ACC New Injury Claim Form User Guide for My Practice users



Introduction

This document outlines how to use our new 'web served' ACC claim form that integrates to My Practice.

We'll continue to develop the form to make it easier for you to lodge claims and reduce requests from us for additional information.

Help

Help is available throughout the claim form by clicking the blue question marks.

For help submitting an ACC45, contact our ACC eBusiness team: <u>ebusinessinfo@acc.co.nz</u> or 0800 222 994 – press option 1.

Lodge a claim

La	unch the claim form	
1	Open the patient record in My Pra Cardiol Endo Audio Latters Form WebForms (F9) Click here to filter ACC45 Bestr racuce Browser CHF COPD CUE	rectice.
2	An ACC45 number will be automatically generated for you. If you're working from a paper clair your paper form.	CLAIM FORM NUMBER ACC45 Number LN00586

Check that patient details are correct							
3	Confirm with your patient that the	eir address and phone number are correct.					
	PATIENT DETAILS 🔍						
	Postal address	Phone					
	101 Sample Street						
		Mobile					
	Sampletown	021 000 000					
	New Zealand	S Refresh					
If their contact details are not correct, then update the patient record in My Practice then return to the form and click the 'Refresh' button.							
4	If your patient is in paid	Employment status 🥝					
	employment, you'll be asked to enter an occupation. Type the first few letters and select the best match from the drop down list.	Paid Employment in New Zealand					
		Occupation 🥝					
		show					
		Puppet Showman					
		Showman					
		Side Show Performer					
		Side Show Worker					
Со	mplete the 'Accident Details'						
5	Enter the date of the Accident.						

Accident date	
25/07/2013 🖾 <u>T</u> oday	/
Click the Today button if t You can also use (<ctrl></ctrl>	the accident was today. + <shift> + <t>).</t></shift>
Select Yes or No to establish if the ac	cident occurred while the patient was working.
Did the accident occur at work? 🥝	🖲 Yes 🔘 No
Name of employer 🥥	Location of employer 🥝

You'll need to provide details about your patient's employer if their accident occurred at work.

7	The accident description has 3 fields corresponding to the 3 questions:		
	"What were you doing – what happened – how was the injury caused?"		
	Select the best match from the drop down lists and describe how the accident happened in Provide Details .		
	What were you doing at the time of the accident?		
	Paid work		
	How did the accident happen?		
	Slipped / tripped / fell		
Provide details 🥝			
	Tripped on cord and fell to the floor hurting my knee.		
8	If your patient was doing Sports or exercise at the time of their accident you're asked to enter the type of sport.		
	Type the first few letters and select the best match from the drop down list.		
9	Accident location requires a city or district.		
	Other options include "Not obtainable", "At sea", "In the air", "Overseas".		
	Accident scene		
	Road or street		
	Accident location (if outside NZ then select 'Overseas') 🥝		
	Overseas		
10	Click Continue (or use Ctrl + Alt + O).		

Complete the 'Injury Diagnosis'

11 The Injury Diagnosis tab will open.

Begin typing either an injury code or a description. A list of injury codes will appear - select the best match from the list.

ankle fr		0	0
S34	Fracture of ankle	A	
S4G	Fracture-dislocation or subluxation ankle		
S342.	Closed fracture ankle, lateral malleolus	E	
S34x.	Closed fracture ankle, unspecified		~
S340.	Closed fracture ankle, medial malleolus		Ŧ
S34z.	Fracture of ankle, NOS		Q

Click the "Plus" and "Minus" buttons to add or remove additional diagnoses.

Patient 'Fitness for Work'

12 This section is only available to patients that have an 'Employment Status' of 'Paid employment in NZ' or 'Self employed in NZ'.

If the patient is not fit to continue normal work, then click **No**.

Is the patient fit to continue normal work?			⊖ Ye	es	۲	No			
Name of employer 🧕	Location of e	mploy	er	2					
Sample Limited	Sampletown								
	_			Jur	1e 20	013			
Click on the start date and either:		Su	Мо	Tu	We	Th	Fr	Sa	
 click on the end date, or 								1	
 drag the mouse to the end data the left mouse button down) 	ate (hold	2	3	4	5	6	7	8	
The date range will be highlighted.		9	10	11	12	13	14	15	
		16	17	18	19	20	21	22	
Solact of ther Fit for some work or F	ully unfit fo	r wo	rk						
		wo	n.			Fit	fors	ome	vork
You can select one period of each ty maximum total of 14 days .	pe up to a				_	Full	vun	fitfor	work

0

Ser	nd the Claim to ACC					
13	Your ACC provider number and Provider name will default from the user record in the PMS.					
	Once all the required sections are completed, click on the Send button (or use Ctrl + Alt + S).					
	A message will acknowledge that the claim has been received by ACC.					
	ACC Injury Claim Form Sent and Acknowledged on 29/07/2013 at 14:50					
	Patient Details Patient Details UID UID Patient Details Viou 1 Vi					
	Date of birth 12-Dec-2012					
14	An "Accident" has been recorded in My Practice.					
15	A read-only copy of the submitted claim is recorded in the Notes tab.					
	Add Image: Complaint Uragnosis Image: Cardiol Endo Audio Letters Eorms Immunisations Motes Results Measurements Scripts Lab Radiol Cardiol Endo Audio Letters Eorms Immunisations Maximise Filter Image: Notes Summary Letters Mail Tasks Expand All View 29/07/2013 09:53 a.m. Action: ACC45: , LN00583 Attachment Submitted : ACC Claim LN00583					
	You can reprint a copy of the submitted claim by opening the submitted claim and clicking Print. Patient declaration Patient copy of form Referral(s) Fitness for work P_int					

Keyboard shortcuts

Action	Shortcut Key Combination
To generate an ACC45 number	Ctrl + Alt + G
To enter 'Today' as the Accident date	Ctrl + Alt + T
Print	Ctrl + Alt + R
Send	Ctrl + Alt + S
Park	Ctrl + Alt + P
Close	Ctrl + Alt + C
Patient and Accident Tab	Ctrl + Alt + A
Injury Diagnosis Tab	Ctrl + Alt + B
Lodge a claim (after a successful send)	Ctrl + Alt + L
Continue to Injury Tab	Ctrl + Alt + O
Move to the next field	Tab
Turn a Radio button on / off	Space bar
Move up / down lists	Up and Down Arrows
Select Yes No or Code system	Left/ Right/Up/Down Arrows

Moving Tabs	Click on the tabs to move between them. Patient & Accident Mouse, Mickey Injury Diagnosis Ankle sprain (S550.)
Park	 Claims are parked: when you click the Park button (Ctrl + Alt + P) in the form automatically after 5 minutes of inactivity if there's an error when you Send.
Retrieving a Parked Claim	Parked forms can be located within the patient's profile in the Notes tab. Notes Results Measurements Scripts Lab Radiol Cardiol Endo Audio Letters Forms Immunisations Maximise Filter Image: Notes Summary Letters Image: Notes Summary Letters Mail Tasks Expand All View 29/07/2013 03:00 p.m. Action: Parked : ACC Injury Claim Form Edit Form 29/07/2013 10:03 a.m. Redness of eve NOS (F4Kz4) Image: Notes Obsolete Form Image: Notes Delete Form Image: Copy to Clipboard Delete Form Image: Copy to Clipboard Right click the Parked claim and select "Edit Form".
Delete a Claim	A Parked Claim can be deleted from the Patient Notes in My Practice.
Print	The Print button (Ctrl + Alt + R) creates a PDF copy of the claim for you to print or save.

Errors

Validation Errors	After clicking the Se form is validated to a required fields are ca may encounter a val this:	nd button, the ensure that all ompleted. You lidation error like	Patient & Accident A A Server	New Injury Claim Form THERE ARE PROBLEMS WITH THE FORM Please correct the problems below. CLAIM FORM HUMDER CLAIM FORM HUMDER ACC43 Number L100590 PATIENT DETAIL 5 Postal address Phone 101 Sample Street Mobile Sampletown 021 000 000 New Zealand Employment status Rev Zealand Review field Review field
	The validatio Status is misFix the error	n error is highlight sing). (usually by enterir	ed red (in the	example above, Employment g data) and click Send.
ACC server errors	If all the required fields are completed, the form will be sent to our server. You may encounter an error like this:	Attempting to submit Submitting the form to Hide details • Duplicate Clair Show Raw Response Parking the form data Please try later to submit	t your ACC inju ACC server E The Form Number to EMR success it the parked form.	ry claim form. Please wait irror occurred while submitting the form. r: JB69855 eded
	The claim form will b and click Send .	e parked in My Pr	actice. Open	the parked form, correct the error,

Frequently asked questions

What do I do if a patient comes from ED or an A&M with an ACC45 number?	You should not use the 'New Injury Claim Form' to lodge a new claim with ACC. The process remains the same - create an 'Accident record' record in My Practice using the ACC45 number provided by the patient
	Practice using the ACC45 number provided by the patient.