

13 June 2017

Mr David Lawson
Email: fyi-request-5882-b9248488@requests.fyi.org.nz

Dear Mr Lawson

Official Information Act request

Thank you for your request, under the Official Information Act 1982, of 15 May 2017, asking for information regarding Read Codes. In your email of 23 May 2017, you requested your full request be repeated in our response. Therefore we have put the context you provided below and each set of questions immediately before our response.

Context you provided

I am writing to seek under the Official Information Act 1982 ACC's Chief Executive Scott Pickering's written clarifications/explanations associated with several questions that relate directly to ACC's decision found in ACC's official Information distributed via ACC's website at <http://www.acc.co.nz/for-providers/lodge-and-manage-claims/PRV00037>, in which ACC instruct ACC treatment providers to -

" record the lowest relevant level of Read Code"

when recording and reporting for claims purposes on behalf of ACC claimants, the treatment providers diagnoses in terms of class of injury/ies and the use of the correct and comparable read codes.

My requests for Mr Pickering's explanations/clarifications to my questions first require the context of ACC's current position to be highlighted;

The following is quoted directly from <http://www.acc.co.nz/for-providers/lodge-and-manage-claims/PRV00037>;

"About Read Codes

Each Read Code has five characters. If a code only has four numbers, it will end in a dot, which becomes its fifth character.

Primary care providers are required to record Read Codes for all diagnosed injuries for ACC claims. Hospitals or secondary care providers can use International Classification of Diseases:10 (ICD10) codes instead, although can and often do also provide Read Codes.

Having the correct Read Code helps ensure we're covering the correct injury/injuries and providing the client with the most appropriate and timely support, rehabilitation and treatment.

Choosing a Read Code

When completing an ACC claim form, eg. ACC45 Injury Claim Form, ACC18 Medical Certificate, and ACC32 Request Approval for further treatments please:

use the Read Code that best correspond to your diagnosis of your patient's injury record the lowest relevant level of Read Code use a separate Read Code for each injury for a client with multiple injuries in the order of severity/complexity ensure that each Read Code includes the dot, if necessary.

If there's no Read Code to match your diagnosis, use Code Z (unspecified condition) and provide a detailed written diagnosis. An ACC staff member will complete the Read Code field. If we need to clarify anything, a case owner will get in touch with you.

If you do not have access to the full Read Code directory via Read Code software, ACC can provide a quick Read code reference list sorted by type and location of injury if you need one. Use this link [ACC6343 Read Code reference list \(XLS 3.5M\)](#) to download the reference list. You can also follow these links for Read Codes commonly used in Physiotherapy, Osteopathy and Chiropractic.

And the following is quoted directly from ACC's "Consumer Outlook Group Update" titled "Read Codes" with the reference shown the the bottom left hand side of the second page of the communication as being ACC7540 June 2016;

"ACC case owners don't know when to update Read Codes.

Sometimes, a Read Code may be recorded incorrectly at the time of injury. For example an injury may initially be recorded as a sprained ankle, and a later x-ray confirms that it is in fact a fracture, or the most serious injuries are recorded at the time of injury, but a secondary injury may be missed. This can result in the Read Code needing to be updated at a later stage.

In the past there has not been a formal process for providers to notify ACC of a change in diagnosis, or for case owners to know when they need to update the system."

The ACC7540 June 2016 Read Code Update went on to note that as a result:

"To make it clear what medical evidence is required:

The ACC Treatment Provider Handbook and ACC website have been updated, clearly showing what should be provided and how"...

In the context of the above official information distributed by the Accident Compensation Corporation Limited, I seek Mr Scott Pickering's written clarifications/explanations to my following questions, in respect to how ACC have decided to instruct ACC regulated treatment providers on how the treatment provider is to record and report to ACC on behalf of their injured patients under section 49 of the Accident Compensation Corporation 2001 their patient's covered injuries.

Your Question 1

"Under Choosing a Read Code" on ACC's website <http://www.acc.co.nz/for-providers/lodge-and-manage-claims/PRV00037>, ACC first describe best treatment provider diagnosis practice by advising treatment providers to, and I quote;

"- use the Read Code that correspond to your diagnosis of your patient's injury."

ACC has then decided to instruct treatment providers in the in the (sic) very next bullet point at the same website that treatment providers must;

"- record the lowest relevant level of Read Code."

ACC's statement that a treatment provider must record the lowest relevant level of Read Code, is in direct conflict with ACC's proceeding (sic) statement that recognises that a treatment provider if applying best diagnosis practice, is required to actually "use the Read Code that best correspond to the diagnosis of your patient's history" (sic)

Question 1 (a)

It would be appreciated Mr Scott Pickering if you would confirm/explain why ACC has sort (sic) to influence ACC treatment providers into recording and reporting the lowest relevant level of Read Code, as opposed to using the Read Code that correspond to the treatment providers' diagnosis of their patient's injury/ies.

Question 1 (b)

Do you agree Mr Scott Pickering that by encouraging ACC regulated treatment providers to "record the lowest relevant level of Read Code" increases the potential for misdiagnosis in terms of either;

*i). the underestimation of a treatment providers diagnosis of their patient's injury/ies, and hence the increased chance that claimant's correct injuries will be unnecessarily delayed in being assessed, treated and rehabilitated? * If not, why not? * added as requested in email of 23 May 2017.*

*ii) . the lack of reporting of additional/comorbid and or minor injuries associated with the accident and hence the increased chance that a claimant's correct injuries will be unnecessarily delayed in being assessed, treated and rehabilitated? * If not, why not? * added as requested in email of 23 May 2017.*

Question 1 (c)

*Do you agree Mr Scott Pickering that by a treatment provider "recording the lowest relevant level of Read Code" any resultant underestimation of the patient's injuries, or omission of comorbid injuries by a treatment provider engaging in this practice, given that the read codes allocated by the treatment provider are used to guide assessment, treatment and rehabilitation, has the direct potential to lead to the patient's injuries receiving less financial assistance from ACC with respect to the patient's assessment, treatment and rehabilitation needs for their injury/ies, based on ACC encouraging treatment providers to engage in a practice of recording the lowest relevant level of Read Code? * If not, why not? * added as requested in email of 23 May 2017.*

Question 1 (d)

Mr Scott Pickering can you please confirm if ACC have a specific financial measure (in terms of liability release (i.e. savings to acc for underestimated claims costs or unreported claims costs or both) that quantifies the benefit to ACC in terms of influencing treatment providers to recording the lowest relevant level of Read Code for their patient's injuries? If so can you please confirm what they are and how they are measured.

Our response to Questions 1(a), (b), (c) and (d)

It appears you have misinterpreted ACC's request for providers to "record the lowest relevant level of Read Code". This complements rather than conflicts with the preceding request to "use the Read Code that best correspond to your diagnosis of your patient's injury."

To explain this further, we note that Read Codes are "a hierarchical coding system for injury types with each level giving a more specific diagnosis." Both requests are phrased according to the functioning of the Read Code system, which is explained at the top of the web page you referenced (<http://www.acc.co.nz/for-providers/lodge-and-manage-claims/PRV00037>).

The hierarchy is that highest level of Read Code is the most general, with each further level becoming more specific. Therefore, the request to record the lowest relevant level is a request to be as specific as possible.

For example, the following hierarchy of Read Codes describes vertebral column syndromes:

- N1... Vertebral column syndromes
- N12.. Intervertebral disc disorders
- N124. Schmorl's nodes
- N1241 Schmorl's nodes of the thoracic region

The highest level Read Code – ‘N1... Vertebral column syndromes’ – is the most general, and the lowest level Read Code – ‘N1241 Schmorl’s nodes of the thoracic region’ – is the most specific. To view other other examples of the Read Code hierarchy please refer to the ACC6343 *Read Code reference list*, which you were provided on 16 May 2017.

Given this clarification, no further comment is made specifically for your Questions 1(a), (b), (c) and (d).

Your Question 2(a)

Question 2.

In reading ACC’s website <http://www.acc.co.nz/for-providers/lodge-and-manage-claims/PRV00037> it is clear that ACC does not have a specific claim form that allows treatment providers to add comorbid injuries that were originally missed by treatment provider’s/s’ first assessment, and or the correction of a treatment providers (sic) prior diagnosis.

In fact ACC’s referred website encourages treatment providers to use inappropriate ACC forms for the changing and adding of injury diagnosis to a patients’ covers by a treatment provider.

ACC’s website on Read Codes stipulates that a treatment provider must use either an ACC 18 Medical Certificate, or an ACC 32 which is a Request Approval for further Treatments which are both inappropriate forms for the addition and or amendment of treatment providers diagnoses.

Question 2 (a)

It would be appreciated Mr Scott Pickering if you could confirm why ACC has neither a specific form and or web based electronic treatment provider registration process for either;

i). the correction to an earlier treatment providers proven incorrect Read Code diagnosis associated with an ACC 45 number then claim number, and similarly another specific ACC form or electronic treatment provider registration process for

ii). treatment providers being able to add additional Read Codes under an existing ACC 45’s number then claim number, for the diagnosis of additional injuries that were sustained in the same accident which had previously gone unreported for what ever reason.

An example would be the situation where a g/p diagnosis of lumbar strain after a patients fall and sends their patient to a physiotherapist, osteopath or chiropractor and then they through their fuller assessment further diagnose that the patient has associated injuries to their buttocks, and thoracic spine which went undiagnosed by the GP.

There is no specific ACC form or ACC process that can be easily updated by the secondary treatment provider (physio, chiropractor, osteopath, etc) at the exact time of the further injuries being diagnosed by the treatment provider who is not the patient’s GP.

Our response to Questions 2(a)

We have not located any information that indicates ACC has considered “a specific form and or web based electronic treatment provider registration process” for either the correction, or addition, of a Read Code(s). We are not able to provide the information requested because, despite our reasonable effort to locate it, it cannot be found. This decision complies with section 18(e) of the Act.

Your Question 2(b) and (c)

Question 2 (b)

Do you think Mr Scott Pickering that given current information technology capabilities ACC has a duty of care to accidentally injured clients’ to ensure that when an additional injury/ ies is or are subsequently diagnosed by either the initial treatment providers further assessment, or a subsequent treatment provider, and which were unfortunately missed in the first assessment are correctly claimed for by the

treatment provider when they subsequently come to light and diagnosed, that they are immediately lodged by the treatment provider by way of either the lodgement of a specific new ACC form or by way of ACC enabling a specific electronic ACC process that allows the treatment provider to register the additional classes of injuries with ACC by computer for claims acceptance and entitlement cover? In either method the ACC claimant walks away from the treatment providers office/treatment rooms with a copy of the new additional injury/ies registration submitted to ACC by the treatment provider for their records. If not why not?

Question 2 (c)

Do you think Mr Scott Pickering that given current information technology capabilities ACC has a duty of care to accidentally injured clients' to ensure that when an incorrect diagnosis is established and a proven correct diagnosis is subsequently diagnosed by either the initial treatment providers further assessment, or a subsequent treatment provider, that the new correct diagnosis is immediately lodged by the treatment provider by way of either the lodgement of a specific new ACC form or by way of ACC enabling a specific electronic ACC process that allows the treatment provider to register the additional classes of injuries with ACC by computer for claims acceptance and entitlement cover? In either method the ACC claimant walks away from the treatment providers office/treatment rooms with a copy of the new additional injury/ies registration submitted to ACC by the treatment provider for their records. If not why not?

Our response to Questions 2(b) and (c)

We note that in the Ombudsman's guidelines *Making official information requests: A guide for requestors*, the section on "Is the information 'held' by the agency?" states the following:

*However, an agency is not obliged to **form an opinion** or **create information** to answer an official information request.*

There is a difference between:

- questions which can be answered by providing information already known to and held by the agency (official information); and*
- questions which require the agency to form an opinion or provide an explanation and so create new information to answer the request (not official information).*

Your Questions 2(b) and (c) require ACC to provide an opinion. Accordingly, we have not responded to this part of your request.

A copy of the Ombudsman's guidelines can be viewed on the Ombudsman's website, <http://www.ombudsman.parliament.nz/>

ACC is happy to answer your questions

If you have any questions about the information provided, ACC will be happy to work with you to answer these. You can contact us at GovernmentServices@acc.co.nz or in writing to *Government Services, PO Box 242, Wellington 6140.*

You have the right to complain to the Office of the Ombudsman about our decision to withhold some of the information. You can call them on 0800 802 602 between 9am and 5pm on weekdays, or write to *The Office of the Ombudsman, PO Box 10152, Wellington 6143.*

Yours sincerely

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