Verify Claim Information v23.0

Outputs

Triggers & Inputs

Cover Assessor
Lodgement Administrator
Senior Cover Assessor

1.0 Review claim details

2.0 Confirm date

Linked Process
Contact Client or Provider for Information at Lodgement

3.0 Complete information requirement

Lodgement Administrator

2.1 Confirm diagnosis

ACC > Claims Management > Manage Claim Registration and Cover Decision > Validate Claim > Verify Claim Information
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Summary

Objective
To confirm claim information so that a cover decision can be made. This can include confirming dates, injury diagnosis, accident location and/or whether a client is ordinarily resident in New Zealand.

Background
Eos has identified that the claim has missing or invalid information, or information that needs to be checked, and has raised an information requirement for someone to resolve. There are 7 possible information requirements covered by this procedure which are listed below. These are included in two different task types: Missing Information for Cover and Confirm Cover Decision.

Information requirements included in Missing information for Cover task:
• Accident Date is Not Valid
• Date of Birth is Invalid
• Date of Lodgement is Invalid
• Date of Signing Before Date of Accident
• Date of Signing is Invalid
• Missing or Invalid Diagnosis
• Diagnosis Injury Side is Mandatory
• Work Injury Status Invalid

Information requirement included in Confirm Cover Decision task:
• Check Eligibility - Dates

Owner   [Name withheld]

Expert   [Name withheld]

Procedure

1.0 Review claim details
Cover Assessor, Lodgement Administrator, Senior Cover Assessor

a Open the claim and review the information requirement(s) (IRs) to identify what aspects of the claim need to be resolved.

NOTE **What if you need to contact the client or provider at any stage in this process?**
Ensure you resolve as many outstanding requirements in a single contact if possible.

NOTE **What if the information requirement is about dates?**
Go to step 2.0 if there's one or more of the following IRs outstanding:
• Accident Date is Not Valid
• Date of Birth is Invalid
• Date of Lodgement is Invalid
• Date of Signing Before Date of Accident
• Date of Signing is Invalid
• Check Eligibility - Dates

NOTE **What if the information requirement is about the injury diagnosis?**
Go to step 2.1 if there's one or more of the following IRs outstanding:
• Missing or Invalid Diagnosis
• Diagnosis Injury Side is Mandatory

NOTE **What if the information requirement is about location or work injury status?**
Go to step 2.2 if there's one or more of the following IRs outstanding:
• Accident Location is Missing
• Accident Location is Invalid
• Work Injury Status Invalid

NOTE **What if you are assessing a claim for cover and there's an outstanding Check Eligibility - Overseas IR**
Go to the Confirm Accident Location process.
↳ **PROCESS** Confirm Accident Location

NOTE **What if the claim is sensitive?**
When resolving an IR for a sensitive claim, the accident date must be updated to match the date of consultation.

2.0 Confirm dates
Cover Assessor, Lodgement Administrator, Senior Cover Assessor

a Contact the client or provider to obtain the correct dates. Go to the Contact Client or Provider for Information process below to do this.

NOTE **If you have received a Check Eligibility - Dates information requirement, how do you know which date is incorrect?**
Eos has identified that one or more of these checks has failed:
• Date of lodgement is before the date of accident.
• Date of accident is before client's date of birth.
• Date of accident is after client's date of death.

NOTE **What if you have received a claim for a client who's marked as deceased in Eos?**
Check NHI and review any relevant information in Eos to see what's happened.
• If it's clear that the client was marked deceased in error, remove the deceased status.
• If it's not clear that the client was marked deceased in error, contact the provider and/or client to confirm the details. If you can't confirm whether the client was marked deceased in error then create a new party record for the client.

NOTE **What if I've received a Date of Signing is Invalid information requirement because the provider hasn't signed the claim?**
If the client has signed the claim, use the date that the client signed the form for the missing provider signature date.

2.1 Confirm diagnosis
Lodgement Administrator

a If there's more than one diagnosis code, check that the diagnosis code types are the same (eg they're all Read codes).

NOTE **What should you do if the diagnosis code types are different (eg ICD10 and Read) or if a SNOMED code has failed to translate?**

Eos will not allow registration to be completed when the diagnosis code types are different. You must update the diagnosis codes so they are one type only. To do this replace the ICD9, ICD10 or failed SNOMED code(s) with an equivalent Read code. Note that it's generally best to replace with Read codes as there are more of them, however you can also change all codes to be ICD9 or all codes to be ICD10.

If you're having difficulty finding an equivalent diagnosis code, talk to your leader.

Once you've updated the code(s), if a z-code has been used go to step 2.b, otherwise go to step 3.0.

b Replace z-code on treatment injury, sensitive claim or maternal birth injury (if applicable).

NOTE **Which code should you replace the z-code with?**

• If the claim is a treatment injury claim, replace the z-code with U6...
• If the claim is a sensitive claim, replace the z-code with SN571
• If the claim is a maternal birth injury and the injury comments indicate a Levator Avulsion diagnosis:
– replace the z-code with L2441
– Update claim type to MBI
– Transfer claim to the Maternal Birth Injury queue

• If the claim is for Maternal birth injury (refers to Maternal birth injury in the injury comments) ut the diagnosis is unclear.
– replace the z-code with TN8..
– Update the claim type to MBI
– Transfer claim to the Maternal Birth Injury queue

• If the diagnosis is listed in the injury comments then the Z code can be updated to reflect that diagnosis.
Once you've updated the code go to step 3.0.

c Contact the client or provider obtain the correct diagnosis information. Go to the Contact Client or Provider for Information process below to this.

NOTE **When should you contact the client?**

For missing or invalid information about the injury side.

NOTE **When should you contact the provider?**

For information about the diagnosis codes. The client isn't authorised to provide this information.

NOTE **What if the provider says there's no injury?**

Use the TN8... diagnosis Read code (do not use Z... or T149 diagnosis codes as these will prevent the claim from progressing to the Cover Decision Service).

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📋 **PROCESS** **Contact Client or Provider for Information at Lodgement**
Cover Assessor, Lodgement Administrator, Senior Cover Assessor

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3.0 **Complete information requirement**
Cover Assessor, Lodgement Administrator, Senior Cover Assessor

a Check that there are no other information requirements outstanding.

NOTE **What if there are information requirements outstanding in a Missing Information for Cover task?**

Action the other information requirements before closing the task. Go to the relevant procedure(s) for guidance.

The only exception is if you've just resolved a Missing or Invalid Diagnosis information requirement. When this IR is raised a Provider Competency Failed IR is also always raised. You should ignore the Provider Competency Failed IR and close the Missing Information for Cover task. Eos will re-run validations and close the Provider Competency Failed IR (as long as the injury diagnosis is within their scope of practice).

NOTE **What if you need to make a cover decision on a held claim?**

• Update the information requirement you've just resolved to Complete.
Make a cover decision for the claim. Go to the Assess Claim for Cover process below to do this.
• This process ends.

📋 **PROCESS** Assess Claim for Cover :: Simple PICBA claim

b Close the Missing Information for Cover task.

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