



05 July 2023

[REDACTED]
Kia ora [REDACTED]

Your Official Information Act request, reference: GOV-025649

Thank you for your email of 12 June 2023, asking for the following information under the Official Information Act 1982 (the Act):

1. *the purpose of read codes;*
2. *what ACC uses read codes for;*
3. *whether read codes are relevant to the appropriate treatment claimants receive; and*
4. *any other information policies or procedures ACC has in related to read codes.*

Information ACC holds about read codes is available on our website

Please refer to the quick guide for providers at the following link: www.acc.co.nz/assets/provider/how-to-use-read-codes-provider-quick-guide.pdf. This includes information about when providers should use read codes and their purpose.

We have also attached ACC's policy related to read codes to this letter.

As this information may be of interest to other members of the public

ACC may decide to proactively release a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available www.acc.co.nz/resources/#/category/12.

If you have any questions about this response, please get in touch

You can email me at GovernmentServices@acc.co.nz.

If you are not happy with this response, you can also contact the Ombudsman via info@ombudsman.parliament.nz or by phoning 0800 802 602. Information about how to make a complaint is available at www.ombudsman.parliament.nz.

Ngā mihi

Sara Freitag
Acting Manager Official Information Act Services
Government Engagement

Summary

Objective

Diagnosis codes are used in healthcare to identify and categorise symptoms, disease, injuries and procedures. We use several diagnosis codes including ICD9, ICD10, ICD-11, DSM-IV, DSM-5, and READ codes.

The diagnosis code on the ACC45 of an accepted claim indicates the injury ACC has agreed to cover. Healthcare providers decide the code that best represents the client's injury diagnosis. In cases where a client has multiple injuries, each injury will have its own code. Having the correct code helps us to ensure we're covering the correct injury and providing the client with appropriate support.

See Assess Cover for an Additional Injury or Change in Diagnosis.

Owner

Outside of Scope

Expert

Policy

PROCESS Assess Cover for an Additional Injury or Change in Diagnosis

1.0 Adding or changing diagnosis codes

- a** A case owner might need to change or add a diagnosis code in Eos if there is medical evidence that:
- the initial diagnosis of the injury was incorrect, eg the code is for a sprain and the medical evidence confirms the injury sustained was a fracture
 - the initial claim form omitted an additional injury sustained in the same event, eg the medical evidence confirms a knee sprain and a concussion, but only the knee sprain is on the ACC45 claim form.

Before you change a diagnosis code in Eos, you must have medical evidence and a link to the mechanism that caused the injury to support this.

If you want to alter a code, you may wish to discuss this with a team manager (TM), or technical specialist (TS) before making the change. If there is a specific clinical issue (eg the new diagnosis doesn't seem to fit the injury, or appears to conflict with other evidence) please request medical advisor (MA) advice. See When to refer for Clinical Advice.

Note; if you're changing an existing diagnosis code it's important to consider if you need to formally revoke cover. For example if the original claim was made with a diagnosis of wrist sprain and later investigation reveals a fracture you may replace the original code and advise the client. However, if their original diagnosis was a complex diagnosis such as "rotator cuff tear" and later assessment reveals that ACC's responsibility extends to a simple shoulder sprain only then it will be necessary to formally revoke cover for the original diagnosis. If you're in doubt get advice from your TS or TM in the first instance. See Reasons to revoke cover.

You need to send a decision letter to the client and/or their provider informing them of our decision.

 Reasons to revoke cover Policy

NOTE If cover was granted under the Accident Compensation Act 2001 (AC Act) then revoke cover under the AC Act 2001, Section 65

NOTE If cover was granted under an earlier Act
If cover was granted under AC Act 2001, Section 390

2.0 Stopping entitlements and payments

- a** If the client has been receiving entitlements for 52 weeks or more and we revoke cover, the client must be given up to 4 weeks' notice that their entitlements will stop. The 4 weeks' notice starts from the date we advise the client that they no longer have cover for their injury.

3.0 When not to revoke cover

- a** Do not revoke cover if you're satisfied that we originally granted cover correctly, but the client's current condition does not relate to the personal injury. Under these circumstances:
- decline the application if the client is applying for support
 - suspend the support if we've already been providing it.