He Kaupare. He Manaaki. He Whakaora.
Prevention. Care. Recovery.

28 January 2025

[redacted]

Kia ora [redacted]

Your Official Information Act request, reference: GOV-037543
Thank you for your email of 15 January 2025, asking for the following information under the Official Information Act 1982 (the Act):

1. *Number of Injuries on a Claim:*
   - *The maximum number of injuries that can be listed or associated with a single ACC claim.*
   - *If a limit exists, the rationale behind this policy and its alignment with ACC's legislative obligations.*
2. *Policy on Additional Injuries:*
   - *ACC's policy for managing additional injuries not listed on the original claim.*
   - *The process for adding injuries discovered after a claim has been filed.*
3. *Discrepancies Between Claim Acceptance and Coverage:*
   - *Any instances or practices where ACC accepts a claim but provides coverage for fewer injuries than those listed on the claim.*
   - *The criteria used to determine which injuries are covered or excluded and whether these decisions are communicated transparently to the claimant.*
4. *Policy Alignment with Legislation:*
   - *How ACC ensures its policies and practices align with the Accident Compensation Act 2001, particularly regarding comprehensive injury coverage.*
5. *Data on Claims with Multiple Injuries:*
   - *Statistics for the past five years showing the number of claims involving multiple injuries, broken down by the number of injuries (e.g., 1-3 injuries, 4-6 injuries, etc.).*

Our response

Question one
ACC does not have a policy limiting the number of injuries that can be associated with a claim. As such, we are refusing your request, as the information does not exist. This decision is made under section 18(e) of the Act.

Question two
Please find attached *Assess Cover for an Additional Injury or Change in Diagnosis*. As staff names were not requested, they have been deemed out of the scope of your request and removed.

Question three
ACC currently receives around 2 million claims annually, with approximately 97% being accepted. The claim cover process is automated, and the system uses a set of rules to determine whether the claim qualifies for cover. The complexity of the claim and the probability of whether ACC would have

(manually) made an 'accept' cover decision, based on data for similar claims over several years. This model can only accept claims or label them as 'held' meaning further investigation is needed. This model doesn't decline claims.

Most accepted claims had cover automatically accepted. 'Held' claims are referred to staff for further investigation. All 'complicated claims' are automatically held for further investigation. These claims include work-related gradual process, disease, or infection claims, work-related mental injury claims, hearing loss, sensitive claims and claims not lodged within a year of the accident.

ACC staff may use policies and procedures as guidance when determining cover. Please find attached our *Cover criteria for personal injury Policy*.

Question four
Within ACC's overall compliance framework, specialist support functions including legal, policy and compliance teams, identify and assess our obligations under the Accident Compensation Act 2001. These teams work closely with relevant business groups to ensure that policies, procedures and practices align with those obligations.

Question five
The requested information is attached. Please refer to the notes in the attachment for details about the data used for this request.

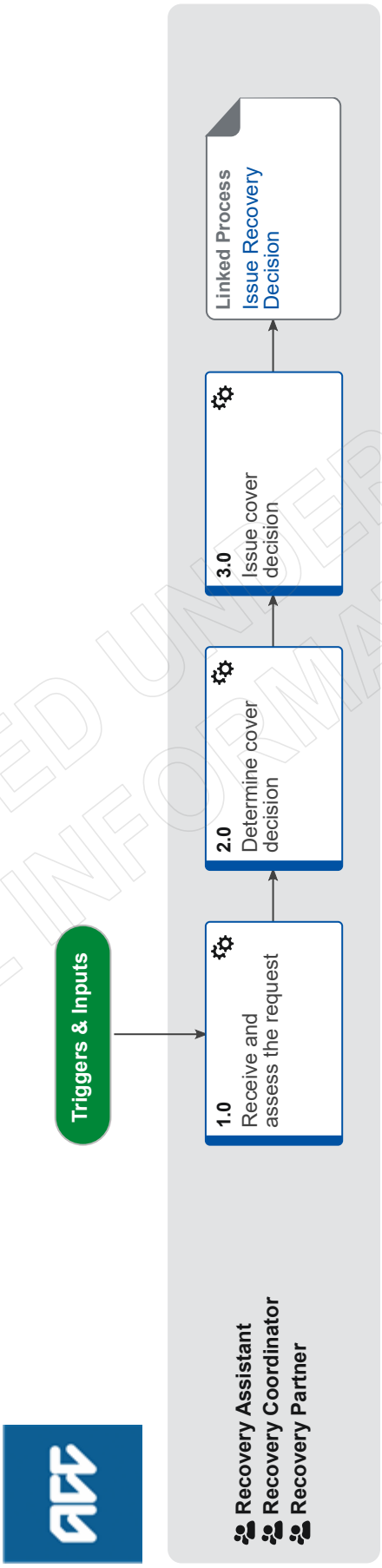
As this information may be of interest to other members of the public
ACC may publish a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available www.acc.co.nz/resources/#/category/12

If you have any questions about this response, please get in touch
You can email me at GovernmentServices@acc.co.nz. If you are not happy with this response, you can also contact the Ombudsman via info@ombudsman.parliament.nz or by phoning 0800 802 602. Information about how to make a complaint is available at www.ombudsman.parliament.nz.

Ngā mihi

Christopher Johnston
Manager Official Information Act Services
Government Engagement

Assess Cover for an Additional Injury or Change in Diagnosis [Historical] v46.3



Assess Cover for an Additional Injury or Change in Diagnosis [Historical] v46.3

Summary

Objective
The objectives of the process are:
• to assess the 'new injury' against cover criteria, so that the client can request supports.
• to action information about the 'new injury', so that ACC has accurate information about the client's injuries.
• to re-assess client's needs, so that the recovery pathway can be managed appropriately.

Background
Providers usually change or add a diagnosis if they made a mistake on the original claim form or have completed further diagnostics and assessments from which they identified new symptoms. The additional or changed diagnosis is referred to as the 'new diagnosis' or the 'new injury' in the context of this process, while the diagnosis provided on ACC45 is referred to as 'original diagnosis' or 'original injury'.

If the 'new injury' is different comparing to the 'original injury', we will assess cover for the 'new injury'. This is because clients might want to request entitlement(s) and support(s) to help recover from their injury, but ACC can only approve entitlements and supports for the injuries that have been granted cover.
The Accident Compensation Act 2001 allows providers (on behalf of clients) and clients to submit:
• a stand-alone request (claim) for cover
• a request (claim) for cover and treatment (or other supports) at the same time

The 'new injury' can be encountered at any stage of the recovery pathway. The following teams are responsible for assessing the 'new injury' for cover:
• Cover Assessment teams: Claims in Registration Actioned Cases department that receive an ACC18 diagnosis update task will be automatically routed to the Cover assessment – General cover
• Assisted, Supported and Partnered Recovery: Claims actively/previously managed that receive an ACC18 diagnosis update task will be automatically routed to the current/previous team managing the claim
• Enabled: Claims in the Enabled queue that receive an ACC18 diagnosis update task will be transitioned to Enabled Recovery. If the claim is in Enabled Recovery – Actioned Cases, the EDM will determine where the claim will be managed.
• Treatment & Support Assessment: when there is a request for cover and treatment at the same time eg. Surgery or ACC32 request

Owner [Out of Scope]

Expert [Out of Scope]

Procedure

1.0 Receive and assess the request

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Review the information for an additional injury or change in diagnosis. This can be via any of the following documents:
• an ACC18 Medical Certificate.
• an ACC554 Medical Certificate with permanent impairment.
• an ACC125 additional information on diagnosis.
• a request from the client's treating provider (e.g. letter from provider, Surgical ARTP, etc.).
• an ACC2152 Treatment Injury Claim.
• an ACC32 for claims with a covered personal injury
• any other communication that meets the business rules for request for cover for an additional injury

Request for Cover for an Additional Injury

NOTE **What if you receive a request via MyACC - task NGCM - Request Change in Claim Information?**
Contact the client and advise that they need their treating provider to formally lodge a request.

NOTE **What if you are unsure if you have a request for additional cover?**
If the request is within the timeframes for assessing cover, clarify with the lodging provider if there is a request for an additional injury or change in diagnosis.
If the request is not within the timeframes for assessing cover, refer to Technical Services for guidance following the Seek Internal Guidance process.

PROCESS Seek Internal Guidance

NOTE **What if new medical information is received and excluded from above list?**
We consider all new medical information received on a claim. ie Clinical notes, Specialist reports, MRII's/Xrays). This information does not always constitute an additional injury or change in diagnosis cover request unless there is an explicit request from the treating provider.

If that information would change the current diagnosis (but is not explicitly requested) then we may seek a change or request via their treating provider who would complete an ACC18 or ACC32 and submit to ACC for consideration.

NOTE **What do you need to consider when the entitlement request is received and deemed cover exists?**
Refer to the Deemed Cover and Entitlements Policy for considerations to determine client entitlement eligibility while in deemed cover period.

Deemed Cover and Entitlements Policy

NOTE **What if the client, provider, or advocate has called and advised ACC verbally of the request?**
Inform the party that the request needs to be in writing, advise them to go to the ACC website for more information.

b Check you have all of the minimum required information on the request:
- the injury diagnosis (code and description).
- the body site of the injury (if applicable).
- the date of accident or event (in which the person was injured).
- short description of why adding or changing a diagnosis.

NOTE **What if information is missing?**
Contact the provider to clarify if this is a request for an additional diagnosis or change in diagnosis and obtain the missing information.

c Confirm the client has an accepted claim.

NOTE **What if the request is for a new event?**
A new claim must be lodged.
- ensure it's appropriate to lodge a new claim without the client seeing an ACC registered provider
- call the client and get verbal authority to register a new claim.
- complete the Referral for New Claim Lodgement form. In the section 'Transfer Claim To', write your name and team details. If this claim is a WRGP injury, write - Work related Gradual Process Queue
- email the completed form to Hamilton.Registration@acc.co.nz

PROCESS Consequential Injury Claims Policy

Referral for New Claim Lodgement

NOTE **What if the request is for a possible Work Related Gradual Process injury?**
Contact the Work Related Gradual Process team on huntline 87815 to discuss and ensure it is appropriate to lodge a new claim and to help manage expectations

NOTE **What if the claim is for a physical injury and has cover status of 'held'?**
Refer to Assess Claim for Cover :: with variations process.

PROCESS Assess Claim for Cover :: Simple PICBA claim

NOTE **What if this is for a Treatment Injury?**
All Treatment Injury claims are assessed via a Treatment Injury Cover assessor. In Eos, create a General Task with the additional diagnosis, set the priority to 'High' and transfer the task to the TIC Administration queue.

NOTE **What if the request for additional cover is for hearing loss on a claim in actioned cases.**
Transfer the claim to the hearing loss queue.

NOTE **What if the request for additional cover is for hearing loss and the claim is with a recovery team.**
If the request is for an additional diagnosis relating to hearing loss it needs to be tasked to 'Hearing loss claims'

NOTE **What if it's a request for cover for Mental Injury caused by Physical Injury?**
Refer to Make Cover Decisions for Mental Injury Caused by Physical Injury process.

PROCESS Make Cover Decisions for Mental Injury Caused by Physical Injury

NOTE **What if it's a request for cover for a work-related mental injury?**
Refer to Make Cover Decision for Work-Related Mental Injury Claims process.

PROCESS Make Cover Decisions for Work-Related Mental Injury Claims

NOTE **What if the request is for a sensitive claim and is in Assisted Recovery?**
Transition the claim to Partnered Recovery, refer to Transition Claim process.

PROCESS Transition Claim

NOTE **What if the request is for a sensitive claim and is in Partnered Recovery?**
Refer to Make Cover Decision for Mental Injury Caused by Sexual Abuse process.

PROCESS Make Cover Decision for Mental Injury Caused by Sexual Abuse

NOTE **What if the request is for an imminently terminal condition?**
Refer to Escalate Permanent Injury Compensation application for a rapidly deteriorating client process.

PROCESS Escalate Permanent Injury Compensation application for a rapidly deteriorating client

NOTE **What if this is for a Maternal Birth Injury that is actively managed by the MBI Supported Recovery team?**
Transfer the claim to the MBI Supported Recovery Team.

NOTE **What if this is for a Maternal Birth Injury claim in Actioned cases or any other Recovery Teams?**
Transfer the claim to the MBI queue.

NOTE **What if the request is for cover for a hernia and you are a Treatment and Support Assessor?**
- Add a general task with the description: Assess additional diagnosis - 'Insert hernia type'
- Change the task priority to 'high'.
- Transfer the task to the Cover Assessment - General Cover queue.

d Ensure that you've read and understood the Timeframes to Determine Cover Policy below.

We must issue an extension decision advising the client of this before the current time frame expires. For more information please refer to the Complicated claim and Non-complicated claim Business Rules.

Timeframes to determine cover Policy

Complicated claim definition

Non-complicated claim definition

Identify Claims for Rapidly Deteriorating Clients

2.0 Determine cover decision

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Determine if an additional injury or change of diagnosis can be covered based on the information available by using the Claims Assessment Traffic Light tool.

Claims Assessment Traffic Light

NOTE **What if the cover or additional diagnosis request is for Post Concussion Syndrome?**
ACC no longer accepts 'post-concussion syndrome' as a covered injury.
Please use the "claims assessment traffic light" to aide with a cover or additional diagnosis request.

Health Information Portal (STARs)

NOTE **What if there is enough information available to make a decision?**
In Eos add the additional diagnosis into the Medical tab and set the Outcome Status to 'Approved or Declined', refer to the Add an Injury Code system steps below.
Go to step 3.0a Issue Recovery Decision and continue with the process.

Update Medical Tab - Add an Injury Code

NOTE **What if there is not enough information available to make a decision?**
In Eos add the additional diagnosis into the Medical tab and set Outcome Status to 'Assessing' (previously called Investigating).
Go to step 2.0c in Extend Cover Decision Timeframe process to create and send the CVR30 Time Extension – advise – claimant decision letter, and once completed return to this process and continue.
To generate the first and second extension dates for the CVR30/31 letters, please select the relevant boxes in the medical tab.

PROCESS Extend Cover Decision Timeframe

CVR30 Time Extension - advise - claimant

Update Medical Tab - Add an Injury Code

NOTE **What if you are outside the 21 day timeframe to determine a cover decision and requires ongoing assessing?**
If ACC fails to meet the agreed timeframes on a cover decision, a client is deemed to have cover for their injury. Refer to Deemed Cover Decisions When Timeframes Not Met Policy.

Ensure you take the following steps :
1. contact the client to advise them that they have deemed cover for the diagnosis
2. in Salesforce add a contact to document your rationale for the decision (in Eos if you are a Cover Assessor or Lodgment Administrator)
3. generate CVR75 Deemed cover - client letter
4. send the letter via the client's preferred method of communication
5. in Salesforce, in the Recovery Plan, update Life Area: Health: Diagnosis [name] - accepted
6. continue with the process.

PROCESS Deemed Cover Decisions When Timeframes Not Met Policy

CVR75 Deemed Cover - client letter

b In Eos, create the 'NGCM - Cover decision required' task.

NOTE **What if you are a recovery team member?**
1. edit the description of the task with the diagnosis (name of diagnosis) and the date the cover decision is due.
2.change the target date of the task to one month before the due date.
3. change the priority to 'High'.

NOTE **What if you are a Cover Assessor?**
Edit the task that you received with the following:
1.additional diagnosis name.
2.decision due on date.
3.set the priority to 'High'.
4.set the target date to 3 working days before the decision due date.

c Determine if you need to request medical notes. Refer to the Request Clinical Records process for guidance.

NOTE **What are examples of additional medical notes?**
Lodgment notes, imaging, specialist records, etc.

PROCESS Request Clinical Records

NOTE **What if you cannot make a decision in the legislative timeframe?**
You have to make a decision with the information available, you can continue to assess or investigate as more information is received.

NOTE **How to request information from NZ immigration (Customs/PAX)**
When requesting information around a client's international movements from NZ immigration - movementchecks@customs.govt.nz - Also referred to as Customs or PAX movements - Please include a copy of the ACC45 with the request and wording request:
"I am currently considering a request for ACC cover and I need to confirm (x travel dates) for the following person: (client's details).

I've attached a copy of the ACC45 form for this claim, in which the client authorises ACC to collect information to determine what support ACC can provide.

This request is in line with Principle 2(2)(c) and disclosure is in line with Principle 11(1)(c) of the Privacy Act 2020."

NOTE **What if the claim is in Enabled Recovery?**
Transition the claim to Assisted Recovery, refer to Transition Claim process below.

PROCESS Transition Claim

d In Salesforce, in the Recovery Plan update Life Area: Health: Request for new diagnosis [name of diagnosis] received through [source] on [the date received]. Cover decision is due on [date].

NOTE **What if you are a Cover Assessor?**
This is not required as you don't have access to Salesforce.

e Review the clinical notes once received for any additional information needed to make a decision.

f Determine if cover for the additional diagnosis can be accepted or declined using the Add or change diagnosis decision traffic light tool.

NOTE **What if you receive an alert that says "Alert: Additional diagnosis cover decision required" ?**
Review the medical tab to determine what diagnosis is being assessed and which department is responsible for cover decision.

Refer to the 'Claims Assessment Traffic Light' and if you are not sure which department is responsible for cover decision, please discuss with your Team Leader.

NOTE **What if you receive an alert that says "Alert: Deemed Cover" ?**
Review the medical tab to determine what diagnosis has been marked as Deemed and which department is responsible for cover decision. Refer to the 'Deemed cover decisions when timeframes not met' Policy.

If you are not sure which department is responsible for the cover decision, please discuss with your Team Leader.

- Deemed cover decisions when timeframes not met Policy
- Claims Assessment Traffic Light
- Complex Regional Pain Syndrome
- Guideline for accepting cover for concussion

NOTE **What if the additional diagnosis is for a hernia?**
Contact the client and complete the 'ACC6261 Cover Assessment - Initial Call Summary - Hernia' document.

PROCESS Cover Criteria for Abdominal Wall Hernia Policy

- ACC6261 Cover Assessment – Questionnaire to client - Hernia

NOTE **What if you are unsure whether you can accept or decline the additional diagnosis or change in diagnosis?**
Seek guidance via the Seek Internal Guidance process

PROCESS Seek Internal Guidance

NOTE **What if you fail to make a decision in the legislative timeframes?**
If ACC fails to meet the agreed timeframes on a cover decision, a client is deemed to have cover for their injury. Update the status of the injury code in the medical tab to Deemed.
Refer to Deemed Cover Decisions When Timeframes Not Met Policy.

For non-complicated claims - if approaching the 4 month timeframe:
• You must issue a decision with the information you have.

For complicated claims - if approaching the 4 month timeframe:
• You will need to request a further timeframe extension from the client, using the CVR31 Time Extension request - client letter.
• Go to step 2.1a in Extend Cover Decision Timeframe process and follow all the steps.
• Once completed return to this process and continue.
Note that prior to the end of the additional 5 months you must make a decision with the information you have.

PROCESS Extend Cover Decision Timeframe

- Non-complicated claim definition
- Complicated claim definition
- Deemed cover decisions when timeframes not met Policy
- CVR31 Time Extension - request - claimant

3.0 Issue cover decision

Recovery Assistant, Recovery Coordinator, Recovery Partner

a In Eos, in the Medical tab update the diagnosis status to 'Approve or Decline' and then generate the appropriate decision letter.

- CVR70 Cover approve - add injury - claimant
- CVR999 Cover decline decision - client
- TMT999 Treatment decline decision

NOTE **What if the claim is for a complex mental injury?**
Generate the appropriate decision letter.
• MIS12 Approve Mental Injury - Client.
• CVR999 Cover Decline decision – client.
• SCU999 SCU Cover decision - PO - client.

- CVR51 Claim approve - mental injury
- CVR999 Cover decline decision - client
- SCU999 SCU Cover decision - PO - client

NOTE **What if the claim is for a Work Related Personal injury (WRPI)?**
This is a new cover decision for the liable employer who needs to be notified with review rights (Section 64(2)). An additional letter CVR48 Claim approve - work injury - Employer must be generated.

- CVR48 Claim approve - work injury - employer

b In Salesforce, in the Recovery Plan, update Life Area: Health : Diagnosis [name] - accepted or declined.

NOTE **What if you are a Cover Assessor?**
This is not required as you don't have access to Salesforce.

c In Eos, close the 'NGCM - Cover Decision Required' task.

NOTE **What if you are a Cover Assessor?**
In Eos, close the appropriate task you have been working on.

d Go to Issue Recovery Decision process for guidance on recording and communicating the decision with the client.

PROCESS **Issue Recovery Decision**
Recovery Assistant, Recovery Coordinator, Recovery Partner

Timeframes

Activity	Incl.	Active Time	Wait Time
Issue Recovery Decision	✕	-	-

Cover criteria for personal injury Policy [Historical] v9.4

Summary

Objective
Use this policy when considering a claim for cover under the Accident Compensation Act 2001 (the AC Act). This policy helps you establish that the client has suffered an injury and that this injury falls within the definition of 'personal injury' provided by the Act.

1. Categories of personal injury that we can accept for cover
2. Categories of personal injury excluded from cover
3. Natural use of teeth

Owner [Out of Scope]

Expert [Out of Scope]

Policy

1.0 Categories of personal injury that we can accept for cover

a We can provide cover for a claim for personal injury if the injury was:

b - caused by an accident that results in a physical injury to the client

- Definition of Accident Policy
- Cover criteria for physical injury
  https://go.promapp.com/accnz/Process/7ad9c6ce-8d

c - caused by treatment

- Cover criteria for treatment injury
  https://go.promapp.com/accnz/Process/0672ce4b-34

d - caused by a work-related gradual process, disease or infection

- Work-related gradual process, disease or infection Policy
  https://go.promapp.com/accnz/Process/10f12b7d-cffc

e - a cardiovascular or cerebrovascular episode that is work-related or treatment-related

- Cover criteria for work-related cardiovascular or cerebrovascular episode
  https://go.promapp.com/accnz/Process/51af43fb-e78

f - a mental injury suffered by a client because of covered physical injuries

- Mental injury due to physical injury
  https://go.promapp.com/accnz/Process/3f4b2b30-77f

g - a mental injury caused by witnessing a traumatic event in the course of employment

- Work-related mental injury
  https://go.promapp.com/accnz/Process/2221c063-28

h - a mental injury caused by certain criminal acts.

- Cover criteria for sensitive claims
  https://go.promapp.com/accnz/Process/0249a44a-59

i - a hearing loss injury

- Criteria for Hearing loss claims prior to 01 July 2010 Policy
- Criteria for Hearing Loss Claims Policy

j - damage, other than wear and tear, to dentures or prostheses that replace a part of the human body

- Cover criteria for dentures and prostheses
  https://go.promapp.com/accnz/Process/f02eb0ef-575

k - the death of the client

- Cover criteria for accidental death claim
  https://go.promapp.com/accnz/Process/fb268b6b-089

l - a pregnancy as the result of rape or treatment injury (or medical misadventure for claims prior to 1 July 2005)

- Pregnancy as a personal injury
  https://go.promapp.com/accnz/Process/5ce6add6-6d

m See the AC Act 2001, Section 26, subsections (2) to (4).

- AC Act 2001, Section 26, subsections (2) to (4)
  https://www.westlaw.co.nz/maf/wlnz/app/authenticatic

n - caused by maternal birth injury

- Cover Criteria for Maternal Birthing Injury Policy

2.0 Categories of personal injury excluded from cover

a A personal injury is excluded from cover if it is:

• caused wholly or substantially by the ageing process
• an injury to teeth or dentures caused by the natural use of the teeth
• caused by gradual process, disease or infection, unless it is:

- work related
- caused by treatment
- a consequence of a covered personal injury
- a consequence of treatment given to the client for an covered injury.

• a pregnancy that:

- results from failed contraception
- results from failure of treatment to a third party, eg a failed vasectomy
- is an unwanted pregnancy.

See the AC Act 2001, Sections 20(2)(e) to (h), subsections (2) to (4).

- AC Act 2001, Sections 20(2)(e) to (h), subsections (2) to (4).
  https://www.westlaw.co.nz/maf/wlnz/app/document?&
- Pregnancy as a personal injury
  https://go.promapp.com/accnz/Process/5ce6add6-6d

3.0 Natural use of teeth

a We do not cover injuries caused by the natural use of teeth. AC Act 2001, Section 26, subsection (4b) stated:

• personal injury does not include "...personal injury to teeth or dentures caused by the natural use of those teeth or dentures".

There have been several cases heard by the Court in relation to this issue including Partner HC180/1993, Moulder [34/97], Brumby 87/97, McCardle [74/06] and [206/06], Scaife [114/12] and Mares [292/14].

The case law is clear that where the applicant is eating food, the courts have routinely held that where there is something hard contained within that food, then damage to teeth from chewing on that hard food is excluded from cover. This is because chewing of food is 'normal use of the teeth' and is excluded from cover by section 26(4)(b).

This means the act of breaking/injuring a tooth whilst eating is declined – regardless of whether it's a piece of glass/metal/shot or gristle/olive pit/nutshell/bone.

See Natural use of teeth - historical background for more information regarding legislative changes.

Natural use of teeth - historical background.docx

Timeframes

None Noted

GOV-037543

Description:

Number of claims with multiple claims and count of injuries per claim

Caveats and Notes:

- All included claims are accepted for cover.
- Claims managed by an accredited employer are not included.
- New claims are counted where a claim was lodged with ACC between 1 January 2020 and 31 December 2024. A claim may be lodged immediately following an accident or at any later stage.
- Data are displayed in calendar years, i.e. 1 January to 31 December.
- Data were extracted 22 January 2025 and may differ if re-run later.

Table 1: Accepted claims lodged between 1 January 2020 and 31 December 2024 broken down by presence of multiple injury diagnoses and calendar year

	Lodgement Calendar Year					
Presence of Multiple Injury Diagnoses	2020	2021	2022	2023	2024	Total
Yes	533,090	549,170	556,443	606,545	624,233	**2,869,481**
No	1,369,976	1,370,627	1,330,440	1,396,531	1,449,335	**6,916,909**
% with Multiple Injuries	28%	29%	29%	30%	30%	**29%**

Table 2: Accepted claims lodged between 1 January 2020 and 31 December 2024 broken down by presence of multiple approved injury diagnoses and calendar year

	Lodgement Calendar Year					
Presence of Multiple Injury Diagnoses	2020	2021	2022	2023	2024	Total
Yes	514,264	528,949	534,836	580,708	591,755	**2,750,512**
No	1,388,802	1,390,848	1,352,047	1,422,368	1,481,813	**7,035,878**
% with Multiple Injuries	28%	29%	29%	30%	30%	**29%**

A yes in table 1 represents the number of accepted claims with more than one injury code listed on the claim while the yes in table 2 represents the number of accepted claims with more than one approved injury code listed on the claim. Table 2 will exclude injuries that are declined or still being assessed as well as injuries that are the duplicate of another injury (can happen where multiple providers submit injuries), these injuries will be included in table 1. Please note that this is a count of injury codes. Some injury codes allow for the inclusion of multiple injuries to be covered under one code e.g. multiple fractures in one area such as ribs or the foot, burns or contusions to multiple parts of the body.

Table 2: Accepted claims lodged between 1 January 2020 and 31 December 2024 with multiple approved injuries broken down by number of injuries and calendar year

	Lodgement Calendar Year					
Number of Injuries	2020	2021	2022	2023	2024	Total
2	371,613	378,152	380,224	411,223	420,539	**1,961,751**
3	102,175	100,254	101,460	111,223	112,068	**527,180**
4	25,030	30,367	31,597	34,403	35,051	**156,448**
5	8,362	10,799	11,369	12,745	12,909	**56,184**
6	3,697	4,803	5,066	5,607	5,632	**24,805**
7	1,560	2,127	2,339	2,499	2,583	**11,108**
8	819	1,044	1,216	1,297	1,258	**5,634**
9	415	583	620	741	687	**3,046**
10	300	434	456	468	492	**2,150**
11	110	142	175	167	199	**793**
12	69	87	99	113	106	**474**
13	37	51	73	64	74	**299**
14	23	35	34	46	48	**186**
15	14	26	29	28	21	**118**
16	14	10	21	25	27	**97**
17	4	10	16	13	15	**58**
18	5	6	15	10	19	**55**
19	10	5	12	13	9	**49**
20 or more	7	14	15	23	18	**77**