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**Guide to Purchase Unit Codes**

**and the**

**Purchase Unit Data Dictionary**

**Last updated Dec 2021**

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# 1. Purpose of this Document

This document provides guidance on how to use the Purchase Unit Data Dictionary (PUDD) and describes how to request new or amend purchase unit (PU) codes.

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

# 2. PU Codes and the mandatory components of the NSF

The PUDD is a collection of PU codes, mapping tables and other useful information in an excel workbook that is published on the Nationwide Service Framework Library (NSFL) website: [nsfl.health.govt.nz/purchase-units/about-purchase-units](http://nsfl.health.govt.nz/purchase-units/about-purchase-units).

The nationwide service framework (NSF) provides tools processes, information and methodologies to be used in deriving accurate and fair pricing and counting of service activity to ensure nationwide consistency and clarity of the services to be funded or provided. Both the DHBs and the Ministry must use the NSF core components that include the PU codes as required by the operational policy framework.[[1]](#footnote-2)

PU codes must be used with the following NSF business rules, guidelines, frameworks and other documents and processes.

* **Common Counting Standards[[2]](#footnote-3)** are a set of business rules, counting rules and definitions to assist DHBs 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.
* **The Common Costing Guidelines**[[3]](#footnote-4) provide common standards for the costing of DHB services.
* **The Common Chart of Accounts (CCoA)[[4]](#footnote-5)** provides a nationally consistent financial coding system for recording transactions between DHBs and the Ministry of Health. It provides a stable platform for the Common Costing Guidelines and a cost reporting, comparative analysis and benchmarking. It is intended to comply (or support compliance) with Generally Accepted Accounting Practice (GAAP) as described in accounting standards promulgated 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.

Refer to Appendix 1 for a more complete list of users, source data and documents that link with PU codes.

# 3. Governance and Maintenance of the PUDD

The PUDD is maintained by the Ministry’s Planning and Accountability Team. Expert and technical advice[[5]](#footnote-6) on the creation of PU codes and the consistent application of Common Counting Standards is provided by DHBs and Ministry subject matter experts.

The updated PUDD is published on the NSFL website at least twice a year with numbered versions. The update process is as follows: the change sheet of new PU codes and any changes are collated then forwarded to DHB PUDD stakeholders for feedback. Amendments are actioned. The DHB General Managers Planning and Funding (GMs P&F) are then requested to endorse these proposed changes before a new PUDD version is published.

# 4. The PUDD contents

A PU code is part of a classification system used to quantify and value a service in a consistent way. The main principle of the PU classification system is to group those service users with similar characteristics (clinical, demographic etc) and with similar costs (resources used) into a manageable number of groups. In practice a PU code identifies a similar group of outputs within a reasonable range of variation because it is a compromise between a tighter definition and a manageable number of PU codes.

The PUDD contains all agreed current PU codes for counting of and purchasing health and disability services.

The PUDD includes the following information.

* Guide to the PUDD - how to find the correct code and links to the CCoA, Common Counting Standards, Casemix rules, NCAMP Changes, previous data dictionaries and changes sheets and Mental Health Data definitions.
* Tab a - PU codes for provider (hospital) and non-provider arm (community/non-governmental organisations [NGOs]) services, used by both Ministry of Health and DHBs.
* Tab b - a mapping table of retired PU codes since PUDD version 16.3.
* Tab c - definitions for PU codes’ units of measure, inter-district flow (IDF) units of measure and output classes (the same as contained in DHBs’ annual plans).
* Tab d - links to mandatory nationwide service specifications that must be used when using certain PU codes when purchasing services.
* Tab e – is a combination of any changes made to the latest version of the PUDD.
* Tab f – PU codes for National Non-admitted Patient Data Collection (NNPAC).
* Update log of PU code corrections within the financial year.
* Ministry only PU codes. The PU codes are for the use of Ministry of Health contracts only.
* Link to CCOA and natural account codes.
* Mapping tables for:
  + health speciality codes to casemix
  + PU codes contained in the Ministry’s Sector Operations payment systems (Proclaim and CCPS).
* Acronyms and Abbreviations used in the PUDD.

# 5. Purpose of PU Codes

The purpose of PU codes and the PUDD are to:

* maintain a nationally consistent measurement and reporting process. PU codes are created to capture common characteristics across services
* allow a consistent methodology for defining and counting a service or service component to be applied
* provide a consistent mechanism to report individual service volumes and costs for planning and funding of those services by PU code and when contracting or reporting on a contract
* assist DHBs and the Ministry to query outputs based on common PU codes, either nationally or by DHB, and draw meaningful information, to enable informed decision-making for counting, costing and funding.

# 6. Components of a PU Code

The table below explains the data components that make up a PU code in the PUDD.

| **PU code components** | **Definition** |
| --- | --- |
| **Major Service Group** | PU codes are grouped by service area to help users locate sets of codes eg, disability support services, medical and surgical services. |
| **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. The structure of a PU code is mandated by Sector Operation’s Contract Management System (CMS). |
| **Purchase Unit Code Description** | The PU code description is the short title of the service and is limited to 40 characters, including punctuation, to comply with CMS architecture. The description should be as short as possible as DHBs systems have smaller character limits. Macrons are not used for technical reasons. |
| **Purchase Unit Definition** | The definition describes: the service, who delivers it, where it is delivered (the setting), and the service users (adults, children, youth, adolescents, older people). |
| **Unit of Measure** | The Unit of Measure (UoM) is singular and is defined consistently across service groups to ensure common data definitions. Unique or specific data options are available through the contract reporting requirements. A single UoM for each PU code is used for measuring, quantifying, reporting and costing/pricing the service. Funding calculations are usually made based on the UoM, that is the number of attendances, clients, a service or programme. The Common Counting Standards list all the units of measure eg, a PU code for inpatient care may be measured as occupied or available bed day or cost weighted discharge. |
| **Category** | Category is the main service delivery grouping eg, Allied Health, Medical, Youth, DSS, Māori. Category is a hidden column in tab a) of the PUDD. Category (Output in CMS) is supplied to comply with CMS architecture. When creating a new PU code, use the list of available categories and sub-categories in the PU code request template. |
| **Sub-Category** | * Sub-category is a sub-grouping of Category eg, whether it is an inpatient, outpatient or dedicated to respite care. See the hidden column in tab a) of the PUDD. Sub-category (Sub-output in CMS) is supplied to comply with CMS architecture. When creating a new PU code use the list of available categories and sub-categories available in the PU code request template. |
| **National Collections and/or Payment Systems** | This column provides information on what payment system the PU code can be used and/or what national collection it can be reported to.  **National collections**   * National Non-admitted Patient Data Collection (NNPAC) – 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. * 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.   **Payment systems**   * Contract Management System (CMS). * Client Claims Processing System (CCPS). * Proclaim. |
| **Natural Account Codes (formally known as General Ledger (GL) codes** | The majority of Natural Account codes in the PUDD are linked to the 6000 series CCoA general ledger Natural Account codes. The CCoA provides a nationally consistent coding system for the recording of transactions by DHBs and the Ministry of Health. The CCoA is available on the NSFL website <http://nsfl.health.govt.nz/accountability/financial-standards-and-guidelines/common-chart-accounts>  DHBs only use the PU codes that are linked to the 6000 series Natural Account codes. Each PU code has one Natural Account code as listed in the PUDD. A PU code must not be used with different Natural Account codes.  A range of PU codes for Ministry only use is listed in the MOH Only PU code tab of the PUDD. These PU codes may be linked to specific Natural Account codes from the Ministry’s non department expenditure (NDE) chart of accounts.  For Ministry PU code users, advice on Natural Account codes is obtained from their directorate’s management accountant and the Planning and Accountability Team on the best code to use.  It is important to link the PU code to the correct Natural Account code because the CCoA supports and provides a stable platform for the Common Costing Standards and all cost reporting, comparative analysis and benchmarking.  The CCoA is intended to comply (or support compliance) with GAAP as described in accounting standards promulgated by the New Zealand Institute of Chartered Accountants.  For mental health there is an expenditure ring fence where DHBs are required to report their expenditure for specialist mental health funding (it is expenditure reporting against a particular Natural Account code or Natural Account codes devolved or non-devolved mental health expenditure Natural Account codes). |
| **Output Classes** | Four output classes are to be used by all DHBs to reflect the nature of services provided. DHBs use these in their Statement of Forecast Service Performance documents. The output class categories are:   * Prevention * Early Detection and Management * Intensive Assessment and Treatment * Rehabilitation and Support.   There is a close correlation between these output classes and output class information provided through DHB annual planning. Output class definitions are contained in tab c) of the PUDD. |

# 7. When do I create, change or retire a PU code?

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

* When there is additional funding or a new service, or a change to a different funding budget holder such as when the service funding responsibility is devolved from the Ministry to DHBs.
* A review of current PU codes and their usage.
* 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/issues with services identified by the National Cost Collection and Pricing Programme (NCCP) may require a change in a PU code’s definition.
* Changes to reporting requirements may lead to changes in a PU code’s definition or UoM.
* 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 DHBs or the Ministry stop funding/providing a service the associated PU codes may need to be retired from the PUDD, deactivated in CMS and end dated in national collections as required.

# 8. How do I request a new or a change to a PU code?

New PU codes are created or changed in consultation with the PU code co-ordinator in the Planning and Accountability team. The PU code co-ordinator ensures that new PU codes are appropriate and that adequate consultation with DHB and Ministry staff has taken place and the code can be implemented successfully.

To request a new PU code a request template must be completed that provides essential information to create a new code. The template is available on the NSFL website [nsfl.health.govt.nz/purchase-units/about-purchase-units](http://nsfl.health.govt.nz/purchase-units/about-purchase-units). Send completed request templates to the PU code co-ordinator by email ([nsfl@health.govt.nz](mailto:nsfl@health.govt.nz)).

Once the details of a new PU code have been agreed, the PU code co-ordinator ensures the PU code is entered into CMS via Sector Operations, and it is able to be reported to a National Collection if appropriate. The details are entered in the PUDD changes sheets ready for the approval of the next version of the PUDD.

Note: The steps for creating a PU code are detailed in a flowchart in **Appendix 4**.

# Appendix 1 – Purchase Unit Data Dictionary Linkages

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SOURCE DOCUMENTS & TOOLS** | |  |  |  | **USERS** |
|  |  |  |  |  |  |
| Service Contracts (CMS) | |  |  |  |  |
|  |  |  |  |  |  |
| Crown Funding Agreement variations | |  |  |  |  |
|  |  |  |  |  |  |
| Nationwide service specifications | |  |  |  | Casemix and Non-casemix groups, Costing Group, National Cost Collection and Pricing Programme |
|  |  |  |  |  |  |
| National Collections: NNPAC, NMDS, PRIMHD etc. | |  |  |  | DHB decision support and clinical services staff |
|  |  |  |  |  |  |
| Common Counting Standards | |  |  |  | DHB Planning and Funding staff |
|  |  |  |  |  |  |
| Common Chart of Accounts | |  |  | | Sector Operations - processing of DHB/Ministry contracts and payments |
|  |  |  |  |  |  |
| Common Costing Guidelines | |  | **Purchase Unit Data Dictionary** |  | Ministry data analysis, modelling and reporting |
|  |  |  |  | |  |
| Inter-district Flows (IDF), Population Based Funding Formula (PBFF) data | |  |  |  | Ministry service reviewers |
|  |  |  |  |  |  |
| National Reference Price List, Casemix and Non-casemix Frameworks | |  |  |  | Ministry CFA variation owners |
|  |  |  |  |  |  |
| Payment Systems – Proclaim, CCPS, CMS | |  |  |  | Ministry as funders (all directorates) |
|  |  |  |  |  |  |
| Monitoring - Production Plan, CFA variation, CMS and service specification reporting, monthly financial report data, quarterly reporting data, output classes | |  |  |  |  |

# Appendix 2 – Units of Measure Definitions

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. |
| 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. Used for ‘C01013 Well Child Services - B4 School Checks’ only. |
| Claim | Number of Claims. |
| Client | Number of clients managed by the service in the reporting period i.e. caseload at the beginning of the period plus all new cases in the period. |
| 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 e.g. half-time coordination of a community team. This includes the non-clinical training component of registrar and house surgeon time. |
| Completed treatment | Number of clients seen during the period (period is annual 1st July - 30th June) for any one diagnosis for whom there is no further sessions or treatments booked. |
| Contact | The number of face to face contacts between a health professional and client or group of clients, for the provision of clinical services/interventions described in the services specification. A contact is equivalent to a visit. A contact excludes: phone consultations, discussions between health professionals about a client’s care, and 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. |
| Consultation | Number of 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 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 e.g. half-time coordination of a community team. |
| Hour | Number of hours provided. |
| International units | Standard definition relating to blood products. Number of International Units used. |
| 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 (period is annual 1st July - 30th June) 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 e.g. half-time coordination 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 e.g. half-time coordination of a community team. This includes the non-clinical training component of registrar and house surgeon time. |
| Package of Treatment | Service purchased on a partial capitation basis (some capitated, some fee for service). Used for ‘D01016 Provision of Oral Health Services for Adolescents’ only. |
| Patient | The number of patients receiving treatments on the last day of the monthly reporting period. |
| 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 | Relative Value Unit (RVU) 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 as full days. 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. Used for ‘PH1007 Pharmaceutical Review Services’ only. |
| 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 one (1) test not each individual component. For test sets, refer to the Laboratory contract schedule. |
| Treatment | Number of attendances for treatment. |
| Treatment hour | Time, in hours, from patient entering to exiting hyperbaric chamber. Used for ‘OT05001 Hyperbaric chamber’ only. |
| 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 3 – Purchase Unit Naming Conventions, abbreviations and acronyms

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

|  |  |  |
| --- | --- | --- |
| **Purchase Unit Naming Convention (common abbreviations and acronyms)** | |  |
| **Prefix** | **Service Group** |  |
| 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 |  |
| 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. |
| 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) |  |
| 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 4 – PU Code Allocation Flowchart

(PUC: PU code)



1. The operational policy framework is one of the schedules to the crown funding agreement between the crown and the DHBs. nsfl.health.govt.nz/accountability/operational-policy-framework-0 [↑](#footnote-ref-2)
2. For Common Counting Standards: https://nsfl.health.govt.nz/purchase-units/common-counting-standards-2013%E2%80%9314 [↑](#footnote-ref-3)
3. For the Common Costings Guidelines: https://nsfl.health.govt.nz/accountability/financial-standards-and-guidelines/common-costing-guidelines [↑](#footnote-ref-4)
4. For the Common Chart of Accounts: https://nsfl.health.govt.nz/accountability/financial-standards-and-guidelines/common-chart-accounts [↑](#footnote-ref-5)
5. DHB and Ministry PU code and input is provided by stakeholders with relevant expertise. [↑](#footnote-ref-6)