to one of the following for processing:

- the ACC Treatment Injury Centre, for non-accredited employer claims
- the registered accredited employer, for accredited employer claims.

See [Receiving and streaming treatment injury claim](#).

### Fund code

You must make sure the correct [fund code](#) is allocated to the claim.

# Treatment injury claims

## Introduction

A treatment injury is a personal injury arising from treatment that meets ACC's [Cover criteria for treatment injury](#).

## Rules

### Treatment injury claim identification

A treatment injury claim may be identified by any of the following:

- text on the ACC45 ACC Injury claim form (ACC45) stating the client has an existing physical injury claim, and while receiving treatment for this injury, incurred a further injury
- the key words 'treatment', 'medical', 'hospital', 'surgery', 'physiotherapy', 'chiropractor' or 'doctor' appearing on the ACC45
- a tick in the 'Is this claim for treatment injury?' box on the ACC45 or the 'Medical misadventure' box on older ACC45s
- material accompanying the ACC45, eg the [ACC2152 Treatment Injury Claim](#) (123K) form and any medical notes.

## The difference between consequential injury and treatment injury

The key point in the difference between a treatment injury and a consequential injury is understanding what the treatment is provided for, that gives rise to the claimed new injury:

- if the treatment is for an underlying condition and the person suffers new injury from the treatment provided by a registered health professional, it is considered under the treatment injury provisions (s32 of the AC Act 2001)
- if the treatment is for a covered ACC injury and the person suffers new injury from the treatment, it is considered under the consequential injury criteria (s20(2)(d) & (h)) – TI delegation to determine cover
- if the person has a covered ACC injury and that injury through gradual process, disease or infection develops into another injury, this is a consequential injury that the branch has delegation to determine cover [as there is no intervening treatment that gives rise to the additional injury] (s20(2)(g)).

## Lodgement date

A claim for treatment injury must be lodged within 12 months of the later of:

- the date the registered health professional (RHP) first considered the personal injury to be a treatment injury
- the date the client suffered the injury as determined under the [AC Act 2001, Section 38](#).

## Late lodgement

ACC must not decline a claim on the grounds that it was lodged late, unless the claim's lateness prejudices the ability of ACC to determine cover. See [Eligibility of late claims](#).

## Transitional claims

If a client lodges a claim for the first time on or after 1 July 2005, apply the treatment injury rules. The rules for [medical misadventure](#) apply to claims lodged before 1 July 2005.

## Exception

We can consider a claim under the treatment injury provisions if it was lodged on or after 1 July 2005 and previously declined under the medical misadventure rules if no personal injury was established at the time, but a personal injury arises after the claim was declined from that past incident. The personal injury could arise before or after 1 July 2005.

## Example:

After a period of hospitalisation before 1 July 2005, a client is diagnosed with Methicillin Resistant Staphylococcus Aureus (MRSA) but they have no symptoms at the time. Some time after 1 July 2005 they develop a serious infection. A personal injury becomes present so their claim can be considered under the treatment injury provisions.

## Forwarding treatment injury claims

When you receive a treatment injury claim, you must capture the details as a new claim and forward any hard copy materials to the Treatment Injury Centre. This includes any material accompanying the ACC45, eg the [ACC2152 Treatment Injury Claim](#) (123K) form and any medical notes.

Specialist staff in the Treatment Injury Centre assess the claim and make the cover decision.

You must:

- refer any enquiries about treatment injury claims to the Treatment Injury Centre
- ensure any material that accompanied the ACC45, eg the ACC2152 and clinical notes, is clearly marked with the claim number or ACC45 number.

See [Receiving and streaming treatment injury claim](#) for further information.

# Sensitive claims

## Introduction

[AC Act 2001, Section 21](#) deals with cover for mental injury from offences listed in [Schedule 3](#) of the AC Act. These refer mainly to sexual abuse. [Section 21](#) claims are also known as sensitive claims.

Refer any enquiries about sensitive claims to:

Sensitive Claims Unit  
PO Box 1426  
Wellington

The SCU deals with potentially sensitive issues and it is essential that we use sensitivity and discretion when dealing with these claims.

## Rules

### Identifying sensitive (section 21) claims

ACC has instructed treatment providers to send all sensitive (Section 21) claims directly to the SCU. If you identify a sensitive claim, you must send it to the SCU immediately.

### How to recognise a sensitive claim

An ACC45 injury claim form for a sensitive (Section 21) claim has all the following features:

- it has been completed by a:
  - counsellor



- nurse practitioner
- general practitioner (GP)
- doctor registered with Doctors for Sexual Abuse Care (DSAC)
- the treatment provider either:
  - included a [READ code](#) (274K) for a mental injury in the 'Diagnosis'; box on the ACC45
  - used a term like 'depression' as a diagnosis
- the 'Part B: Injury Details' section in the ACC45 form shows a Schedule 3 offence, including the section number of the offence, or a description of it.

A DSAC-registered doctor may also include a separate report with the ACC45.

### Special cases

If...	and...	then...
the 'Injury Details' section of the ACC45 describes a Schedule 3 offence	the READ code indicates a physical injury and no mental injury	you must process the claim in the same way as any other <a href="#">physical injury caused by an accident (PICBA)</a> claim
the claim involves both physical and mental injury	needs case management	you must consult an SCU case manager or team manager and transfer the claim directly to the SCU if they agree it should be managed by the SCU

### Forward sensitive (section 21) claims

You must refer to [AC Act 2001, Section 21](#) to identify a mental injury claim.

You must only identify a claim as a sensitive claim once you receive all of the required information.

You must contact the client if you need further information.

If...	then...
the claim involves both physical and mental injury and needs case management	<ul style="list-style-type: none"> <li>• consult an SCU case manager or the team manager to decide who should manage the claim</li> <li>• within 24 hours of receipt, send the claim via Boxlink or email, with no further investigation or registration, to the SCU</li> </ul>

Claims for physical injury as a result of Section 21 are processed by the claims assessor.

Refer all enquiries about Section 21 claims to the Sensitive Claims Unit.

# Forms required to register a dental injury

## Introduction

Providers can register dental injuries on either:

- ACC42 Dental claim registration form
- ACC45 ACC Injury claim form.

Although general practitioners (GPs) can register dental injuries, we always ask the dentist to complete an [ACC2303 Request for more information on dental claim](#) (191K) form or an ACC42 form. This enables ACC to register tooth 'sites' and other injuries to the region. It also allows us to gain information regarding pre-existing conditions for entitlement decisions.

Notes:

- Providers can obtain a copy of either the ACC42 or ACC37 Dental treatment and tax invoice forms by calling the Provider Line on 0800 222 070.
- Email either [Hndental@acc.co.nz](mailto:Hndental@acc.co.nz) or [Dndental@acc.co.nz](mailto:Dndental@acc.co.nz) for copies of the ACC2303 form.

## Rules

If you receive an...	then you must...
ACC45 without an ACC37	register the claim using the correct codes
ACC37 without an ACC45	not register the claim
ACC37 accompanied by a second ACC45	treat the ACC45 as a duplicate
ACC42 without an ACC37	register the claim and update it with the corresponding information from the ACC42
ACC42 with an ACC37	<ul style="list-style-type: none"><li>• register the claim and update it with the corresponding information from the ACC42</li><li>• send the ACC37 for an entitlement decision</li></ul>

### Forms we need to make an entitlement decision for a dental claim

Entitlement can be applied for on several different forms:

- ACC37 Dental treatment and tax invoice
- [ACC1345 Request for prior approval of simple dental treatment](#) (112K)
- [ACC899 Dental implant assessment and treatment plan](#)
- [ACC4231 Request for prior approval of orthodontic dental treatment](#) (273K)

## Lodgement and registration processes

For more information, see:

- [Lodging a manual claim](#)
- [Lodging an electronic claim](#)
- [Managing missing mandatory data.](#)

# Accidental death claims

## Introduction

The two key differences between accidental death and other injury claims are:

- the sensitive nature of accidental death claims, ie ACC has contact with the deceased client's family
- that any resulting entitlements, except the funeral grant, are to assist surviving family members and are fixed for a period of time.

## Rules

### Eligibility

A death can be covered as an accidental death claim if it's caused by one of the following:

- an accident
- a consequence of treatment for personal injury
- a work-related gradual process, disease or infection (WRGPDI)
- a treatment injury.

Although [Disentitlement](#) applies to wilfully self-inflicted deaths, a death resulting from suicide may still be covered, if it was the result of a covered mental injury.

### Forwarding accidental death claims

Once a claim has been identified and lodged as an accidental death claim, it is forwarded to the Accidental Death Unit (ADU) without registering or determining the managing insurer for the claim.

### Claims for cover of an unborn child

A 2003 Court of Appeal decision, [Harrild v Director of Proceedings CA92/02](#), means ACC doesn't extend cover to an unborn child for accidental death suffered before birth.

Accidental death to a foetus is considered for cover as a physical injury to the mother.

If an infant is born alive but injured because of a pre-birth accident to the mother, ACC may consider separate cover for the infant's injuries, from the date of the infant's birth.

A claim for mental injury to the mother arising from her covered physical injury may also be considered.

# Conversion probability threshold

## Introduction

Conversion Probability measures the likelihood a client will need weekly compensation within the first 28 days of lodging their claim. It's measured as a percentage. For example, if a claim has a conversion probability of 35%, it means there's a 35% chance that the client will need weekly compensation within the first 28 days of lodging their claim.

When working out the conversion probability, we also consider a claim's duration rating. Duration rating predicts how long a client will need weekly compensation for. Duration rating is rated on a scale from 1 to 10, where 1 represents the 10% of claims with the shortest time on weekly compensation and 10 represents the 10% of claims with the longest time on weekly compensation.

Eos automatically streams earner claims based on an individual claim's conversion probability and duration rating.

Depending on whether claims meet or exceed the set conversion probability threshold, claims are either:

- streamed to Registration - Actioned Cases
- assessed by the Service Needs Assessment (SNA) team before being allocated
- allocated directly to a Short Term Claims Centre (STCC) or branch for case management.

Current policy sets the conversion probability threshold at 30% for all duration ratings.

Claims with a conversion probability that:

- is less than the 30% threshold are streamed to Registration - Actioned Cases
- meet or exceed the 30% threshold are streamed to either:
  - the SNA team for assessment
  - an STCC or branch for case management.

## Conversion probability thresholds for each duration rating

ACC can choose to vary the conversion probability threshold for each duration rating. The following table details the current thresholds for streaming earner claims immediately after registration. These thresholds may change over time.

Duration rating	Threshold (no existing open claims)	Threshold (existing open claims)
1 - shortest claims	30%	30%
2	30%	30%
3	30%	30%
4	30%	30%
5	30%	30%
6	30%	30%
7	30%	30%
8	30%	30%
9	30%	30%
10 - longest claims	30%	30%