

27 January 2021

Bridget Morison

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Tēnā koe Bridget

Your Official Information Act request, reference: GOV-007536

Thank you for your email of 28 October 2020, asking for the following information under the Official Information Act 1982 (the Act):

Within a claims summary file report a claim may result in more than 1 injury which has a diagnosis and other information assigned. In relation to these injury details, please provide policy, purpose, use, guidelines and other explanatory information that relates to how this data is assigned, and what it means. Please also include information relevant to input used where it relates to data transferred from previous systems and paper files.

1) Code type:

(a) what are the different values assigned to "type" and reasons why? (Types currently known of include "READ" and "Diagnosis")

(b) I'm assuming READ uses values (@5) and descriptions (@2) from the xls file available from ACC website? Is READ an acronym and if so for what?

(c) What is "Diagnosis" when was it used, is it still currently used?

(d) What "types" have been and/or are still currently used?

2) Description:

(a) I'm assuming this refers to Code value @5 (below)?

3) Outcome status: (Approved, Provisional etc)

(a) List all inputs that can be used including their meaning/use eg: What does "Provisional" mean, when is it used and how does it impact a claim for cover and entitlements.

4) Start date of injury code:

(a) What reasons would a start date not be defined where previous injury was accepted for cover and entitlements eg this may (or may not) be relevant to historic claims only

5) Code value:

(a) I'm assuming this relates to "Description" @2 as above. Please provide information on how the current ACC system deals with code values and descriptions assigned for historic claims under previous systems.

6) End date of injury code:

(a) When is an end date assigned and how does this impact claim for cover and entitlements? When and how is an end date defined including why the era of a claim would influence this (yet claimant still has accepted cover).

1) Code type

READ, ICD9, ICD10, and Diagnosis are the four types of values assigned to *type*. They refer to the four injury coding systems ACC currently has on record. Currently, treatment providers can submit a diagnosis using ICD9, ICD10, READ, or SNOMED-CT codes. SNOMED-CT codes are translated into READ codes when they are submitted, as ACC's systems currently cannot store them.

READ is a system used within the health sector; it is not ACC specific. The READ code list on the ACC website is not the full list of READ codes as its purpose is to support providers to understand which diagnoses they are able to submit depending on their field of expertise.

Diagnosis refers to an injury code imported from ACC's previous claims management system, Pathway.

Most commonly used READ, ICD9, and ICD10 codes can be mapped to diagnosis code groups for reporting purposes.

2(a) Description

Yes, *Description* refers to the Code value at 5 below.

3(a) Outcome status

Options that can be used in the system are *provisional*, *investigating*, *approved*, and *declined*. The most common outcome status is *provisional*.

Provisional is a label that is automatically generated after a claim is registered to signal the injury is accepted. The *provisional* status does not affect a client's entitlements.

4) Start date of injury code**6) End date of injury code**

The *start date* and *end date* of injury code indicates the time period for which an injury code referred to a specific injury i.e the injury for which the claim was made.

The *start date* and *end date* of injury codes were a feature of the standard Eos functionality regarding injuries. The start and end dates are not regularly utilised, but they do not affect a client's entitlements. The *cover status* of the claim is indicative of a client's entitlements. Any requests for entitlements will have a formal decision issued and the relevant correspondence will be included in the claim file.

5) Code value

Yes, the *Description* relates to the *Code Type*.

Information in Claim Summary Reports, regarding historic claims, is extracted from the data stored in our current claims management system Eos. Prior to 1982, ACC's claims management system was in paper form. When ACC's claims management system was digitised, only information directly relevant to the injury for which the claim was lodged, was migrated. As such, some information regarding historic claims may not be in Eos and/or codes used to refer to injuries may differ.

If you have any questions

If you have any questions, you can email me at GovernmentServices@acc.co.nz.

Nāku iti noa, nā

A handwritten signature in black ink, appearing to read 'Sasha Wood', enclosed in a thin black rectangular border.

Sasha Wood

Manager Official Information Act Services

Government Engagement & Support