

### Provider**Hub**

# ProviderHub training guide

## Lodging a claim – ACC45





### Provider**Hub**

#### Lodging a claim – ACC45 guide

All ACC claims are lodged using an ACC45. Most ACC registered health providers can lodge a claim within their scope of practice.

There is more information about who can lodge a claim, and the information you'll need to include, on our website: <u>Lodging claims</u>

Nonclinical ProviderHub users can submit an ACC45 on behalf of an ACC provider, using the information supplied by the treating provider and when the patient has given appropriate consent.

This guide covers:

- how to lodge an ACC45 claim through ProviderHub
- how to save your progress and resume a draft invoice
- how to find sent, unsent, and draft forms
- troubleshooting.

If you don't have access to this functionality, you will need to make a request to your organisation's ProviderHub administrator for permission

#### Navigating the home page

Currently working for Auto Vendor 1		
Health treatment	Finance	
Claim lodgement ACC45	Invoice for services ADC40	View forms (last 14 days)
Treatment extension ACC32	Q Find invoice	⊘ Draft forms ✓ Unsent forms
D Engagement form	Q Find remittance advice	
Q Find claim by number	Administrator tasks	
O Find claim by client	Manage organisation	

When you log in to ProviderHub, you will be able to select **Claim lodgment** under **Health Treatment** to begin filling in a client ACC45 claim.

To successfully lodge a claim, you will need to fill in the compulsory fields marked with a red asterisk (\*).



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#### Save as a draft

Currently working for Auto Vendor 1		
Health treatment	Finance	View forms (last 14 day
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C Treatment extension ACC32	Q Find invoice	Insent forms
D Engagement form	Q Find remittance advice	
Q Find claim by number	Administrator tasks	
Q Find claim by client	Manage organisation	

Please be aware that if you need to pause working on the form, you can save a draft by clicking the button at the bottom of the page.

You can resume the draft later by going back to the Homepage and clicking on **Draft forms**.

If you pause without saving, you will be logged out after 15 minutes and will lose the information you have entered on the form.

Once you've completed and sent your form, you can go to **Sent forms** from the homepage to view it or download a PDF copy. To check on the status of the claim you've sent us, go to **Find claim by number** and enter the claim number.

#### Patient reference

Patient reference	Patient reference
Patient details	The information on this page will be used for future reference, should you wish to pause this form and complete it later. You will be able to pause this form from the next screen.
Accident details	Vendor: VENMAN-004 - MANO94
Employment details	Patient's name
Diagnosis details	*Surname
Other assistance	· · · · · · · · · · · · · · · · · · ·
Summary and Declaration	Middle name(s) Optional
	* First some
	Enter the ACC Provider ID of the treatment provider that examined the patient and is providing the data for this claim.
	*ACC Provider ID
	(Exit without saving )

In the **Patient reference** screen, you will need to enter the patient's name and your ACC provider ID.



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#### **Patient details**

Patient reference	Patient details		In th
Patient details	NHI number Optio	nal	scre
Accident details	ABC1234		
Employment details	* Date of birth		ente
Diagnosis details	DD/MM/YYYY		
Other assistance	* Gender		the
Summary and Declaration	O Female		
	O Male		
	O Another gender		• N
	Unknown		
	* Ethnic background		• da
	This information is collected for statistical reasons only, to help ACC develop services that are culturally appropriate.		• et
			- 61
	Home address		• ac

n the **Patient details** screen you will need to enter information about the patient. This includes:

- NHI number
- date of birth
- ethnicity
- address

If you already have a claim number, you can enter it here. Otherwise, leave this blank and one will be created for you once you send the form.

Note: Ensure the correct patient details are entered to prevent delays in a cover decision.

#### **Accident details**

Patient reference	Accident details	Ŋ
Adulari reference     Academic details     Academic details     Corpleyment details     Disprosi details     Other assistance     Summary and Declaration	ACCIDENT Geral Service  - Date of Injury  DDMA/YYYY  DDMA/YYYY  Common Service  - Of the scatter involves an evolving motor vehicle on a public road?  - Of the scatter involves an evolving motor vehicle on a public road?  - The scatter involves and scatter includes all road or non-motoread vehicles, or to a statementy vehicle that the scatter involves and scatter includes all road or non-motoread vehicles, or to a statementy vehicle that the scatter involves and scatter includes all road or non-motoread vehicles, or to a statementy vehicle that the scatter involves and the scatter includes all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves and the scatter includes all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves and the scatter includes all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves and the scatter includes all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves and the scatter includes all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves and the scatter includes all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves all read or non-motoread vehicles, or to a statementy vehicle that the scatter involves all	c T i a
	A strained Flags is when your goldent frag on Flags you caused by Insoftneed from a registered health: profession of the <u>ACC seconds</u> is soon more about headmont register.      Accident second      Accident seconds      Accident seconds	

You will need to enter details of the accident. This includes the date of injury, scene, location, and a description of the accident.

The information required depends on your selections.

Note: For cover, the accident that caused the injury must be clearly identifiable.





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#### **Employment details**

Patient reference	Employment details	
Patient details	* Patient occupation	
Accident details	1 I	
Employment details	Not all occupations may be searchable, please choose the closest one.	
Diagnosis details	"Is the patient in paid employment?	
Other assistance	O No	
Summary and Declaration		
	Exit without saving Save draft	Previous Next

Next, search the patient's occupation.

Please indicate if the patient is in paid employment. If you select **Yes**, you'll need to enter additional employment information.

#### Diagnosis details

Patient reference	Diagnosis details	
Patient details	Search for READ, SNOMED, or ICD-10 codes to request to add the injuries to the diagnosis. Code types cannot be min	red together on a single claim.
O Accident details	If you need to add more than 10 diagnoses, please specify these in the Injury comments field, noting the injury codes	and descriptions.
C Employment details	* Injury code type	
Diagnosis details	READ	
Fitness for work Other assistance	✓ Diagnosis	Add
Summary and Declaration	· Injury code®	"Injury side Laft Right Distance
		Not applicable
	injury comments	

Select the appropriate injury code type: ICD-10, Read, or SNOMED.

Enter the injury code, select the injury side, and provide any injury comments.

For help with choosing the right Read code, refer to our resource on the ACC website <u>Using the</u> right Read code.

Note: Diagnosis can't be for symptoms alone, such as 'pain' or 'headache'.





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### Fitness for work – medical and nurse practitioners only - section appears only if the patient is in paid employment

Patient reference	Fitness for work
Patient details	Evidence supports that appropriate return to work assists recovery by promoting social connectedness, self-worth and routine. Rease consider all opportunities for your patient to remain connected to their workplace.
Accident details	
C Employment details	There are only a few instances when patients are fully unfit for work: The risks of return to work are excessive and the work environment poses a risk of serious harm to your patient or someone else.
📀 Diagnosis details	The provide work tasks will aggravate their nyury.     They are unable to travel to and form work (even this taskstonce).     They are unable to travel to and form work (even the taskstonce).
Fitness for work	<ul> <li>They have total maximity to work, e.g. mey are adminised to hospital.</li> </ul>
Other assistance	Patients can only be signed off for work for a maximum of 14 days on this form. This includes being partially fit for work, or fully until for work. It is expected a new Medical Certificate ACCI8 form will be completed after this time.
Summary and Declaration	Select the level of incorpacity, then choose date ranges and add more details to the incorpacity period. Current restrictions mean there can only be one period of fully until for work and one period of being this for some work.
	* The policit is  * The policit is  * From * To
	DUMMUTTY
	Refurs to normal work date
	ii ii

Here you can select the level of fitness for work and the date range that this applies to.

To add another level of fitness for work and a different date range, click **Add incapacity period**.

If you have a return to normal work date, you can enter that here.

**Note:** very few patients will meet the criteria for 'fully unfit'. For more information see <u>Issuing</u> medical certificates.

#### Other assistance

Patient reference	Other assistance		
Patient details	Is further assistance required?	Optional	
Accident details	O Yes		
Employment details	Assistance other than primary treatment.	*	
O Diagnosis details	"Should ACC contact you, the provider?		
Fitness for work	O Yes		
Other assistance	No     Please only select 'yes' if you would like an ACC case manage	er to call you about this patient.	
Summary and Declaration	"Do you want to create a referral?		
	Ves		
	O No		
	Exit without saving Save draft	)	Previous Noxt

You can indicate any further assistance required on this page.

If you want to create a referral, start the process by selecting the referral type and adding referral notes.

#### Note: You can add up to five referrals.





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#### Summary and declaration

Treatment provider declaration	
The information collected by this form will be used by ACC to assess appropriate rehabilitation, treatment, and compensation to patients. Accident Compensation Act 2001.	whether a patient's claim is covered under the ACC scheme, to manage claims and to assess and provide. We also use personal information for other lawful purposes connected with our functions and activities under the
Patient declaration and consent	
'I am obtaining my patient's consent by	
Recording their signature on the paper ACC45 form	
Recording my palignt's (or authorised representative's) verbal of	orsent to the declaration and authorisation statements on their clinical record
ACC Provider ID	ACC Wender
HPITES	VENMAN-OD4 - MANDO4
Consultation date	
Consultation date	
Censultation date DD/MM/YYYY	d that in my opinion the condition is a result of an accident.
Consultation date DD/MM/YYYY   I Certify that, on the date shown, I have personally examined the patient on	d that in my opinion the condition is a result of an accident.
Consultation date DD/AMA/YYYY  Consultation of the date shown, I have personally examined the patient on  Consultation certify that I have discussed the Patient Declaration and Consert with	d that in any opinion the condition is a result of an accident.

Review all the information that you've entered.

Edit any section if necessary.

Read and complete the declaration and click Send.

If you didn't add a claim number at the start of the form, one will be created when you Send.

