

18 June 2014

S Rushton fyi-request-1726-eb2a5bc5@requests.fyi.org.nz

Dear S Rushton

Official Information Act request

Thank you for your Official Information Act request of 3 June 2014 requesting the number of lumbar spine surgical procedures funded by ACC over the last five year. You asked specifically for lumbar spine surgeries related to Core Item ID codes SPN240 (SPN115), SPN241, SPN242, SPN243 (SPN116), SPN244, SPN245, SPN246 and SPN247.

The following response is made pursuant to the Official Information Act 1982 (Act).

The table below shows the number of claims that received the relevant Core Item ID codes you provided, by calendar year.

Surgery by calendar year					
Service item	2009	2010	2011	2012	2013
SPN115 or SPN240	62	45	61	69	69
SPN116 or SPN243	18	14	14	10	11
SPN117 or SPN246	15	8	≤4	≤4	≤4
SPN118 or SPN241	≤4	≤4			≤4
SPN242 (new code)					≤4
SPN244 (new code)				,	≤4
SPN245 (new code)					≤4
SPN247 (new code)					

Please note:

- The number of claims paid was suppressed when it was less than five for privacy reasons. This decision complies with Section 9(2) of the Act.
- Lumbar surgery can potentially be part of a package of Non-core treatment procedures. These surgeries are not possible to identify and are not counted in this report.

The Non-core treatment procedures are split up into two types, standard and complex.

Standard non-core procedures

These treatment procedures include elements such as:

- multiple procedures involving three or more core procedures (core list procedures are less complex than red list procedures and are high volume).
- standard types of surgery that cannot be fitted into a core procedure
- procedures whose resources will be predictable
- procedures that are not likely to require the client being in an ICU.

Complex non-core procedures

These treatment procedures are unusual or particularly complex procedures. They include elements such as:

- multiple procedures involving three or more core procedures, of which at least one procedure is red (red list procedures are relatively complex, high cost, and low volume).
- complex types of surgery that cannot be fitted into an equivalent red core procedure
- procedures whose resources are unpredictable in nature.

Please contact me at anne.fitzgerald@acc.co.nz if you have any questions about this letter.

Yours sincerely

Anne Fitzgerald

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Advisor, Government Services