

Guide to Purchase Unit Codes and the Purchase Unit Data Dictionary

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Purpose of this document

This document introduces Purchase Units (PUs), and the Purchase Unit Data Dictionary (PUDD). It also describes how to request new or amend Purchase Units.

All PU code queries should be sent to the PU code co-ordinator by email (nsfl@tewhatauora.govt.nz).

Both the Purchase Units and PUDD form part of the Nationwide Service Framework (NSF), please see Appendix 5 for reference material.

Purchase Units

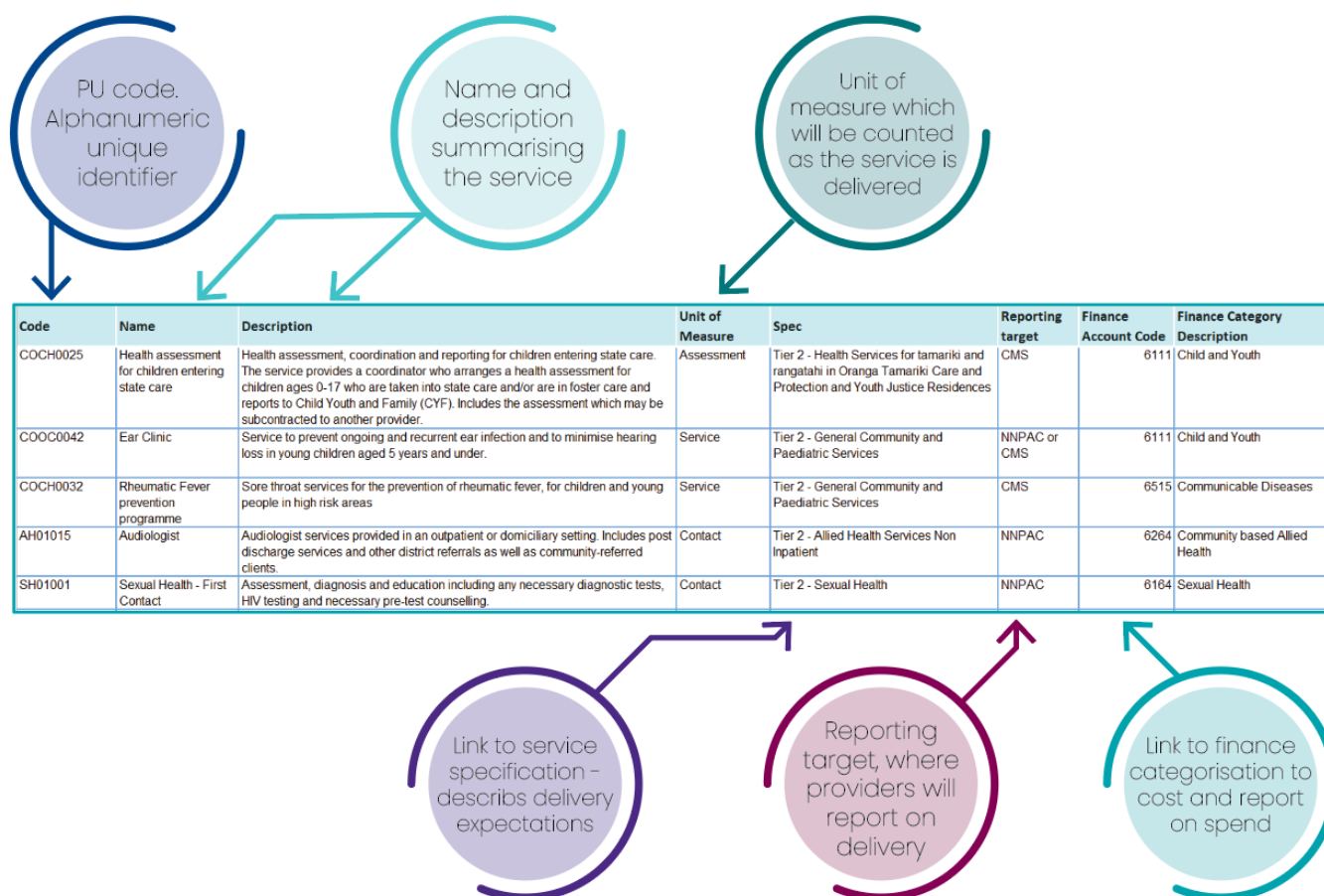
Purchase Units are the system of classifying and categorising services, activities and some financial treatments for Health NZ and Disability Support Services (part of the Ministry of Social Development). The main principle of the PU classification system is to categorise services with similar characteristics (clinical, demographic etc) and with similar costs (resources used) into a manageable number of groups.

The codes are the link between financial and non-financial information - in simple terms they show what we got, and how much we got, for the money spent.

The purpose of PU codes

- enable a nationally consistent counting, measurement and reporting process. PU codes are created to capture common characteristics across services.
- enable identification of service volumes and costs for planning and funding services. They are part of Health NZ's clear delivery expectations in provider agreements. Providers typically must report on the volume of PUs delivered.
- are the only system in Health NZ linking financial information (what we spent) with non-financial information (what we got for the money). Purchase Units are more granular than finance codes.
- assist Districts, Regions and National teams to take data-informed decisions for planning, costing, funding and delivering services – the services of the future are planned on data available today.
- Support accurate and fair pricing and counting of services and activities to be provided or funded.

The Purchase Units must be costable, countable, linked to a finance code and reporting target. They therefore comprise key items of information:



Required alignment with the NSF artefacts

PU codes must be created and used in line with the following NSF business rules, guidelines, and frameworks to ensure useable, meaningful data is available for the organisation:

- **Common Counting Standards.** A set of business rules, counting rules and definitions to assist Districts to define and count services or components of a service consistently and appropriately. The Standards ensure that health activity can be meaningfully counted, measured and costed across the health system to assist with service planning.
- **Common Costing Guidelines.** A common standard for the costing of hospital-funded services.
- **Common Chart of Accounts (CCoA)/ Financial Reporting Enabled Data (FRED).** A financial coding system for recording costs for Health NZ and DSS. It provides a stable platform for the Common Costing Guidelines and a cost reporting, comparative analysis and benchmarking. It is intended to support compliance with Generally Accepted Accounting Practice (GAAP) as described in accounting standards circulated by the New Zealand Institute of Chartered Accountants.

- **National Collections business rules** and data dictionaries report volumes against selected PU codes, the services' volumes and costs against PU codes to support planning and funding of health and disability services.
- **Nationwide Service Specifications.** Service Specifications provide relevant operational, delivery, reporting and quality expectations to providers for each PU in the service.

Refer to Appendix 4 for a more complete list of users, source data and documents that link with PU codes.

The Purchase Unit Data Dictionary

The purchase unit data dictionary is a collection of data-tables. It contains the published table of all purchase units, and other tables mapping purchase units to other systems to support reporting by diverse teams. It is published publicly on the **Nationwide Service Framework Library**.

The purpose of the PUDD

- System of record for Purchase Units and their link to finance codes, service specifications, and reporting targets.
- Audit-trail record for changes to Purchase Units (new, amended, retire)
- Repository for look-up information related to Purchase Units used by other teams (e.g HSS mapping tables, NNPAC mapping tables).

The PUDD is used by Health NZ, Disability Support Services, Pharmac and other external agencies.

PUDD Worksheets

The number of worksheets in the PUDD varies slowly over time, as new teams require mapping data to be added or removed for reporting purposes.

Seven sheets remain static, providing detail on the Purchase Unit:

- a) Purchase Unit Table
- b) PU Mapping Table
- c) Unit of Measure
- d) Service Specification Links
- e) Combined Changes Sheets

Reference sheets are typically used to house look-up information for Hospital and Specialist Service planning, the Non-casemix Group, Finance Sector Operations systems (CMS and ALM), and Finance Payments systems (FPIM). For full details of the tables, please refer to PUDD Guide tab in the PUDD.

Governance and Maintenance of the PUDD

The PUDD is maintained by Health NZ's NSF Team in the Planning, Funding and Outcomes function. Expert and technical advice on the creation of PU codes and the consistent application of Common Counting Standards is provided by the Data & Analytics teams, Finance and Common Counting Technical Group.

The updated PUDD is published on the NSFL website at least twice a year with numbered versions.

Requesting new, change or retire a purchase unit code

Note: This is the master version of these details, replicated on the [NSF Te Haerenga sharepoint site](#) for convenience

Queries for new or amendments to purchase unit codes can be made by completing the below form or emailing NSF@tewhatauora.govt.nz

Purchase Unit Query Form

Requesting a new code

Requests for new PUCs are reviewed and approved by several teams within the NSF and updated in key data systems before it can be used. If the request is similar to a service or activity already in the data dictionary it may be necessary to discuss the request in detail to fully identify the distinction from existing codes. Please allow 40 business days for new codes to be approved and made available for use.



Retiring a code

Retiring a Purchase Unit Code follows similar process to requesting a new code - information supporting the request is considered by a range of teams to ensure the code can safely be retired without adversely impacting the ability to report on service and activity delivery. Please allow up to 30 working days for a code to be retired from the PUDD and deactivated in other systems.

Changing a code

Changing a live purchase unit code must be carefully considered. Changing the description or unit of measure of a code can have significant impact on the quality of service reporting. For more information on changing a code please email NSF@tewhatuora.govt.nz

When do I request new, change or retire a purchase unit code?

A PU code is created, changed or retired for the following reasons:

- A new service being developed
- An additional funding stream or change to a different funding budget holder such as when service funding responsibility is devolved to the Regions or Districts.
- A review of current PU codes and their usage showing no use of a code
- A change in the cost/national price of a service that requires changes to a PU code's description/definition/UoM/GL. Any change in the financial component of a PU code may affect the non-financial components.
- Changes to or issues with services identified by the National Cost Collection and Pricing Programme (NCCP) necessitating a change in a PU code's definition.
- Changes to reporting requirements may lead to changes in a PU code's definition, UoM or reporting target
- Technical internal factors may determine changes to a PU Codes description/definition/UoM/GL code, such as inconsistencies identified in National Collections, CMS and other data warehouses.
- Changes to the New Zealand Casemix Framework for Publicly Funded Hospitals may affect inpatient purchase unit descriptions/definitions.
- When Health NZ stop funding/providing a service the associated PU codes may need to be retired from the PUDD, deactivated in contracting and payment systems and end dated in national collections as required.

Appendix 1 – Purchase Unit Naming Conventions, abbreviations and acronyms

The table below assists with the naming and numbering PU codes.

Prefix	Service Group	Notes
AB	Adult Abuse	
ADJ	Adjuster or premium	
AH	Allied Health	
AIP	Aging in Place	
BSA	BreastScreen Aotearoa	
C0	Child/Youth	
CHC	Chronic health conditions – Community/domiciliary	
CHF	Congestive Heart Failure	
CAPD	Continuous Abdominal Peritoneal Dialysis	
COAM	Community Ambulance - Prime Rural Bonus	
COCH	Community Child	
COFP	Community Forensic Pathology	
COGP	Community General Practice - PCOs	Section 88 notices
COOC	Community Other Community- non PCOs	
COPA	Community Pacific Programmes	
COPH	Community Pharmacy - being phased out and replaced with PH codes	
COPT	Community Pathology	
CORA	Community Radiology	
COSP	Community Specialist Notice	
CS	Community Referred Services	
COPL	Palliative care – other community	
COPD	Chronic Obstructive Pulmonary Disease	
D0	Dental	
DHB	District Health Board	
DOM	Domiciliary	
DRG	Diagnosis Related Group	
DSS	Disability Support Services	
DSSC	DSS Cochlear Implant services	
DSSL	DSS Supported Living	
DSSR	DSS Regional Services	
ECG	Electrocardiogram	
ED	Emergency Department	
FS	Fertility Services	
FSA	First Specialist Assessment	
FTE	Full Time Equivalent	

Prefix	Service Group	Notes
GP	General Practitioner	
HB	Health Benefits (now part of HealthPAC)	
HCT	High Cost Treatment Pool	
HHS	Hospital Health Services	
HIV	Human Immunodeficiency Virus	
HOP	Health of Older People	
HPAC	HeathPAC	
HS	Hospital Specific	
HW	Health Workforce	
ICS	International Classification of Diseases	
IGG	Immune Gamma Globulin	
ISHLT	International Society for Heart Lung Transplant	
IN	Integration	
LMC	Lead Maternity Carer	
M0	Medical - General Medicine	
M10	Medical - Cardiology	
M15	Medical - Dermatology	
M20	Medical - Endocrinology	
M25	Medical - Gastroenterology	
M30	Medical - Haematology	
M34	Medical - Specialist Paediatric Haematology	
M40	Medical - Infectious Diseases	
M45	Medical - Neurology	
M49	Medical - Specialist Paediatric Neurology	
M50	Medical - Oncology	
M54	Medical - Specialist Paediatric Oncology	
M55	Medical - Specialist Paediatric Medical	
M60	Medical - Renal Medicine	
M65	Medical - Respiratory	
M70	Medical - Rheumatology (incl Immunology)	
M80	Medical - Palliative Medical Services	
M87	Medical - Clinical Genetics	
M90	Medical - Care and Review	
MAOR	Māori Health	
MEOU	Elective Services	
MH	Mental Health Services	Linked to the Mental Health and addiction service specifications. Only for Mental health and addiction services within the mental health expenditure ring fence. Note, a number of codes like MHFF and MHES use the MH prefix and are not part of the MHE or MHF sets below.

Prefix	Service Group	Notes
MHA	Mental Health Adult	The following letters attached to the PU code for mental health indicate the categories of staff delivering the service.
MHC	Mental Health Consumer	A Senior Medical
MHD	Mental Health Drug and Alcohol	B Junior Medical
MHDI	Mental Health Child (I denotes Infant)	Adolescent and youth alcohol and drug service
MHE	Mental Health Eating Disorders	C Nursing and Allied Health
MHF	Mental Health Forensic	D Non Clinical
MHI	Mental Health Infant	E Cultural
MHIM	Mental Health Perinatal Infant	
MHIW	Mental Health Family Whānau Support (I denotes Infant, W Whānau)	
MHIY	Mental Health Youth Forensic	F Peer Support
MHK	Mental Health Kaupapa Māori	
MHM	Mental Health Perinatal (M denotes Mother)	
MHO	Mental Health Older People	
MHP	Mental Health Pacific Community	
MHR	Mental Health Asian Migrant & Refugee Specialist	
MHW	Mental Health Family and Whanau Advisory	
MHCR	Mental Health Community Residential	
MHCS	Mental Health Community Services	
MHIS	Mental Health Inpatient Services	
MHP	Mental Health	
MHRE	Mental Health Respite	
MHSD	Mental Health Service Development	
MHSI	Mental Health Service Innovation	
MHSP	Mental Health Suicide Prevention	
MS0	Medical outpatient – any health specialty	
NCSP	National Cervical Screening Programme	
NS	National Services	
OT0	Medical - Other Medical	
PC	Medical - Pain Services	
PCT	Pharmaceutical Cancer Treatments	
PG	Problem Gambling	
PGCS	Problem Gambling Community Services	
PH	Community Pharmacy	
PMH	Primary Integrated Mental Health and Addiction	Primary mental health services outside the mental health expenditure ring fence.
PMHM	Primary Integrated Mental Health and Addiction (M denotes Māori)	
PMHP	Primary Integrated Mental Health and Addiction (P denotes Pacific)	

Prefix	Service Group	Notes
PMHR	Primary Integrated Mental Health and Addiction (R denotes Rainbow)	
PMHT	Primary Integrated Mental Health and Addiction (T denotes Tertiary Students)	
PMHY	Primary Integrated Mental Health & Addiction Primary mental health services (Y denote Youth)	Outside the mental health expenditure ring fence
PHO	Primary health organisations	
PHOA	PHO First Contact -Access	
PHOE	PHO First Contact -Interim	
PHOG	PHO GMS - Casual	
PHOI	PHO Immunisation	
PHOM	PHO Management Fee	
PHON	PHO Practice Nurse - Casual	
PHOP	PHO Health Promotion	
PHOR	PHO Rural Premium	
PHOS	PHO Services to Improve Access	
PI	Pacific Island	
RM	Public Health (RM denotes Regional Public Health)	
RU	Rural	
S0	Surgical - General Surgery	
S15	Surgical - Cardiothoracic	
S25	Surgical - Ear, Nose and Throat	
S30	Surgical - Gynaecology	
S35	Surgical - Neurosurgery	
S40	Surgical - Ophthalmology	
S45	Surgical - Orthopaedics	
S50	Surgical - Spinal	
S55	Surgical - Paediatrics	
S60	Surgical - Plastics/Burns	
S70	Surgical - Urology	
S75	Surgical - Vascular	
SH0	Sexual Health	
SUI	Suicide Prevention	
T0	Transplants	
TR	Transport	
W0	Women's Health (Maternity)	
WM	Women's Health (Midwifery Services)	

Appendix 2: PU Table Column Descriptions

Note: master version of this table held in the PUDD – “PUDDGuide” tab, replicated here for convenience

PU code components	Definition
Major Service Group	Categorisation headings used to group services (and PUCs) into operationally meaningful and manageable chunks e.g. Child & Youth, Mental Health, Community Services etc.
Costing Major Service Group	These major service groups match the cost pools relevant to the National Cost Collection and Pricing Programme.
Purchase Unit Code	The PU Code is made up of 6-8 alphanumeric characters which follow a strict naming classification convention and are grouped into "Major Service Groups"
Purchase Unit Code Name	The PU code description is the short title of the service (40 characters max)
Purchase Unit Description	The PU code description defines the service in more detail, sometimes excluding other PU codes.
Unit of Measure	A single unifying unit of measure that identifies how the data is used for quantifying, reporting and pricing the service against the PU code.
Category	The category is the main service delivery group used in CMS. To be discontinued when the Agreement Lifecycle Management (ALM) system is fully operational.
Sub-Category	The sub-category component further groups the Purchase Units for use in CMS. To be discontinued when the Agreement Lifecycle Management (ALM) system is fully operational.
National Collections and/or Payment Systems	<p>The Reporting Guide: 'National Collections and Payment Systems' column has two purposes. One is to identify what national collection the PU code reports into, eg, NNPA, NMDS etc. The other is to identify what payment system the PU code can be processed through, eg, CMS, CCPS, Proclaim (until they are replaced by the new ALM agreement payment and claims system). This column is a guide for users of the PUDD. For information about National Collections visit this link: <u>National collections</u></p> <ul style="list-style-type: none"> National Non-admitted Patient Data Collection (NNPA) – a national collection of non-admitted patient (outpatient and emergency department) activity. Its primary use is for the calculation of IDFs. Data also provides information on comparative health service activity and informs policy and decisions on funding allocations.

PU code components	Definition
	<ul style="list-style-type: none"> National Minimum Data Set (NMDS) – a national collection of public and private hospital discharge information, including coded clinical data for inpatients and day patients. Programme for the Integration of Mental Health Data (PRIMHD) – a national collection of mental health and addiction data. <p>Payment systems</p> <ul style="list-style-type: none"> Contract Management System (CMS). Client Claims Processing System (CCPS). Proclaim.
Natural Account Codes (formally known as General Ledger (GL) codes	A natural account code (previously named General Ledger (GL)) code, provides a nationally consistent coding system for the recording of financial transactions that allows common presentation, interpretation and use of financial information. The majority of PU codes in this Data Dictionary contain the 6000 series account codes in the FRED Chart of Accounts. There will be some agreed remapping of some natural account codes previously used by the Ministry of Health in future.
Output Classes	Each PU code is linked to an Output Class that is greyed out, as this column refers to the previous DHBs' Output Class mapping. The Te Aka Whai Ora and Te Whatu Ora Output Classes are described in their current Statement of Performance Expectations/Statement of Intent and Annual Reports. Note that Te Whatu Ora Output classes will change in 2025/6.
Service Specification	Name the Nationwide Specification under which this service will be delivered.
Start Date	This column was Introduced in v17.1, purchase units created before 17.1 (2012/13) are set to 1/01/1900. Otherwise it shows when purchase unit code was created.

Appendix 3 – Units of Measure Definitions

Note: The master version of this table is in the Common Counting Standards, replicated here for convenience.

The units of measure in the table below provide the rules on how to count events mapping to PU codes.

Unit of Measure	Definition
Adjuster	Price adjustment for cost elements not adequately recognised within national purchase unit base prices.
Assessment	Number of assessments. Initial assessments and reassessments should be counted separately.
Attendance	Number of attendances to a clinic/department/acute assessment unit or domiciliary. (Includes telehealth as defined in Common Counting Standards)
Available bed day	Total number of inpatient beds that are available to be occupied during the period multiplied by the number of days they are available during that period. To be counted as available the bed must be resourced, and either empty or occupied by a user of this service.
Brachytherapy volume	The volume count of brachytherapy volumes in one day is up to a maximum of five. The specialist may or may not be in attendance. Includes all planning and simulation, and radioactive isotope implants or treatments
Case	Number of deceased persons. Used for 'OT02001 Coroner Deaths not requiring Post Mortem' only.
Check	Number of checks provided, and other information outlined in the B4 School Check - Minimum Requirements for Information. A check cannot be counted until it is complete
Claim	Number of claims
Client	Unique clients managed by the service in the reporting period - financial year - (period is annual 1st July - 30th June).
Clinical FTE	Full-time equivalent clinical staff member (health professional) involved in the direct delivery of services to consumers. Exclude time that is formally devoted to administrative or management functions eg. half-time coordination of a community team. This includes the non-clinical training component of Registrar and House Officer time.

Completed treatment	Number of clients seen during the period (period is annual 1st July - 30th June) for any one diagnosis for which there are no further sessions or treatments booked.
Consultation	Number of consultations
Contact	The number of contacts between a health professional and client or group of clients, for the provision of clinical services/interventions described in the service's specification. A contact is equivalent to a visit. A contact excludes: communications where the sole purpose of the contact is provision of supplies or consumables. Where a service is provided to a group of people simultaneously by one health professional it will be counted as one contact, one event. See reporting Mode of delivery for guidance on reporting telehealth or group consultations.
Cost Weighted Discharge	A numerical measure representing the relative cost of treating a patient through to discharge
Day	For carer support and respite care subsidy claims only. Subsidies can be claimed in full days where care provided is over 8 hours up to 24 hours, or in half days where care provided is between 4 and 8 hours. Periods of care less than 4 hours can be combined to claim half days or full days.
Day attendance	Number of attendances to a day session lasting 3 hours or more.
Discharge	The process of documentation that changes the status of an admitted healthcare user.
Emergency Department Attendance	An attendance at an Emergency Department where the service user is assessed by a Registered Medical Practitioner, Registered Nurse or Nurse Practitioner. The service user receives treatment, therapy, advice, diagnostic or investigatory procedures. Includes patients who are subsequently admitted.
Fee for Service	Payment per defined modules.
Fitting of a prosthetic eye	Building and fitting of a prosthetic eye when done in an outpatient setting
FTE	Full-time equivalent staff member (clinical or non-clinical) involved in direct delivery of services to consumers. Exclude time that is formally devoted to administrative or management functions eg, half-time co-ordination of a community team.
Hour	Number of hours provided.
International units	Standard definition relating to blood products. Number of International Units used.
Item	Number of items provided/repaired.
Item Dispensed	Number of items dispensed

Meal	Number of meals provided. Used for 'DOM106 Meals on wheels' only
New Client	Number of clients at end of the reporting period who were not included in the caseload for the previous reporting period (period is annual 1st July - 30th June).
Non-Clinical FTE	Full-time equivalent staff member (without health professional qualification) directly delivering clinical/therapeutic services to consumers. Exclude time that is formally devoted to administrative or management functions eg. half-time co-ordination of a community team.
Occupied bed day	Total number of beds that are occupied each day over a designated period. For reporting purposes, count beds occupied as at 12 midnight of each day. Leave days, when the bed is not occupied at midnight are not counted. Counting formula is discharge date less admission date less leave days.
Other Clinical FTE	Full-time equivalent clinical staff member (health professional - other than senior medical officer) involved in the direct delivery of services to consumers. Exclude time that is formally devoted to administrative or management functions eg. half-time coordination of a community team. This includes the non-clinical training component of Registrar and House Officer time.
Package of Treatment	Service purchased on a partial capitation basis (some capitated, some fee for service)
Patient	Unique patients receiving treatments in the monthly reporting period (eg, a patient who received 8 treatments in May is counted as 1 patient).
Percentage of Population enrolled	The level of funding paid to PHOs is dependent on the percentage of the eligible number of Care Plus patients receiving Care Plus services. Used for 'PHOC0011' Care Plus Services' only.
Person enrolled	Number of people enrolled
Prescription item	Number of items dispensed. Used for 'PH1032 Paediatric Seravit wholesaler dispersal' only.
Procedure	The number of individual operative/diagnostic/assessment procedures in the period (period is annual 1st July - 30th June).
Programme	A set of related measures or activities that is purchased in a block arrangement and is uniquely agreed at a local level
Project	Agreed lump sum amount. Service purchased in a block arrangement
Radiotherapy volume	The volume count of radiotherapy events in one day is up to a maximum of 10 if there are multiple cancer sites to be treated. The specialist may or may not be in attendance. Includes all planning and simulation, and radiation treatment

Relative Value Unit	An individual operative/diagnostic/assessment/procedure completed as defined in the appropriate service specification.
Residential bed day	Total number of beds that are occupied each day in a community residential facility over a designated period. Part days at start and end of the period are both counted <u>as full days</u> . Leave days up to an agreed maximum are also counted. Counting formula is service end date, less service start date, plus one (1) less leave days over agreed maximum
Review	Number of Reviews
Senior Medical Clinical FTE	Full-time equivalent senior medical staff member involved in the direct delivery of services to consumers. Exclude time that is formally devoted to administrative or management functions eg. half-time coordination of a community team. This includes Director Area Mental Health Service (DAMHS) positions. Registrars and House Officers are specifically excluded.
Service	Service purchased in a block arrangement uniquely agreed between the parties to the agreement
Subsidy	Number of subsidies granted.
Test	Number of separate tests purchased. (eg, one person receiving an ECG and a stress test equates to two tests). For laboratory a group test such as Liver function is counted as 1 test not each individual component. For test sets refer Laboratory Agreement schedule.
Treatment	Number of attendances for treatment.
Treatment Hour	Time, in hours, from patient entering to exiting hyperbaric chamber
Vaccination	Number of vaccinations given
Visit	Number of visits by health professionals to a client's place of residence
Written plan of care	Written plan of care provided by the specialist to the referring GP

Appendix 4: Purchase Unit Data Dictionary Linkages

SOURCE DOCUMENTS & TOOLS

Service Contracts (CMS)

Crown Funding Agreement variations

Nationwide service specifications

National Collections: NNPAC, NMDS, PRIMHD etc.

Common Counting Standards

Common Chart of Accounts

Common Costing Guidelines

Population Based Funding Formula (PBFF) data

National Reference Price List, Casemix and Non-casemix Frameworks

Payment Systems – Proclaim, CCPS, CMS

Monitoring - Production Plan, CFA variation, CMS and service specification reporting, monthly financial report data, quarterly reporting data, output classes

Purchase Unit Data Dictionary

USERS

Casemix and Non-casemix groups, Costing Group, National Cost Collection and Pricing Programme

District decision support and clinical services staff

Planning and Funding staff; National, Regional and District

Sector Operations - processing contracts and payments

Health NZ data analysis, modelling and reporting

Ministry of Health performance and monitoring functions

Commissioning – Service Design and development managers

Commissioning – funding and investment managers

Appendix 5: Nationwide Service Framework

Purchase Units and the Purchase Unit Data Dictionary are parts of the wider Nationwide Service Framework

