Australian Consortium for Classification Development

code it! - ACCD Newsletter Vol 5, No 1, December 2017

Welcome to another edition of our *code it!* Newsletter.

We would like to take this opportunity to wish you all a Merry Christmas and a happy, healthy and successful 2018.

The University of Sydney will be closed from 23 December 2017 and will reopen on 8 January 2018.

What's New

What's New in CLIP

New Coding Rules

New Coding Rules have been published in CLIP as at 15 December 2017, for implementation 1 January 2018. Click here to view them.

See also the section below Coding Rules Publication December 2017.

Updated Coding Rules

There are 3 Coding Rules that have been updated for implementation 1 January 2018.

They are :

- Retinal artery occlusion (published 15 Dec 2016)
- ACS 0011 Admission for surgery not performed (published 15 December 2015, amended 15 March 2016)
- Tenth Edition FAQs Part 2: Obstetrics (published 22 September 2017)

Click here to view a track changed version in the Updated Coding Rules documents.

Errata 3, December 2017 (for implementation 1 January 2018) now available

ICD-10-AM/ACHI/ACS Tenth Edition Errata 3 is now available. Please update your hard copy volumes. Click here to download the errata.

ICD-10-AM/ACHI/ACS Tenth Edition Education

This material has now been consolidated into the ACCD website https://www.accd.net.au/Education.aspx

Governance structure has been updated

Our governance structure and ITG terms of reference have been updated to reflect the changes in the AR-DRG Classification Development. The updates can be viewed at this link.

AR-DRG V9.0 Education

The AR-DRG V9.0 Video tutorial continues to be available from this link.

Fundamentals of Morbidity Coding

Fundamentals of Morbidity Coding is now updated for Tenth Edition. Order here.

Purchase of Products

The ICD-10-AM/ACHI/ACS Tenth Edition Manuals, Electronic Code Lists (ECLs) and Mapping Tables as well as the AR-DRG V9.0 Definitions Manuals are available for purchase.

Please refer to the Ordering section below.

## ICD-10-AM/ACHI/ACS Update

Eleventh Edition update

The work programme for ICD-10-AM/ACHI/ACS Eleventh Edition was tabled at the September 2017 ICD Technical Group (ITG) meeting. The mandatory updates to ICD-10-AM and ACHI in line with the World Health Organization (WHO) updates to ICD-10, the Australian Dental Association (ADA) updates and the Medicare Benefits Schedule (MBS) updates will be undertaken, and the following key areas have also commenced development:

- Chronic Conditions / Review of ACS 0002 (ICD/ACS)
- Ophthalmology (ACHI Part 2)
- Obstetrics & Abortion (ICD/ACHI/ACS Part 2)
- *Excludes* note review (ICD Part 2)
- Syndromes and Congenital/Neonatal conditions and interventions (ICD/ACHI/ACS)
- Wound Management (including debridement) (ACHI/ACS)
- Neoplasms (ICD/ACHI/ACS)
- FESS and ENMT interventions (ACHI/ACS)

Coding Rules Publication

As you may have noticed, there has been an increase over the past few quarters in the number of Coding Rules being published by the ACCD. For example, this quarter includes the publication of 46 Coding Rules (43 new coding rules, and 3 updated).

The graphic below demonstrates the rise in queries received by ACCD, from 66 in 2013/2014 to 133 in 2016/2017.
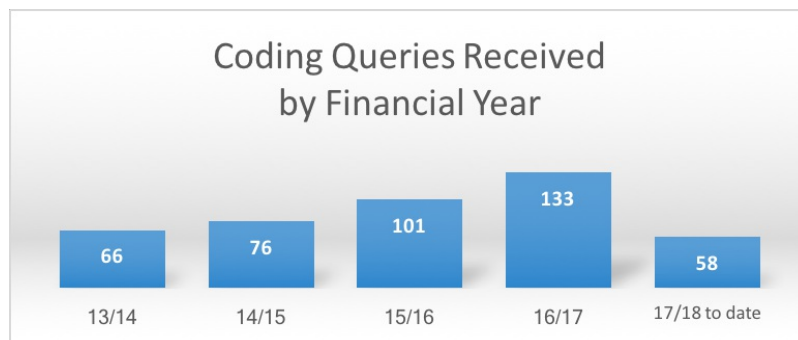
ACCD has received 58 queries in the 2017/2018 year to date, indicating that this financial year's total queries may again be higher than previous years.

The graphic below demonstrates the rise in queries answered by ACCD, from 59 in 2013/2014 to 104 in 2016/2017.
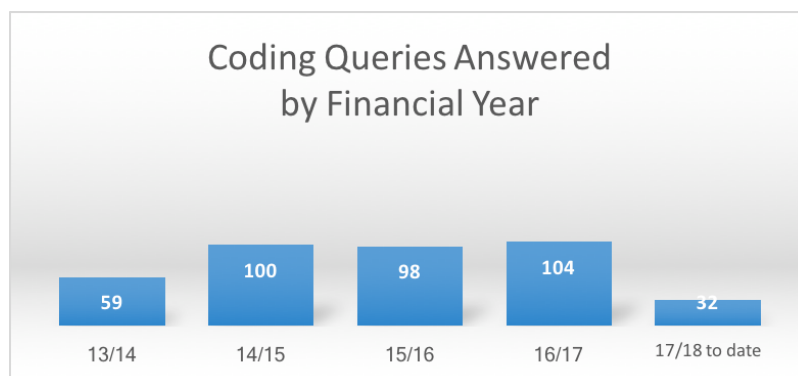
ACCD endeavours to ensure a timely response to all coding queries. However, it is noted that there are some quarters with greater numbers of published Coding Rules. For example, in quarters where there is an ICD-10-AM/ACHI/ACS edition change, activity is higher. That is, more coding queries are received and answered, and the

FAQs following the online education are published in addition to the Coding Rules.

HIMAA NCCH Conference Questions

In the two NCCH sessions at the 2017 conference, the NCCH retained some questions for further internal deliberation and advised that responses to these questions would be published in the next Newsletter. It is always best to receive a considered response from the NCCH to ensure consistency in application of coding advice.

Question 1:

Can patient completed admission forms be used to assign codes such as smoker status or U codes (U78-U88 *Supplementary codes for chronic conditions*)?

> #### Coding Rule: Assignment of U codes from patient documentation
>
> Q:
>
> On the patient's preoperative questionnaire, in response to the question "Are you being treated for high blood pressure", the answer is 'Yes' and anti-hypertensive medication is included in the list of current medications. There is no other mention of hypertension in the record (same-day episode). Should a 'U' code for hypertension be assigned when it has not been documented by the clinician?
>
> A:
>
> The *Introduction* to the Australian Coding Standards states:
>
> "The responsibility for recording accurate diagnoses and procedures, in particular principal diagnosis, lies with the clinician, not the clinical coder.
>
> A joint effort between the clinician and clinical coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures".
>
> Assignment of codes for diagnoses and procedures assumes that these have been documented by a clinician. This principle applies to the assignment of supplementary codes for chronic conditions.
>
> While it is not expected that clinical coders should follow-up clinicians for assignment of 'U' codes, it is assumed they should be allocated to conditions that have been documented by a clinician.
>
> Therefore, in the absence of supporting clinical documentation, a 'U' code should not be assigned based on documentation of patient response(s) alone. This includes where the form has been signed by a clinician, which confirms the form has been completed or sighted but does not necessarily corroborate the clinical content.
>
> As per the Ninth Edition Education FAQs, it is not necessary to review medication charts to inform code assignment. Medications may be more than one diagnosis, and the presence of a prescribed medication is not an indication of a diagnosis. ACS 0003 *Supplementary codes for chronic conditions* (Errata 3 update) also confirms that conditions may be assumed to be current unless there is documentation that indicates otherwise.
>
> ***(Coding Rules, December 2015)***

ACCD Response

The above coding rule is explicit in that a 'U' code should not be assigned based on documentation of patient response(s) alone. This includes where the form has been signed by a clinician, which confirms the form has been completed or sighted but does not necessarily validate the clinical content.

Therefore, if conditions indicated by the patient are not validated elsewhere in the clinical record, then they should not be coded.

The above directive does not apply to Z86.43 *Personal history of tobacco use disorder* and Z72.0 *Tobacco use, current*. These are status codes with public health significance. Therefore, a patient completed admission form may be used to assign Z86.43 and Z72.0 in accordance with ACS 0503 *Drug, alcohol and tobacco use disorders*.

Question 2:
In Scenario 15 of the coding exercises why was Z09 coded?

ACCD Response:
(from the Coding Exercises HIMAA NCCH Conference workbook)
Case Scenario 15 Answer:
I85.9   Oesophageal varices without bleeding

Z09.9   Follow-up examination after unspecified treatment for other conditions
30476-02 [856]   Endoscopic banding of oesophageal varices
92515-99 [1910]   Sedation, ASA 99

The Addenda to Errata 2, which was published in September 2017 (for implementation October 1, 2017), included errata to ACS 0052 *Same-day endoscopy – surveillance/Classification* which states:
    Assign as additional diagnosis:

    ...

- codes from Z08 or Z09 *Follow-up examination after treatment for...* or Z11, Z12 and Z13 *Special screening examination for...as appropriate.*

The original instruction to not code Z08/Z09/Z11/Z12/Z13 was included in ACS 0052 *Same-day endoscopy – surveillance* due to inconsistent use of the terminology 'follow-up' and 'screening'. Therefore, the addition of these codes may provide little value in the data. However, this was reconsidered in the context of multiple endoscopies performed in the one operative episode, and was amended as above, to allow assignment of these codes as additional diagnoses, as appropriate.

In Scenario 15 there is very clear documentation of 'follow-up varices', which were found to have increased in size and were banded.

Question 3:
Is there a 'blanket rule' for sequencing of multiple same-day endoscopies?

ACCD Response:
As per the advice published in the Tenth Edition FAQs, mutual exclusivity does not apply to coding standards. Multiple standards may however, apply when coding a particular case.

For example:
ACS 0051 *Same-day endoscopy - diagnostic* and ACS 0052 *Same-day endoscopy - surveillance* may apply to the same episode of care, in addition to the general standards for diseases. There is no hierarchy for ACS 0051 and ACS 0052 when assigning the principal diagnosis.

Follow the guidelines in ACS 0051 and ACS 0052 where there are both diagnostic and surveillance endoscopies in the one episode. Then, apply the general principles in ACS 0001 to determine the principal diagnosis.

This has always been the case for these scenarios and has not changed with Tenth Edition.

Question 4:
With regard to the answers for Scenario 18 of the coding exercises - if a patient had a coronary artery bypass graft (CABG) and a leg wound breakdown, what external cause code is assigned?

ACCD Response:
(from the Coding Exercises HIMAA NCCH Conference workbook)
Case Scenario 18 Answer:
K91.82   Stenosis of surgical anastomosis of digestive tract
Y83.6   Removal of other organ (partial)(total)
Y92.23   Health service area, not specified as this facility
32090-00 [905]   Fibreoptic colonoscopy to caecum
92515-99 [1910]   Sedation, ASA 99

Category Y83 codes are assigned to indicate the primary purpose of the operation performed. In scenario 18 this was a hemicolectomy, in which anastomosis is inherent. Using the same logic, if a patient has a leg wound breakdown following CABG, the Y83 code assigned indicates the primary purpose of the procedure (i.e. CABG). Therefore, assign Y83.2 *Surgical operation with anastomosis, bypass or graft* as the external cause code.

Question 5:
Adjustment of warfarin in a patient with AF, why do we code the AF?
If warfarin (for AF) is adjusted pre and post surgery and monitored. Do we code AF?

ACCD Response:

Where a patient is on a specified medication as a result of having a clinical condition, and that specified medication has been altered during an episode of care, the clinical condition should be coded, as per the criteria in ACS 0002 *Additional diagnoses*; specifically dot point 1, 'commencement, alteration or adjustment of therapeutic treatment'.

The concept of 'therapeutic treatment' does not mean that the condition is necessarily treated by the specified medication; the specified medication may be required to negate a manifestation or associated condition. Specific examples include the use of warfarin and aspirin in patients with atrial fibrillation.

See also Coding Rule: ACS 0002 *Additional diagnoses and alteration to treatment* (published June 2015).

ACS 0002 *Additional diagnoses* is scheduled for review in the Eleventh Edition of ICD-10-AM/ACHI/ACS and this issue will be taken into consideration for clarification purposes.

Question 6:
Published advice – concern was expressed that the quarterly updates can become burdensome for coders/educators/auditors and IT staff to keep up with changes.

ACCD Response:
ACCD publishes coding advice on a quarterly basis (March, June, September and December) each year.
This advice includes Coding Rules based on coding queries received from the jurisdictions, errata for ICD-10-AM/ACHI/ACS (published 4 times; June, September, December and March following release of a new edition), and new edition education items such as the FAQs.

In quarters where there is an edition change in ICD-10-AM/ACHI/ACS activity is higher (i.e. more coding queries will be received and answered) and the FAQs and errata will be published, as well as Coding Rules.

The implementation date of coding advice (that is, the first of the following month) is intended to allow coders and other staff time to educate themselves, and implement the advice into coding practice.

Inclusion of the amendments into software products is outside the scope of the ACCD, and should be addressed with the software provider.

AR-DRG Update

AR-DRG V8.0 Definitions Manual Errata 3, November 2017

Discrepancies have been identified in relation to the DCL unconditional exclusions in the AR-DRG Version 8.0 Definitions Manual and the Review of the AR-DRG Case Complexity Process: Final Report (published on 1 August 2014). Errata 3 (November 2017) for the Definitions Manual contains modifications to the AR-DRG Version 8.0 Definitions Manual to amend these inconsistencies.

Corresponding changes have only been made to the Appendices of the Review of the AR-DRG Classification Case Complexity Process: Final Report as per Errata 1 to that report (see also attachments 1-3 for Errata 1 to the complete Appendices). Section 6 of that report (pages 78-85) included consensus views on the DCL guiding principles and the list of identified exclusions that were intended to be implemented in AR-DRG Version 8.0. Section 6 in the Final Report therefore remains unchanged.

These amendments will now create consistency with the AR-DRG Version 8.0 grouper specifications. As these discrepancies were identified prior to publication of AR-DRG Version 9.0, the Version 9.0 unconditional exclusions in the Definitions Manual and grouper specifications remain consistent.

It is intended that a review of the unconditional exclusions be undertaken in a future version of the AR-DRG classification.
The Errata are available from the ACCD web site.

AR-DRG V9.0

The final report continues to be available on the ACCD website as well as from the Independent Hospital Pricing Authority (IHPA) website.

Further information regarding the AR-DRG V9.0 can also be found on the AR-DRG V9.0 page on the ACCD website.

The **AR-DRG V9.0 education** continues to be available on the ACCD website. Please refer to the Education

Update below for further details.

The AR-DRG Version 8.0 and 9.0 DCL/ECCS Calculator continues to be available on the ACCD website.

Future Versions of the AR-DRG Classification

In 2016, IHPA made a strategic decision to retain the development of the AR DRG classification within the agency for the development of AR-DRG V10.0 and continued to contract ICD 10 AM/ACHI/ACS Eleventh Edition development to the ACCD. Please refer to the IHPA website for their Work Program 2017-18.

AR-DRG Public Submissions

ACCD will continue to receive AR-DRG submissions (https://www.accd.net.au/Submissions.aspx?page=3) and will review and hand them over to IHPA where applicable to AR-DRG development. IHPA and ACCD will work together to ensure there is continued integration between ICD-10-AM/ACHI/ACS and AR-DRG development.

Education Update

ICD-10-AM/ACHI/ACS Tenth Edition Education

The ICD-10-AM/ACHI/ACS Tenth Edition online education program and materials has been relocated to the education section of the website at https://www.accd.net.au/Education.aspx. The tutorial videos (with presentation slides), coding exercise workbook and the reference to changes for Tenth Edition remain accessible from here, however the challenge quiz, participant evaluation survey and enquiries link are no longer available.

Clinical Coding Workshop

ACCD staff ran Clinical Coding Workshops at the recent HIMAA NCCH Conference in Cairns. (see also documents on the ACCD Education Page).

Fundamentals of Morbidity Coding

The Tenth Edition revision of the Fundamentals of Morbidity Coding is available now.

This book provides a useful reference for clinical coder trainees or those returning to the coding work force who wish to re-familiarise themselves with coding basics. You can order it here.

AR-DRG V8.0 and V9.0 Education

Education tutorials outlining the changes in AR-DRG Versions 8.0 and 9.0 continue to be available on the ACCD website.

The 2017 Health Information Management Association of Australia (HIMAA) and National Centre for Classification in Health (NCCH) National Conference report.

The recent HIMAA and NCCH National Conference was held in sunny Cairns, the gateway to Queensland's tropical north between 1-3 November 2017. It was a great success with over 300 participants from the health information profession nationally and internationally. The theme of this year's conference was 'Health Information Management: Challenging a changing landscape'.

The conference kicked off with a Halloween themed pre-conference cruise around Cairns' picturesque harbour on 31 October 2017. Everyone in attendance got dressed up for the occasion and enjoyed the evening with live entertainment, dancing and Halloween themed drinks and canapés. This was a great start to the conference's social and networking program, which also included a welcome reception with a live band in the evening of day 1 and a conference dinner dance in the evening of day 2. These networking events allowed conference participants to mingle with colleagues and exhibitors whilst tasting some wonderful Cairns cuisine and fine Australian wine.

There were some excellent presentations delivered by both our home grown and international speakers. We heard all about the progress towards ICD-11 from Nenad Kostanjsek from the World Health Organization (WHO) in Geneva. His opening keynote presentation addressed ICD-11 as a milestone for Health Information Management and our closing keynote, Professor James Harrison from Flinders University and Co-Chair of the ICD-11 Mortality and Morbidity Statistics Joint Task Force talked about ICD-11 from the first revision of ICD to ICD-11 for the digital era. Dr Olafr Steinum from the Nordic Centre for Classification in Health Care and Brooke Macpherson from the Australian Institute of Health and Welfare (AIHW) compared ICD-11 Field Test results at an international level.

Dr Kerryn Butler-Henderson from the University of Tasmania and Kerin Robinson from La Trobe University in Victoria gave us some very thought provoking presentations about our workforce. We also had an important panel discussion on health information workforce issues in Australia and how we should adapt to, prepare for and challenge the changing health information management landscape.

Natasha Smith and Nina Lean from Western Sydney Local Health District shared their experience on clinical documentation improvement processes and initiatives on transforming our clinical coding workforce to meet the

demands placed on our health information services since the introduction of Activity Based Funding in Australia. Anne Elsworthy from the Independent Hospital Pricing Authority (IHPA) presented on the development of a national short list for principal diagnosis reporting in Emergency and we learnt about the evolution of Activity Based Management to Value Based Management by Alfa D'Amato, Director of ABM at NSW Health.

The conference Clinical Coding Workshops run by Filippa Pretty (Operations Coordinator) and Patricia Nicolaou (Classification Specialist), both from the NCCH and the Australian Consortium for Classification Development (ACCD) were very well attended and facilitated a lot of discussion about the work done at the NCCH/ACCD, the Tenth Edition revision of ICD-10-AM/ACHI/ACS and the 'Standards for ethical conduct in clinical coding'. As always, the Clinical Updates Workshops organised by Lyn Williams and her education team from HIMAA National Office were a great learning experience. The updates were delivered by clinicians specialising in orthopaedics, radiation oncology, vascular surgery and obstetrics - a valuable source of up to date clinical information for our clinical coders.

Overall, we all came away from the conference feeling inspired and challenged to use the knowledge and collegial relationships made to make improvements in ourselves as professionals, our workplaces and our position as a profession in the ever-changing landscape of Health Information Management.

The next HIMAA and NCCH National Conference will be from 31 October to 2 November 2018 in historic Hobart, capital city of the island Australian state of Tasmania. Hobart was the second settlement established by the British Government in 1804, following the settlement of Sydney in 1788. The 2018 conference is at the Hotel Grand Chancellor, overlooking Constitution Dock on the Derwent River estuary, where the famous Sydney to Hobart yacht race celebrates its victor each year. Sandstone architecture in Georgian style still populates this waterfront precinct, along with some of Australia's finest in seafood cuisine. Stay an extra day for the popular Salamanca Market and explore the local arts, crafts and produce.

Upcoming Events

IHPA Activity Based Funding Conference 2018

Cairns, 16-18 May 2018
Cairns Convention Centre

Watch this space

HIMAA NCCH Conference 2018

Hobart, 31 October - 2 November 2018
The Grand Chancellor, Hobart/Tasmania

Watch this space

Professional development

For further professional development opportunities and ongoing education please refer to:

http://sydney.edu.au/health-sciences/ncch/events/current-events.shtml

https://www.accd.net.au/ (What's New)

Ordering ICD-10-AM/ACHI/ACS and AR-DRG Related Products

The Tenth Edition ICD-10-AM/ACHI/ACS hard copy books, Electronic Code Lists (ECLs) and Mapping Tables as well as AR-DRG V9.0 Definition Manuals
are now available for purchase from the IHPA Sales website.

Please also refer to the IHPA AR-DRG Classification System Product Sales Frequently Asked Questions Sales website.

The Ninth Edition ICD-10-AM/ACHI/ACS hard copy books, Electronic Code Lists (ECLs), Mapping Tables and AR-DRG Version 8.0 Definitions Manual continue to be available for purchase from the IHPA Sales website.

Fundamentals of Morbidity Coding

The NCCH has released the Tenth Edition revision of the Fundamentals of Morbidity Coding. You can order it here.

ICPC-2 PLUS License

If you are developing a software program, either for clinical or research purposes, and would like to consider using

the ICPC-2 PLUS terminology, see the Developers section of the NCCH website.

If you are purchasing an EHR system that incorporates ICPC-2 PLUS and would like to use it for coding your health information, see the End Users section of the NCCH website.