

29 September 2020

[REDACTED]
[REDACTED]

Tēnā koe [REDACTED]

Your Official Information Act request, reference: GOV-006569

Thank you for your email of 1 September 2020, asking the following:

- Can you please provide me with a copy of the Policy / Process document for ACC's handling of –*
- *registering a claim*

Our response

The relevant documents from ACC's ProMapp system are:

- *Accidental Death Claims*
- *Claims Lodgement*
- *Eligibility of Late Claims*
- *Computer generated ACC45s*
- *Fund Codes*
- *Guidelines for evaluating the cognitive capacity of clients who may have wilfully self-inflicted their injuries*
- *Receive and Input Manual Claim: Paper*
- *Sensitive Claims*
- *Treatment Injury Claims*

Please find copies of these documents attached.

Please note, that the staff named in the attached documents are subject matter contacts for internal queries only and are not the staff who created or updated the documents.

Withheld information

Certain information has been withheld under Section 9(2)(a) of the Official Information Act to protect the privacy of named individuals. In doing so, we considered the public interest in making the information available and have determined that it does not outweigh the need to protect the privacy of these persons.

Questions about our response

If you have any questions or would like further details, please email me at GovernmentServices@acc.co.nz.

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

Nāku iti noa, nā

A handwritten signature in black ink, appearing to read 'Sasha Wood', with a stylized, cursive script.

Sasha Wood
Manager Official Information Act Services
Government Engagement & Support

Summary

Objective

This entry explains the difference between accidental death claims and other claim types, and provides information about the lodgement and management of accidental death claims.

1. Accidental death claims
2. Eligibility
3. Lodgement and management of accidental death claims
4. Claims for cover of an unborn child

Owner

Expert

Policy

1.0 Accidental death claims

- a** The two key differences between accidental death and other injury claims are:
- the sensitive nature of accidental death claims, i.e. ACC has contacts 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.

2.0 Eligibility

- a** 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 (WRGPD)
 - 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.

 Disentitlement if suicide or wilfully self-inflicted Policy

3.0 Lodgement and management of accidental death claims

- a** Accidental death claims, including work-related accidental death claims, are lodged and registered at the Registration Centre using an ACC21 Advice of an accidental death or ACC045 from providers.
- b** 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.

4.0 Claims for cover of an unborn child

- a** 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.

Summary

Objective

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

Owner [REDACTED]

Expert [REDACTED]

Procedure

1.0 Lodging a claim

- a** 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.
- b** For more details, see the related business rules below.
 - ☐ Claim lodged using claim form
 - ☐ Registration of a claim
 - ☐ ACC issued claim number
 - ☐ Claim number assignment
 - ☐ Client consent for claim lodgement
 - ☐ Treatment provider lodging on behalf of a client
 - ☐ Claim lodgement: accredited employer claim
 - ☐ Claim lodgement: non accredited employer claims

2.0 Client & claim records

- a** When a claim is lodged the rules about client records and claim records listed below must be followed.
 - ☐ Client record
 - ☐ Unique claim records
 - ☐ One claim per claim record
 - ☐ One client per client record
 - ☐ One client per claim
 - ☐ Duplicate clients
 - ☐ Add employer when employer can be identified
 - ☐ Add a default employer when the employer cannot be identified
 - ☐ Matching client record to a claim record when no NHI number – system and manual lodgement
 - ☐ Matching client record to a claim record when NHI number – manual lodgement
 - ☐ Matching client record to a claim record when verified NHI number – system lodgement
 - ☐ Matching client record to a claim record when non-verified NHI number – system lodgement

3.0 Claim lodgement methods

- a** The rules listed below define the methods of claim lodgement acceptable to ACC.

- ☐ Claim lodgement methods
- ☐ Claim lodgement method types
- ☐ Client lodgement methods
- ☐ Authorised representative lodgement methods
- ☐ One method of lodgement
- ☐ Treatment provider lodgement methods
- ☐ Accident Information Definition

- b** 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.

4.0 Collecting claim information at registration

- ☐ Snapshot of registration
- ☐ Storage of claim information
- ☐ Claim information for a claim
- ☐ Inbound documentation

5.0 Claim types

- a** A claim type is used to determine the allocation of a claim for a cover decision and claim management (if accepted).
 - ☐ Assigning a claim type
 - ☐ Mandatory claim information for claim type identification
 - ☐ Who can assign a claim type
- b** Claim types are defined using the following rules.
 - ☐ Complex claim type definition
 - ☐ Non-complex claim type definition
 - ☐ Simple dental claim type definition
 - ☐ Assigning dental complex claim type
 - ☐ Fatal complex claim type definition
 - ☐ Hearing loss complex claim type definition
 - ☐ Mental injury complex claim type definition
 - ☐ Sensitive complex claim type definition
 - ☐ Treatment injury complex claim type definition
 - ☐ Work-related gradual process complex claim type definition
 - ☐ Work-related mental injury complex claim type definition
 - ☐ Claim type to be assigned if multiple complex claim types identified

Summary

Objective

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.

Owner



Expert



Policy

1.0 Form version and claim number sequence

- a** 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.



ACC issued claim number

2.0 Approving a new form version

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

3.0 ACC approved versions developed by software companies

- a** See attached table.

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 software companies.PNG

4.0 ACC approved versions developed by providers

- a** These versions are identified by the provider's name at the top of the form:
- Mid Central Health
 - Canterbury Health
 - Pegasus Medical Group.

5.0 Allocating a claim number sequence

- a** 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

Phone: 0800 222 070

Fax: (09) 354 8301

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

6.0 Receiving a claim on a computer-generated ACC45

- a** 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. See attached table for guidance.

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: • explains all computer-generated forms must be approved by ACC before use • provides contact details to arrange this, if they wish • asks them to resubmit the claim on a standard paper form.



Receiving a electronic 45 checklist..PNG

Summary

Objective

Use this guidance to help you determine cover for claims lodged more than 12 months after the date of injury.

- 1) Rules
- 2) Insufficient information

Owner



Expert



Policy

1.0 Rules

- a** If a claim that is lodged more than 12 months after the date of injury it may impact our ability to make a cover decision.
- b** To help us make a cover decision the client must provide:
- clear medical confirmation of the injury
 - enough information to establish that they've met the criteria for cover. This includes:
 - date of injury or treatment
 - circumstances and cause of injury
 - diagnosis of injury
 - proof that the injury occurred in New Zealand or when the client was ordinarily resident in New Zealand
- c** We're responsible for contacting the provider where the client was treated to request written confirmation of the dates of injury, treatment and diagnosis, if applicable. See Cover criteria for personal injury.
-  Cover Criteria for Personal Injury
 -  Cover for injuries suffered outside New Zealand Policy

2.0 Insufficient information

- a** If there is not enough information on file, and the client cannot obtain medical confirmation of the injury, we decline the claim under the Accident Compensation Act 2001, Section 53.
-  Accident Compensation Act 2001, section 53 Time for making claim
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100979.html>

Summary

Objective

This entry provides you with an overview of ACC's five fund codes, and the importance of allocating claim types to the correct fund codes.

- 1) ACC's five accounts
- 2) Criteria for work-related personal injury 'place of work'
- 3) Criteria for overriding injury classification
- 4) Link to Legislation

Background

ACC maintains and operates a five accounts to fund claim costs.

We must fund claim-related payments from the correct account so we get the correct funding from the Government and set relevant registration and levy payments.

Fund codes are automatically assigned at registration and must be checked whenever we transfer a claim, assess or reassess weekly compensation, or receive new information about a claim.

Owner [REDACTED]

Expert [REDACTED]

Policy

1.0 ACC's five accounts

a ACC's five accounts are:

- Work Account
- Earners' Account (non-work) fund
- Non-Earners' Account
- Motor Vehicle Account
- Treatment Injury Account

-  Work Account fund Policy
-  Earners Account (non-work) Fund Policy
-  Non-Earners Account Fund Policy
-  Motor Vehicle Account fund Policy
-  Treatment Injury Account Fund Policy

2.0 Criteria for work-related personal injury 'place of work'

a Sometimes it can be difficult to decide whether an injury is a work-related personal injury (WRPI) when the client isn't at a traditional place of work. In these cases, we must follow the Criteria for work-related personal injury 'place of work' to help us decide.

-  Criteria for work-related personal injury 'place of work' Policy

3.0 Criteria for overriding injury classification

a Sometimes an injury may qualify as both a work-related personal injury (WRPI) and a motor vehicle injury (MVI). In these cases, we must follow the criteria for overriding injury classification to correctly assign the claim to the work account or the motor vehicle account.

-  Criteria for overriding injury classification Policy

4.0 Link to Legislation

-  AC Act 2001, Section 166: Separate Accounts
https://www.westlaw.co.nz/maf/wlnz/app/document?doc-guid=12607b5e555fa11e18eefa443f89988a0&&src=rl&start-Chunk=1&endChunk=1&snippets=true&originates-from-link=false&isToc-Nav=true&tocDs=AUNZ_NZ_LEGCOMM_TOC&extLink=false#anchor_1155b93b0e03011e08eefa443f89988a0

Guidelines for evaluating the cognitive capacity of clients who may have wilfully self-inflicted their injuries

Contact [REDACTED]

Last review 12 Oct 2015

Next review 11 Oct 2016

Introduction

We provide treatment for all covered injuries, including those that are self-inflicted. Where the injuries have been [wilfully self-inflicted](#) we are unable to provide entitlements other than treatment and [ancillary services](#) (the [disentitlement rule](#)).

Cognitive capacity is part of a three part 'wilful test' that we use to assess whether a person wilfully self-inflicted their injuries. See [Confirming wilfully self-inflicted injury](#).

There are two exceptions to the disentitlement rule, ie where the personal injury or death is the result of:

- mental injury, subsequent to physical injuries for which the client has cover
- mental injury caused by a sensitive claim or by a work-related mental injury.

Note that a mental injury doesn't need to be lodged for these exceptions to apply.

When to use

Use these guidelines to assist when evaluating cognitive capacity of clients who may have wilfully self-inflicted their injuries.

See also:

- [Additional factors to consider when dealing with children and adolescents](#)
- [Examples of Court decisions around wilfully self-inflicted injuries](#).

Cognitive capacity and the 'wilful test'

When considering whether a person has 'wilfully' self-inflicted an injury, we will consider the following elements:

- deliberate – the client must have committed a deliberate act ie intended to undertake the act leading to the injury
- intentional – the client must have injury as his or her **intention** when carrying out the act
- cognitive capacity – the client must have cognitive capacity ie fully understand the consequences of the act.

When assessing the cognitive capacity of a client who may have wilfully self-inflicted their injuries, consideration should be given to a range of factors.

Temporary incapacity

While it may be that a person who temporarily puts themselves out of their right mind on drugs or alcohol cannot escape criminal liability, they may suffer from a temporary mental state that renders them unable to form the intention to harm themselves.

Drugs and alcohol

In *ABM v ACC* a client shot himself while under the influence of P. The drug impaired his cognitive capacity to such an extent that he was unable to form the requisite intent to harm himself.

Note: it's not the simple fact that a person is drunk or high on drugs that renders them incapable of forming the requisite intent. For example:

In *ABM* the Judge found that the impact of the appellant's drug taking was such that he suffered cognitive incapacity, so that any psychosis he was suffering was acute and temporary.

Cognitive capacity or incapacity

A person with a mental disorder may well be capable of acting wilfully or deliberately, but without rationality. The real question is whether an act of volition is the result of cognitive capacity or cognitive incapacity.

Factual determination

It must always be a question of fact whether the degree of mental illness, disorder, or personality disorder (whether depression, anxiety, or disablement) is such that it removes the element of 'wilfulness' from the client's actions.

There will be some cases that are more obvious than others, eg where the person was under an acute psychotic state. The ultimate question is whether the disability removed the element of wilfulness.

It's not possible to make generalisations about motive or wilfulness by reference to 'normal' behaviour. For example:

In *DMTH v ACC*, the High Court rejected the general proposition that a teenager who attempts suicide is not acting normally to the extent that he or she is necessarily deprived of his or her ability to act deliberately. Particularly, as with this case, there was no history of mental injury. We cannot infer mental injury to the extent that a person was not capable of knowing what they were doing.

Onus of proof

The onus of proof is with ACC to establish that an act was wilful. If we determine the injury was wilfully self-inflicted, then disentitlement will not apply only if:

- the client has a mental injury attributable to covered physical injuries
- the client suffers from a mental injury that is covered, or would have been covered had a claim been made, in the circumstances described in section 21 or 21B of the AC Act 2001.

ACC has obligations under The Code of ACC Claimants' Rights where clients must be kept informed about their claim, and this includes actively advising clients that support won't necessarily be excluded just because their injury was wilfully self-inflicted.

Additional factors to consider when dealing with children or adolescents

When assessing cognitive capacity of children and adolescents, additional consideration must be given to age-specific risk factors. Disentitlement decisions involving children and adolescents who may have wilfully self-inflicted an injury requires us to evaluate their cognitive capacity based on, but not limited to, the following factors:

- family dysfunction
- social isolation and poor peer relationships
- mental health disorders including mood disorders
- substance abuse
- death of family member or peer
- learning disabilities
- personality factors.

For the purposes of evaluation, children and adolescents are clients 24 years of age and under. Advice from a branch advisory psychologist (BAP) on the client's cognitive capacity at the time of injury or suicide must be obtained. Cases involving older children and teenagers are more difficult to determine. Note that:

- Courts have steered away from making generalisations about when age will negate wilfulness
- each case will be fact driven, and evidence of an individual's abilities and understanding will be crucial.

Cognitive risk factors

A primary cognitive risk factor in adolescents and children is a rigid style of thinking, along with poor coping skills. Adolescents who have an inability to generate solutions to problems may find themselves more likely to fixate on suicide as the only possible option. Other cognitive risk factors include:

- cognitive distortions eg over-generalisations, preoccupation with a single thought or idea, all-or-nothing thinking are often present.
- restricted life experiences where a person cannot draw on past experience to assist in finding solutions to problems.
- adolescents with learning disabilities have higher rates of emotional and behavioural problems and generally perceive themselves as less socially competent than their peers.
- the brains of children and adolescents are still developing – relative to adults, children and adolescents are less able to regulate their behaviours and emotions

Emotional risks

Adolescents who commit suicide or attempt suicide have a higher overall rate of psychological distress than their non-suicidal peers. Approximately 90% of adolescents who commit suicide have a least one major psychiatric disorder.

The most prevalent mental health disorders among adolescents who commit suicide are affective disorders (mood disorders). Depression is the most common disorder followed by bipolar disorder and anxiety. Presence of depression is strongly associated with hopelessness, which can pave the way to suicide.

The depressive factor of hopelessness appears to be a prominent feature in moving from general depression to a high risk for suicide. Adolescents who have no hope for the future, or can't envisage a future appear to be a very high risk.

Personality based factors associated with suicide attempts

Personality attributes that have been associated with suicide attempts include the following:

- hopelessness, impulsivity, hostility, aggression and an inflexible coping style
- perfectionism, holding heightened self expectations that may be difficult to achieve
- inflexibility in coping styles and difficulty drawing on memories of successful problem solving in the past, resulting in a limited repertoire of coping strategies to draw on
- aggression and impulsivity leading adolescents to engage in self-directed aggression, with little reflection on possible alternatives for solving their difficulties
- antisocial or borderline personality disorders which are more common among impulsive individuals.

Factors associated with suicide and/or attempts

Factors that have been associated with suicide attempts including the following:

- severe and/or chronic physical and/or sexual abuse
- conflict over disciplinary matters and rule-breaking
- loss of parents or romantic partner through death
- imitation of peers who have engaged in suicidal attempts or have committed suicide
- suicide in adolescence is much higher for males than females. Males commit suicide 4-5 times more often than females. Suicidal thought and attempts are more common in females.
- children and adolescents usually do not have a choice over the types of environment they are exposed to. As a result, in the majority of cases they're unable to escape intolerable and dysfunctional family environments.
- Family and peer relationships
- Among suicidal adolescents, there is a higher incidence of family dysfunction of all types compared with their non-suicidal peers. Common familial risk factors for adolescent suicide include:
 - coming from highly conflicted families that are unresponsive to adolescents' needs
 - parental alcoholism or substance abuse
 - physical or sexual abuse
 - higher levels of medical and psychiatric problems
 - adolescents from families where another family member has committed suicide.

Social isolation and poor peer relationships are two additional risk factors.

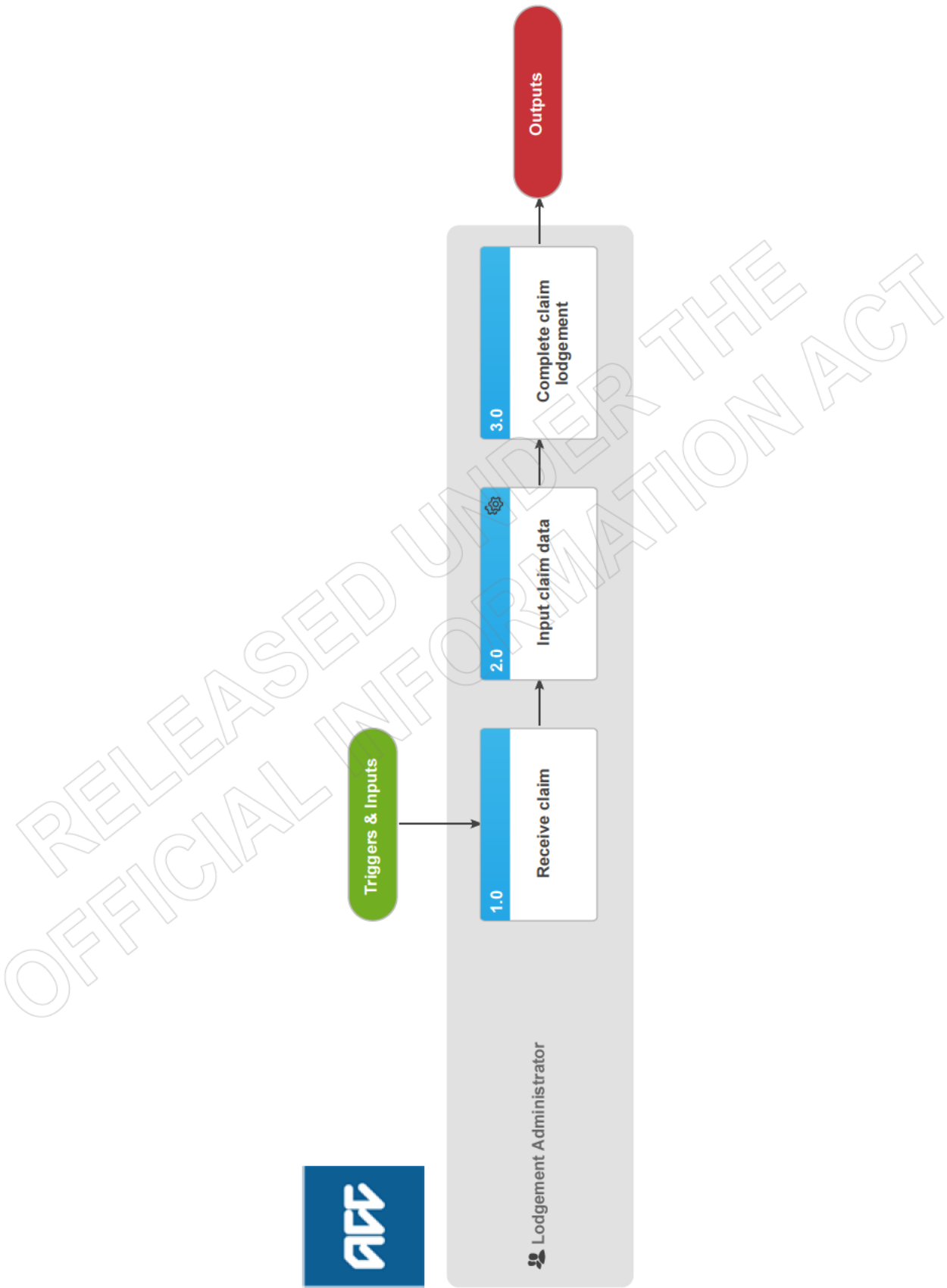
Examples of Court decisions around wilfully self-inflicted injuries

AP v ACC (357/2004) Client attempted to hang himself in police cell. He survived but suffered a brain injury and now requires constant care and supervision. The Judge in this case found that the client did intend to cause an injury, but on the balance of probabilities, it could not be shown that he deliberately intended acute strangulation.

Big Glory Seafoods v ARCIC (90/98) In this case a client punched a freezer in his workplace to demonstrate his kickboxing prowess and broke his hand. The District Court said that his injury was not wilfully self-inflicted. While his act was deliberate, he didn't intend to injure himself, but instead he intended to demonstrate "machismo". The Judge held that an act had to be one where a person deliberately set out to injure himself.

DMTH v ACC [2004] NZAR 385. In this case a 15 year old attempted to commit suicide by shooting himself but survived with substantial disability due to brain damage. The High Court found that his injury was wilfully self-inflicted, because while he intended to commit suicide, rather than suffer a brain injury, it was beyond doubt an intentional infliction of injury.

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OFFICIAL INFORMATION ACT



Summary

Objective

To capture ACC45, ACC46 and ACC46N manual claim forms received as a paper version into Eos on behalf of the provider and then prepare the forms for further document management..

Background

A Provider has submitted a claim form to ACC manually by:
 - posting it to the Mailhouse
 - the client delivering the form completed by the provider into an ACC branch.

Manual claims are completed in a priority order of:

1. Early Cover and Urgent
2. Assistance Required and/or Time Off
3. Work
4. Treatment Injury/Sensitive Claim
5. Dental

Owner [REDACTED]

Expert [REDACTED]

Procedure

1.0 Receive claim

Lodgement Administrator

- a Prepare paper forms for data input.

NOTE The Mailhouse will sort the paper claim forms into the following groups:

- Dental
- Work
- Treatment Injury / Sensitive
- Non-work

NOTE What if the ACC45 has previously been used?

Go to Assign New ACC45 Number.
 Once you have completed the tasks within this process you will need to return to this process for completion.

PROCESS Assign New ACC45 Number

NOTE What if it's an ACC42 Dental claim form?

Go to the Receive and Input Manual Claim:: Dental variation by following the link below.

PROCESS Receive and Input Manual Claim :: Dental

Complete claim intake form

2.0 Input claim data

Lodgement Administrator

- a In Eos, attribute the client. Go to the Identify Client process by following the link below. Once you have completed this you will need to return to this process.

Identify Client

- b Enter the remaining information on the claim form into the relevant fields.

NOTE What if I can see information or inconsistencies on the claim form that I can correct now so that they don't trigger an IR?

Corrections can include:

- when the diagnosis side isn't selected - but the injury description makes it clear what the selection should be.
- if the formatting of the address is wrong, (E.g. St used instead of Street) or address information has been entered in the wrong fields in the form.
- if C/- Parent or Guardian for the client appears within the address, remove this.
- Ensure that the address begins from the address line 1 field.

View or maintain party address details

Complete claim intake form

NOTE What if the claim form was lodged with ACC (i.e. received) prior to the date of claim intake?

Amend the date of lodgement in the claim intake form to the date that the claim form was received by ACC.

NOTE What if the answer to "Is this a work related gradual process, disease or injury?" is Yes?

Add 'WRGP' to Additional Injury Comments to ensure that it streams to the Gradual Process team. The following WRGPI policy can also be considered for the date of accident.

PROCESS Work-related Gradual Process, Disease or Infection Policy

NOTE What if the Provider hasn't signed the claim form? (E.g. they've stamped the form instead).

In the Provider ID field, write 'No Sig'.

NOTE What if the provider has signed the form, however there are no other provider details?

In the Provider ID field, enter J99966 The Default ACC Provider ID code

NOTE What if more than one ethnicity has been selected on the claim form?

If the selection includes:

- Maori, then select Maori regardless of other ethnicities listed.
- Pacific, (and Maori is NOT selected) then select Pacific regardless of other ethnicities listed.
- Asian (and Maori or Pacific are NOT selected), then select Asian regardless of other ethnicities listed.
- Other, (and Maori, Pacific or Asian are NOT selected), then select Other regardless of other ethnicities listed.
- European, (and all other ethnicities listed above are NOT selected), then select European regardless of other ethnicities listed.

- c Click NEXT on the claim intake form to save the changes.

NOTE What if the accident date isn't completed in full?

Contact the client and/or provider first to confirm the date of accident using the below contact client and provider process, if you are unable to confirm the accident date once you have attempted to contact the client and provider please default the accident date as follows.

- 1st of the month if we have month and year provided.
- If only the year of the accident is supplied default the day and month to 01/01

☐ **PROCESS** Contact Client or Provider for Information at Lodgement

NOTE If the accident description states the accident was an MVA

Please select yes for road accident

NOTE What if the ACC45 is for a Sensitive Claim?

The date of accident should be the date of consultation.

3.0 Complete claim lodgement

Lodgement Administrator

- a** Once the claim has progressed through automation, check there is no Missing Information for Cover task.

NOTE What if there is a Missing Information for Cover task?

Resolve the information requirements in the task using the relevant Validate Claim processes.

- b** Place the paper claim form in the appropriate scanning folder.

NOTE How often do we deliver the registered claim forms for document management

11am - to uploaded by 2pm same day
2pm - to uploaded by 11am the following business day

Summary

Objective

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

Ph: 0800 73 55 66
Fax: [REDACTED]

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

Owner [REDACTED]

Expert [REDACTED]

Policy

1.0 Identifying sensitive (section 21) claims

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

2.0 How to recognise a sensitive claim

- a 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 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.

READ code.doc

3.0 Special cases

- a See attached table for guidance.

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 physical injury caused by an accident (PICBA) 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



Special cases table..PNG

4.0 Forward sensitive (section 21) claims

- a 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.

- b All newly lodged sensitive claims should be sent to the Partnered Recovery queue for allocation by the Real-Time Analyst team (RTAs).

Summary

Objective

A treatment injury is a personal injury arising from treatment that meets ACC's Cover criteria for treatment injury.

Owner

Expert

Policy

1.0 Treatment injury claim identification

- a** 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.

ACC2152 Treatment Injury Claim

2.0 The difference between consequential injury and treatment injury

- a** 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)).

3.0 Lodgement date

- a** 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.

4.0 Late lodgement

- a** 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.

Eligibility of late claims Policy

5.0 Transitional claims

- a** 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.

Cover criteria for medical misadventure Policy

6.0 Exception

- a** 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.

NOTE 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.

7.0 Forwarding treatment injury claims

- a** 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.

 Receiving and streaming treatment injury claim Policy (CHIPS)

8.0 The Accident Compensation (Definitions) Regulations 2019 and determining treatment injury cover

- a** The Accident Compensation (Definitions) Regulations 2019 moved the key definitions of 'registered health professional' and 'treatment provider' and associated definitions from the Accident Compensation Act 2001 to standalone regulations.
- b** The Accident Compensation (Definitions) Regulations 2019 took effect on 01/10/2019.
- c** When assessing cover for Treatment Injury, we need to determine the date of injury based on when a person first seeks treatment for the signs or symptoms of their injury. So a claim may be lodged after 1/10/2019, but have an earlier date of injury.
- d** The relevant date to consider whether someone was an RHP is the date of the treatment. If a client claims after 01/10/2019 for an event occurring earlier the amendment does not apply. The changes are not retrospective.
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