

Health classifications and coding bulletin

Issue 1: 30 June 2017

Contents

Coding and casemix classifications.....	2
1. Responsibility for health classifications and coding	2
2. ICD-10-AM/ACHI/ACS edition for 1 July 2017	2
3. ICD-10-AM/ACHI/ACS Library file 2017-18.....	2
4. National ICD-10-AM/ACHI/ACS advice	3
5. Acute admitted services funding for 2017-18	4
6. Notification of grouper anomalies	4
7. Calendar of grouper versions and coding editions	4
Victorian amendments to the health classifications.....	5
8. Victorian additions to the Australian Coding Standards	5
9. Victorian modifications to the AR-DRGs.....	5
Data quality tools.....	8
10. 2017-18 VAED criteria for reporting.....	8
11. Performance Indicators for Coding Quality (PICQ™).....	8
Contact details	9

Coding and casemix classifications

1. Responsibility for health classifications and coding

The Victorian Agency for Health Information (the agency) has been established as an administrative office attached to the Department of Health and Human Services to promote quality and safety improvements in health care through analysing and sharing information across the health system on patient care and outcomes.

Responsibility for health classifications and coding in Victoria now resides with the agency.

2. ICD-10-AM/ACHI/ACS edition for 1 July 2017

All separations occurring on or after 1 July 2017 must be coded using:

- ICD-10-AM/ACHI Tenth Edition (and relevant errata) in accordance with the Tenth Edition Australian Coding Standards
- Victorian Additions to the Australian Coding Standards 2017-18
<https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/health-classifications/vic-additions-acs>
- Relevant information and feature articles published on the HDSS website, Health classifications section
<https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/health-classifications>
- Information contained in the VICC queries database
<https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/health-classifications/icd-coding-queries-database>
- National classification advice
<https://www.accd.net.au/>

This requirement applies to all Victorian public and private hospitals and registered day procedure centres reporting data to the Victorian Admitted Episodes Dataset (VAED).

Queries regarding the application of codes and standards are submitted to the Victorian ICD Coding Committee (VICC) via the online query submission form at:
<http://forms.health.vic.gov.au/TakeSurveycss.asp?SurveyID=33J4845238821>

3. ICD-10-AM/ACHI/ACS Library file 2017-18

The ICD-10-AM/ACHI library file 2017–18 contains all ICD-10-AM Tenth edition diagnosis and morphology codes, and Australian Classification for Health Interventions (ACHI) ACHI procedure codes. It includes abbreviated and full code descriptions, procedure block numbers, validations applicable to each code, and logical one to one mapping to previous editions of ICD-10-AM/ACHI.

An updated Library file is available to Victorian hospitals and software suppliers working with Victorian hospitals for the purpose of submitting data to the VAED. Requests for obtaining the file can be made via the HDSS Helpdesk at: HDSS.helpdesk@dhhs.vic.gov.au

All other interested parties not authorised to access the Library file should refer to the AR-DRG classification system product sales page of the Independent Hospital Pricing Authority (IHPA) website at:

<https://www.ihipa.gov.au/what-we-do/classification-licensing-and-sales>

A summary of ICD-10-AM/ACHI/ACS Tenth edition updates is available from the Australian Consortium for Classification Development (ACCD) website at:

<https://www.accd.net.au/lcd10.aspx?page=4>

Since its release in May 2017 the library file has been updated to remove 28 inactivated codes that had been inadvertently retained in the file. The codes are:

E66.1	Drug-induced obesity
E66.2	Obesity w alveolar hypovent
E66.9	Obesity NEC
G97.1	Reaction to spinal & lumbar puncture NEC
H95.1	Other disorders following mastoidectomy
I80.2	Phleb & thrombophleb oth deep vesl legs
I95.1	Orthostatic hypotension
I97.8	Oth intra/postop disrd circ sys NEC
J95.0	Malfunction of tracheostomy
J95.8	Other intra/postop disrd respiratory sys
K91.4	Malfunction stoma digestive system
K91.8	Oth intra/postop disrd digest system NEC
N99.5	Malfunction stoma urinary tract
N99.8	Oth intra/postop disrd genitourinary sys
R19.8	Oth spec sym signs inv digest sys abdo
R79.8	Oth spec abn findings blood chemistry
R93.5	Abn dx imaging abdo & pelvic region NEC
T81.8	Other complications of procedures NEC
T82.5	Mech comp oth cardiac vasc device impl
T82.7	Infectn inf dt card vasc dev impl NEC
T82.8	Oth comp card vasc dev impl gft
T83.8	Oth comp GU prosth dev impl gft
T84.8	Oth comp int ortho prosth dev impl gft
T85.6	Mech comp int prosth dev impl NEC
T88.5	Complications of anaesthesia NEC
Y83.0	Surg op w transplant prt or whole organ
Y83.3	Surg op w formation of external stoma
Z76.2	Health supervsn & care oth infnt & child

4. National ICD-10-AM/ACHI/ACS advice

The ACCD publishes coding advice in the ICD-10-AM/ACHI/ACS Coding Rules on a quarterly basis.

The Coding Rules can be accessed on the ACCD website via the Classification Information Portal (CLIP) at: <https://www.accd.net.au/Clip/>

The ACCD also has an ICD-10-AM/ACHI/ACS public submission process to provide users of the classification an avenue to suggest updates to ICD-10-AM, ACHI and ACS. More information of the ICD-10-AM/ACHI/ACS public submission process is available at:

<https://www.accd.net.au/Submissions.aspx?page=2>

5. Acute admitted services funding for 2017-18

Separations occurring on or after 1 July 2017 will be grouped in PRS/2 using AR-DRG Version 8.0.

The Australian Refined Diagnosis Related Groups Version 8.0 Definitions Manual is available for purchase from the IHPA. Refer to the AR-DRG classification system product sales page on the IHPA website at:

<http://ar-drg.laneprint.com.au/>

2017-18 acute admitted episodes will be funded under the Victorian WIES model – WIES 24.

The Victorian health policy and funding guidelines 2017-18 will provide further details about the funding model for Victorian public hospitals, including the Victorian cost weights for 2017-18. When they are published, the 2017-18 guidelines will be available at:

<https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

6. Notification of grouper anomalies

The ACCD has a public submission process for notification of grouper anomalies and proposed modifications to AR-DRGs. Details can be found at:

<https://www.accd.net.au/Submissions.aspx?page=3>

Anomalies identified in AR-DRG version 8.0 should also be notified to the VICC, as the State can, in many instances, influence a faster resolution of problems or make local adjustments to grouper software as required.

Queries can be submitted to VICC via the online query form available at:

<http://forms.health.vic.gov.au/TakeSurveycss.asp?SurveyID=33J4845238821>

7. Calendar of grouper versions and coding editions

The calendar of grouper versions and coding editions updated for 2017-18 is available at:

<https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/health-classifications/admitted-care-classifications>

This calendar provides information regarding the release dates and implementation dates for the classifications in use in Victoria.

Victorian amendments to the health classifications

8. Victorian additions to the Australian Coding Standards

The 2017-18 Victorian additions to the Australian Coding Standards must be used in conjunction with the Australian Coding Standards for the Tenth Edition of ICD-10-AM/ACHI. They are available at <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/health-classifications/vic-additions-acs>

The following changes have been made to this document for 2017-18:

Vic 0002 Additional diagnoses

Vic 0002 *Additional diagnoses* has been created in response to:

- An increase in coding queries to the VICC regarding whether a condition meets criteria for coding,
- The increased government focus on using coded data to monitor quality and safety outcomes for patients
- Recognition that clinical coders need clarity in interpreting ACS 0002.
- Recognition that clinical coders need direction as to what constitutes significance for the purposes of the national morbidity data collection

Vic 0048 Condition onset flag

The following dot points have been added under P – Primary condition:

- The underlying disease (not treated) of a condition which was treated
- Conditions that are coded because of an instruction in a specialty standard (examples are listed in ACS 0002 *Additional Diagnoses*) directing the coder to assign additional code(s) if these conditions were present on admission
- Supplementary codes for chronic conditions (U78 – U88).

9. Victorian modifications to the AR-DRGs

In 2017–18 hospitals will assign diagnosis and procedure codes using the Tenth Edition of the ICD-10-AM/ACHI classifications. For funding purposes, these codes will be mapped back to the Ninth Edition codes and then grouped to AR-DRG version 8.0 (AR-DRG8.0).

As in previous years, some Victorian-specific adjustments will be made to the original AR-DRG8.0 grouping to produce the Victorian modified VIC-DRG8.0. The calculation of WIES24 is based on VIC-DRG8.0 groupings.

The following Victorian-specific adjustments have been made for 2017-18:

VIC-DRG8.0 for Radiotherapy (R64Z) (unchanged from WIES 23)

The Australian Coding Standard (ACS) 0229 Radiotherapy instructs coders to assign a code for the malignancy as the principal diagnosis in multi-day episodes for radiotherapy. This results in episodes grouping to a wide range of AR-DRG 8.0s. To maintain funding equity, a VIC-DRG8.0 of R64Z Radiotherapy will be assigned for:

- i. Non-same-day non-surgical episodes that include a radiation oncology procedure from ACHI blocks [1786] to [1792], [1794] or [1795] for treatment of a neoplastic condition (at least one code from the ICD-10-AM range C00-D48), except for episodes with the following adjacent AR-DRG8.0s: B61; and pre-MDC adjacent AR-DRG8.0s: A40, B60, B82, S65, W60, and W61.

- ii. Same-day episodes initially grouped to the adjacent AR-DRG8.0 R62 Other Neoplastic Disorders that have an ICD-10-AM tenth edition principal diagnosis code of Z51.0 (Radiotherapy session).

VIC-DRG8.0 for Endovascular Clot Retrieval (B02Y)

Endovascular clot retrieval is a highly specialised procedure and requires a well-organised system to identify suitable candidates for therapy and to rapidly transport them to a capable centre. To support the provision of the service and ensure funding equity, a VIC-DRG8.0 of B02Y Endovascular Clot Retrieval will be assigned for episodes that:

- i. Originally group to the adjacent AR-DRG8.0 of B02 Cranial Procedures AND
- ii. Include a tenth edition ICD-10-AM principal or secondary diagnosis code of I63.x, I64, I65.x or I66.x AND an ACHI tenth edition procedure code of 90235-00 Embolectomy or thrombectomy of intracranial artery.

Adjustment to the AR-DRG8.0 episode clinical complexity model

Under the AR-DRG8.0 episode clinical complexity model, the 44 tenth edition ICD-10-AM diagnosis codes listed below are considered to be complex diagnoses that can affect the calculation of episode clinical complexity (i.e. DRG outcome) in particular adjacent DRGs. To maintain funding equity, face validity and clinical coherence of the WIES24 funding model, the department has deemed these 44 diagnosis codes to be non-clinically relevant to affecting DRG outcomes within adjacent DRGs. Consequently, these 44 tenth edition ICD-10-AM diagnosis codes when not coded as the principal diagnosis code will be ignored for the purpose of grouping to VIC-DRG8.0.

- E119 Type 2 diabetes mellitus without complication
- E559 Vitamin D deficiency, unspecified
- E833 Disorders of phosphorus metabolism and phosphatases
- F172 Mental and behavioural disorders due to use of tobacco, dependence syndrome
- G470 Disorders of initiating and maintaining sleep [insomnias]
- G478 Other sleep disorders
- G479 Sleep disorder, unspecified
- H250 Senile incipient cataract
- H919 Hearing loss, unspecified
- I959 Hypotension, unspecified
- J980 Diseases of bronchus, not elsewhere classified
- J988 Other specified respiratory disorders
- K219 Gastro-oesophageal reflux disease without oesophagitis
- K30 Functional dyspepsia
- K5730 Diverticulosis of large intestine without perforation, abscess or mention of haemorrhage
- K590 Constipation
- K640 First degree haemorrhoids
- K649 Haemorrhoids, unspecified
- L22 Diaper [napkin] dermatitis
- L299 Pruritus, unspecified
- L304 Erythema intertrigo
- L539 Erythematous condition, unspecified
- L989 Disorder of skin and subcutaneous tissue, unspecified
- M2551 Pain in a joint, shoulder region
- M2555 Pain in a joint, pelvic region and thigh
- M2556 Pain in a joint, lower leg
- M542 Cervicalgia
- M5499 Unspecified dorsalgia, site unspecified

- M7962 Pain in limb, upper arm
- M7966 Pain in limb, lower leg
- M7986 Other specified soft tissue disorders, lower leg
- M8199 Unspecified osteoporosis, site unspecified
- O9901 Anaemia complicating pregnancy
- O992 Endocrine, nutritional and metabolic diseases complicating pregnancy, childbirth and the puerperium
- O994 Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium
- O998 Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium
- T8851 Hypothermia following anaesthesia
- T8852 Headache due to anaesthesia
- T8853 Failed anaesthesia
- T8859 Complications of anaesthesia, not elsewhere classified
- Z0651 Resistance to penicillin
- Z0658 Resistance to other beta-lactam antibiotics
- Z0663 Resistance to quinolones
- Z0669 Resistance to other specified antibiotics

Data quality tools

10. 2017-18 VAED criteria for reporting

As published in HDSS Bulletin issue 211, the 2017-18 VAED criteria for reporting document and accompanying procedure code lists are available HDSS website at:

<https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections/vaed>

Only episodes meeting a Criterion for Admission, as set out in this document, may be reported to the VAED. This applies to VAED reporting for all Victorian public and private hospitals and registered day procedure centres.

The following changes are in place for 1 July 2017:

- A new Criterion for Admission which is specific to ED Short Stay Units and which reflects the new ED Short Stay Units Guidelines for 2017 (available at: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/guidelines-emergency-department-short-stay-may-2017>)
- Amendment to Criterion for Admission E: Day-only Extended Medical Treatment to reflect that ED Short Stay patients must not be reported under this criterion and that all other assessment unit patients must be reported under this criterion
- Clarification that patients in receipt of mental health care, regardless of legal status, in an admitted setting of a designated mental health service should be reported under Criterion for Admission O: Patient expected to require hospitalisation for minimum of one night
- Replacement of the flow chart for determining Criteria for Admission with a table
- The procedure code lists (AAPL and NAQAL) have been updated to reflect new and deleted ACHI Tenth Edition codes. An additional spreadsheet has also been provided for ease of identification of new and deleted ACHI codes
- Movement of 12 ACHI codes from one procedure code list to the other based on analysis of the admitted data

11. Performance Indicators for Coding Quality (PICQ™)

The Department of Health and Human Services has an enterprise licence with Pavilion Health to provide PICQ™ statewide benchmarking information to both public and private hospitals and monthly numerator to public hospitals.

Statewide PICQ™ data for all public and private facilities is available on the HDSS website at:

<https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-quality>

Contact details

The Health Classifications and Coding unit is part of the Information Management and Standards branch of the Victorian Agency for Health Information.

The Health classifications and coding bulletin has been produced to inform Health Information Managers, Clinical Coders and other interested parties of changes to health classifications and coding applicable to admitted episodes separated on or from 1 July 2017.

HDSS website	HDSS website
HDSS help desk	
Email	HDSS.helpdesk@dhhs.vic.gov.au
Telephone	(03) 9096 8595
Data requests	
Email	Hosdata.frontdesk@dhhs.vic.gov.au