

Bulletin

Health Data Standards and Systems

Issue 132 – 8 July 2008

Attention: Health Information Managers – For Action
Clinical Coders – For Action
VAED Software suppliers – For Action

This edition of the Health Data Standards and Systems (HDSS) Bulletin has been published in electronic format only. It has been posted on our website at: <http://www.health.vic.gov.au/hdss/bulletin/132-080708.pdf> and can be viewed as a downloadable file.

CLINICAL CODING AND CLASSIFICATION EDITION

This is a special coding and classification bulletin that provides information regarding:

- Coding and Classification changes for 1 July 2008
- Victorian Additions to the Australian Coding Standards
- VIC-DRGs for 2008-09
- Admission Policy
- Performance Indicators for Coding Quality
- VAED Reporting timelines for 2008-09.

Please download the document from our website. If you do not have internet access, please contact the HDSS Help Desk to obtain a hard copy of this bulletin. It is essential that this document be distributed to relevant staff in your organisation.

Yours faithfully,

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Table of Contents

Coding and Casemix Classifications	3
132.1 ICD-10-AM/ACHI/ACS	3
132.2 Library file for 2008-09.....	3
132.3 NCCH advice	4
132.4 Grouper version and mapping	4
132.5 Notification of Grouper anomalies	4
Victorian Amendments to Classifications	5
132.6 Victorian Additions to the Australian Coding Standards	5
132.7 Victorian modifications to AR-DRGs for 2008-09	5
132.8 Calendar of Versions and Editions	7
Admission Policy	8
132.9 Admission Policy for 2008-09	8
Performance Indicators for Coding Quality	8
132.10 Statewide licence.....	8
VAED Reporting	8
132.11 Reporting timelines for 2008-09	8
Contact Details	9

Coding and Casemix Classifications

132.1 ICD-10-AM/ACHI/ACS

All separations on or after 1 July 2008 must be coded using ICD-10-AM/ACHI Sixth Edition (and relevant errata) in accordance with the sixth edition Australian Coding Standards, Victorian Additions to the Australian Coding Standards effective 1 July 2008, relevant information published on the HDSS Clinical Coding website at <http://www.health.vic.gov.au/hdss/icdcoding/index.htm> , and information contained in the VICC queries database at <http://www.serviceforip.webcentral.com.au/viccdb/>.

Queries regarding the application of codes and standards can be sent to the Victorian ICD Coding Committee. The query form used in this process is available at: <http://www.health.vic.gov.au/hdss/icdcoding/codecommit/codcom.htm>

132.2 Library file for 2008-09

The 2008-09 ICD-10-AM/ACHI Library file (in Excel format) and the description of the file structure are available on the HDSS web page at: <http://www.health.vic.gov.au/hdss/reffiles/2008-09/vaed/libfil08.htm>

This version of the library file has been updated with ICD-10-AM/ACHI Sixth edition codes. In addition the following amendments have been made to edits on selected ICD-10-AM codes:

1. A Notifiable edit (column L Area) has been added to the following ICD-10-AM codes:
A81.0 Creutzfeldt-Jakob disease
A81.1 Subacute sclerosing panencephalitis
A81.8 Other atypical virus infections of central nervous system
A81.9 Atypical virus infection of central nervous system, unspecified

This amendment has been made to enable DHS to meet its reporting obligation to the Australian National Creutzfeldt-Jakob Disease Registry.

2. The first age edit (column D First age flag) has been amended to warn if outside the range of 00 to 01 years for 172 Perinatal codes (Chapter 16) and one congenital code (Chapter 17).

This amendment has been made in accordance with revised Commonwealth grouper logic for Version 6 AR-DRGs.

Any further updates to the file during 2008-09 will be published in the HDSS Bulletin.

The Excel file has been zipped and password protected using the same password as last year. If you do not have, or have forgotten, the password, please contact the HDSS Help Desk.

Our licence agreement only permits DHS to release our ICD-10-AM/ACHI Library file within Victoria to hospitals, software vendors and approved third party organisations working with DHS.

The Victorian library file is a modification of the National ICD-10-AM/ACHI ASCII files, which are produced by the National Centre for Classification in Health (NCCH). If you are not authorised to receive the Victorian library file you may contact the NCCH on (02) 9351 9461 or email at ncchadmin@fhs.usyd.edu.au

132.3 NCCH advice

The NCCH will cease to publish their query database from 1 July 2008. While old copies of the database may still be held and referenced by individual coders and hospitals, they will not be considered to be 'ratified' coding advice. Ratified coding advice will be published in Coding Matters and this will be their official source of coding advice for all coders. Advice published here should be followed for coding in Victoria and will be referenced during patient data audits. If you are aware of information provided in Coding Matters or via another NCCH source that has not been incorporated into the most recent publication of ICD-10-AM/ACHI/ACS please notify the secretary of the Victorian ICD Coding Committee (HDSS.Helpdesk@dhs.vic.gov.au) Include in your notification the following information:

Details of advice provided

- Where this information was provided (for example Coding Matters, education session, other)
- When this information was provided (date/volume number)
- Why your coders are still following this advice (for example 'no further/more recent advice/information provided on this subject').

132.4 Grouper version and mapping

For 2008-09, DHS will map ICD-10-AM/ACHI Fifth Edition codes to ICD-10-AM/ACHI Sixth Edition codes for input into the AR-DRG Version 5.2 Grouper.

Information about AR-DRG Version 5.2 can be found on the website of the Commonwealth Department of Health and Ageing at <http://www.health.gov.au/internet/main/Publishing.nsf/Content/health-casemix-ardrg1.htm> and in the Australian Refined Diagnosis Related Groups Version 5.2 Definitions Manual – available for purchase from NCCH – see web site: <http://www.ncch.com.au/> (click on Products/Services in the right hand dialogue box).

132.5 Notification of Grouper anomalies

The Department of Health and Ageing has developed a standard form for notification of grouper anomalies. This can be accessed at

http://www.health.gov.au/internet/main/publishing.nsf/Content/Modify_ADRG

Please also notify the Victorian ICD Coding Committee of any anomalies. The State can, in many instances, influence a faster resolution of problems or make local adjustments to grouper software as required.

Victorian Amendments to Classifications

132.6 Victorian Additions to the Australian Coding Standards

Victorian Additions to the Australian Coding Standards for 2008-2009 can be found at:
<http://www.health.vic.gov.au/hdss/icdcoding/index.htm>

The additions must be appended to the Australian Coding Standards for the 6th edition of ICD-10-AM/ACHI for use from 1 July 2008. Amendments have been made to this document since 1 July 2007 as follows:

- Vic Prefixes – Change of name to come into line with ACS 0048 Condition onset flag. Examples have been added to provide direction for assignment of prefixes in obstetric episodes. An article has also been provided at: <http://www.health.vic.gov.au/hdss/icdcoding/features/index.htm> which provides detailed directions regarding the prefixing of obstetric conditions.
- Vic 0002 has been deleted following amendments to the ACS 0002. Victorian coders are instructed to follow the ACS from 1 July 2008
- Vic 0229 Radiotherapy has been deleted following changes to the logic for creating Vic DRG Radiotherapy. Victorian coders are instructed to follow ACS 0229 from 1 July 2008

132.7 Victorian modifications to AR-DRGs for 2008-09

In 2008-09 hospitals will assign diagnoses and procedure codes using the 6th edition of the ICD-10-AM classification. For funding purposes, these codes will be mapped back to 5th edition codes and then grouped to AR-DRG Version 5.2 (AR-DRG52).

As in previous years, some adjustments are to be made to the original AR-DRG52 grouping utilising the VIC-DRG52 field, prior to the calculation of WIES15. The AR-DRG52 adjustments that applied in WIES14 will continue to apply in WIES15, except for the following changes:

- Amendment to the grouping logic for VIC-DRG52 R64Z Radiotherapy to include neoplasm-related diagnosis codes and radiation oncology procedure codes
- Discontinuation of VIC-DRG52 N11C Hysteroscopy Sterilisation
- Adoption of AR-DRG version 6.0 grouping logic for tracheostomy patients and infants with disorders relating to short gestation and low birth weight.

Details of VIC-DRGs for 2008-09 will soon be available in the *Victoria-Public hospitals and mental health services; Policy and Funding Guidelines 2008-09* 'Technical Information' at <http://www.health.vic.gov.au/pfg/>

Details of VIC-DRGs for 2008-09 have been reproduced here for information.

Peritoneal dialysis

In recognition of cost differences between peritoneal and haemodialysis, episodes with a principal diagnosis of peritoneal dialysis (ICD-10-AM code Z49.2) are to be assigned a VIC-DRG52 of L61Y *Admit for peritoneal dialysis*.

Radiotherapy

Australian Coding Standard 0229 Radiotherapy instructs coders to assign a code for the malignancy as principal diagnosis in multi day episodes for radiotherapy. This results in the episodes grouping to a wide range of AR-DRGv52s.

To maintain funding equity, a VIC-DRG52 of R64Z Radiotherapy will be assigned for non same-day non-surgical episodes that include a radiation oncology procedure from ICD-10-AM blocks [1786] to [1792], [1794] or [1795] for treatment of a malignant condition (i.e. at least one code from the ICD-10-AM range C00-D48), except for episodes with the following AR-DRG52s: B61A and B61B; and pre-MDC AR-DRG52s: A40Z, A41A, A41B, W60Z, W61Z, S65A, S65B, S65C, B60A, and B60B.

Mastoid procedures

Analysis of the Victorian cost data indicates that mastoid procedures allocated to D06Z *Sinus, Mastoid and Complex Middle Ear Procedures* are significantly more costly than other D06Z procedures. These procedures are largely performed at the Royal Victorian Eye and Ear Hospital resulting in a relative funding disadvantage within this DRG. Consequently for WIES14, D06Z will be split into:

D06A *Mastoid Procedures*

D06B *Other Sinus and Complex Middle Ear Procedures*.

Patients will be allocated to a VIC-DRG52 of D06A where they are initially grouped to ARDRG52 D06Z and have one or more of the following ICD-10AM 5th edition procedure codes: 4154500, 4155100, 4155400, 4155700, 4155703, 4156000, 4156300, 4156400, 4156600, 4156601, 4156602. All other patients initially allocated to AR-DRG52 D06Z will be allocated to VIC-DRG52 D06B.

Extra Corporeal Life Support (ECLS)

Episodes involving extra corporeal membrane oxygenation (ECMO) or a ventricular assist device (VAD) are allocated to a variety of DRGs. Analysis of the Victorian cost data indicates that costs for these episodes are significantly discounted by other episodes allocated to the same DRGs.

In recognition of these cost differences, episodes not allocated to an AR-DRG52 of A01Z, A03Z, or A05Z and with one or more of the ICD-10-AM 5th edition procedure codes 90225-00, 38615-00, 38615-01, 38618-00 are to be allocated the VIC-DRG52 of A40Z.

Management of tracheostomy

The Australian Classification of Health Interventions (ACHI) procedure code 90179-06 *Management of tracheostomy* allocates episodes to AR-DRG52 A06Z *Tracheostomy or Ventilation >95 Hours*.

Analysis of Victorian hospital cost data for AR-DRG52 A06Z indicates that episodes with continuous ventilatory support and/or other tracheostomy-related procedures are significantly discounted by episodes that contain procedure code 90179-06 without continuous ventilatory support or other tracheostomy-related procedures.

In recognition of these cost differences and the removal of this procedure code from the AR-DRG60 grouper logic, and because this code does not involve creation of a tracheostomy or continuous ventilatory support, the department has created an AR-DRG52 modification where the ACHI procedure code 90179-06 is removed for the purpose of grouping to VIC-DRG52.

Neonatal diagnosis not consistent with age/weight

Australian Coding Standard 1605 *Conditions originating in the perinatal period* states that diagnosis codes for some conditions arising in the perinatal period may be coded at any time in life (i.e. not limited to < 28 days age). However, the AR-DRG52 grouper allocates these episodes to the error AR-DRG52 of 963Z *Neonatal Diagnosis Not Consistent W Age/Weight*.

The 5th edition Australian Coding Standard 1618 *Low birth weight and gestational age* advised coders to assign code Z51.88 *Other specified medical care* for babies > 28 days old and > 2500g on admission where prematurity was the only reason for admission. In 6th edition this instruction has been deleted and coders are advised to assign the appropriate codes for the prematurity. Changes to the AR-DRG60 grouper will allow these episodes to group to valid DRGs. However, the AR-DRG52 grouper allocates these episodes to the error AR-DRG52 of 963Z *Neonatal Diagnosis Not Consistent W Age/Weight*.

To encourage accurate coding under the revised 6th edition coding standard, a VIC-DRG52 of P67D Neonate, AdmWt > 2499 g W/O Significant OR Procedure W/O Problem will be assigned for episodes with:

- (i) a principal diagnosis from the following ICD-10-AM 5th edition list: P07.01, P07.02, P07.03, P07.11, P07.12, P07.13, P07.21, P07.22, P07.30, P07.31, P07.32,
- (ii) Admission weight >2,499g AND
- (iii) initial grouping to AR-DRG52 963Z Neonatal Diagnosis Not Consistent W Age/Weight.

132.8 Calendar of Versions and Editions

The latest calendar of versions and editions can be found at:
<http://www.health.vic.gov.au/hdss/icdcoding/index.htm>

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

Admission Policy

132.9 Admission Policy for 2008-09

An Admission Policy for 2007-08 is currently under development. When available this will be posted on the web site with instructions regarding application of the policy including its effective date. It is not anticipated that there will be major changes made to the policy for this financial year. In the meantime the DHS Hospital Admission Policy 2003-04 is the most current policy and must be followed. This Admission Policy can be found at <http://www.health.vic.gov.au/hdss/vaed/vaedcomms.htm>.

Performance Indicators for Coding Quality

132.10 Statewide licence

The Department of Human Services holds the statewide licence that was negotiated with the National Centre for Classification in Health for Victorian public and private hospitals, with the cost being met by the Health Data Standards and Systems unit. Public and Private hospitals can apply for PICQ software from the DHS website: <http://www.health.vic.gov.au/hdss/picq/index.htm>.

HDSS will continue to provide monthly statewide PICQ analysis via the HDSS website. Queries regarding the use of this software and any comments regarding the indicators themselves should be sent to the HDSS Help Desk.

VAED Reporting

132.11 Reporting timelines for 2008-09

A hospital may transmit data to the VAED as frequently as desired, but must meet requirements as set out in the *Victoria-Public hospitals and mental health services; Policy and Funding Guidelines 2008-09* 'General Conditions of Funding' which can soon be found at <http://www.health.vic.gov.au/pfg/>

Contact Details

The Health Data Standards and Systems (HDSS) Unit of the Metropolitan and Aged Care Services Division has responsibility for maintaining data standards for five Victorian health data collections:

- Victorian Admitted Episodes Dataset (VAED)
- Victorian Emergency Minimum Dataset (VEMD)
- Elective Surgery Information System (ESIS)
- Agency Information Management System (AIMS)
- Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH)

The HDSS Bulletin, produced on an ad hoc basis, provides:

- Answers to common questions recently directed to the HDSS Helpdesk;
- Communication regarding the implementation of revisions to data collection specifications, including notification of amendments to specified data collection reference tables;
- Feedback on selected data quality studies undertaken; and
- Information on upcoming events.

HDSS Website: <http://www.health.vic.gov.au/hdss>

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