

1 July 2007 Information Updates

Produced by the Health Data Systems and Standards Unit,
Department of Human Services
For use by Victorian Health Information Managers and Clinical
Coders

CODING AND CASEMIX CLASSIFICATIONS

ICD-10-AM/ACHI/ACS

All separations on or after 1 July 2007 must be coded using ICD-10-AM/ACHI Fifth Edition (and relevant errata) in accordance with the fifth edition Australian Coding Standards, Victorian Additions to the Australian Coding Standards effective 1 July 2007, 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/>.

Additionally, coders are expected to follow relevant and current advice published on the National Centre for Classification in Health coding query database at <http://www3.fhs.usyd.edu.au/ncch/>.

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>

Library file for 2007-08

The 2007-08 library file (in Excel format) and the description of the file structure are available on the HDSS webpage at: <http://www.health.vic.gov.au/hdss/reffiles/index.htm>

This version of the library file contains only one minor amendment to last year's file. This amendment relates to the prefix edit on diagnosis code Z39.1 Care and examination of lactating mother which is now a warning for an A prefix. Any further updates to the file during 2007-08 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 and software vendors. 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.

NCCH advice

Coders are reminded that information provided on the NCCH query database should be followed for coding in Victoria. This database may be referenced during patient data audits. If you are aware of information provided on the NCCH query database, 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 (Carla.Read@dhs.vic.gov.au) Include in your notification the following information:

- Details of advice provided
- Where this information was provided (for example Coding Matters, NCCH query database, 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').

Grouper version and mapping

For 2007-08, DHS will input ICD-10-AM/ACHI Fifth Edition codes 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/wcms/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://www3.fhs.usyd.edu.au/ncch/7.1.htm#ar>.

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/wcms/publishing.nsf/Content/health-casemix-grouper-bugform.htm>.

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

Victorian Additions to the Australian Coding Standards

Victorian Additions to the Australian Coding Standards for 2007-2008 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 5th edition of ICD-10-AM/ACHI for use from 1 July 2007. Amendments have been made to this document since 1 July 2006.

Victorian modifications to AR-DRGs for 2007-08

As in previous years, some adjustments are to be made to the original AR-DRG5 (Version 5.2) grouping utilising the VIC-DRG52 field, prior to the calculation of WIES14. The AR-DRG Version 5.1 adjustments that applied in WIES13 will continue to apply in WIES14, except where changes have been routinely included within the AR-DRG52 structure (*The Vic modification to code Z71.3 Dietary counselling and surveillance has been deleted for this financial year as the same modification has been made in AR-DRG Version 5.2.*)

In 2007-08, hospitals will assign diagnoses and procedure codes using the 5th edition of the ICD-10-AM classification. For funding purposes, these codes will be grouped using AR-DRG Version 5.2 (no mapping required).

The *Victoria — Public Hospitals and Mental Health Services Policy and Funding Guidelines 2007-08 (Technical information)* contains detailed information regarding Victorian modifications to AR-DRGs. The list of Victorian modifications (Vic DRGs) is reproduced below for your information. The following is a link to the guidelines.
<http://www.health.vic.gov.au/pfg/index.htm>

1 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*.

2 Radiotherapy

Victorian Coding Standard 0229 states that non-same day patients receiving radiotherapy should have the malignant condition sequenced first, followed by the radiotherapy code (ICD-10-AM code Z51.0). Same day radiotherapy admissions, which follow the Australian Coding Standard, have Z51.0 assigned as the principal diagnosis followed by the malignancy code.

To maintain funding equity, a VIC-DRG52 of R64Z Radiotherapy will be assigned for non-surgical episodes that include a radiotherapy diagnosis code, 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.

3 Hysteroscopy sterilisation

Based upon clinical advice on emerging clinical practice, a VIC-DRG52 (N11C) has been created to adequately cover the costs of hysteroscopy sterilization. Patients allocated an AR-DRG52 of N09Z, N10Z, N11B, N08Z, or O05Z with an ICD-10-AM 5th edition procedure code of 35688-01 are allocated to VIC-DRG52 N11C.

WIES14 cost weights for DRG N11C have been set using costing information for N11B, but increased to cover the prosthesis costs associated with this procedure.

4 Mastoid procedures

Analysis of the Victorian cost data indicates that mastoid procedures allocated to D06Z 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 AR-DRG52 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.

5 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.

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

An Admission Policy for 2007-2008 is currently under development. When it is available it will be posted on the web site, instructions regarding application of the policy especially with regard to effective date will be provided, and notification will be made via the Bulletin and the contact list. 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>. The current Policy and Funding Guidelines makes reference to the Department of Human Service Hospital Admission Policy 2007—08 in section 1.2 of the General Conditions of Funding. However this statement in the Policy and Funding Guidelines should be read in the context of the information provided here.

PICQ

The Department of Human Services is pleased to announce that PICQ 2006 is now available from the DHS website. A new Statewide licence has been 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.

Details regarding this licence can be found at: <http://www.health.vic.gov.au/hdss/picq/index.htm>

VAED REPORTING SCHEDULE REQUIREMENTS FOR 2007-08

A hospital may transmit data to the VAED as frequently as desired, and must meet requirements set out below.

The following information is taken from *Victoria-Public Hospitals and Mental Health Services Policy and Funding Guidelines 2007-2008* in *General Conditions of Funding* Chapter 6 (items 6.5, 6.6, 6.11). (<http://www.health.vic.gov.au/pfg/>)

Transmission of admitted patient data

The hospital will transmit admitted patient data to the Victorian Admitted Episodes Dataset (VAED) via PRS/2 according to the timelines detailed in clauses (a) and (b) below.

- a) Admission and separation details for any month are to be transmitted in time for the VAED file consolidation on the 17th day of the following month (see (d) below for the processing schedule).
- b) Diagnosis and procedure and sub-acute details in any month must be transmitted in time for the VAED file consolidation on the 17th day of the second month following (see (d) below for processing schedule).
- c) Data for the financial year must be completed in time for the VAED file consolidation on 17 August 2008. Any corrections must be transmitted before finalisation of the VAED database on 17 September 2008.
- d) It is the hospital's responsibility to ensure that data are transmitted to the VAED to meet the processing schedule for inclusion in the PRS/2 file consolidation on the 17th of each month. VAED data (sent electronically) must be received by 5pm on the 17th of each month, regardless of the actual day of the week. VAED (sent by disk) must be received by 12pm (noon) on the last working day on or before the 17th of the month.
- e) WIES14, SRHS and sub-acute payments will be:
 - fully paid for data originally submitted in accordance with the deadlines specified in clauses (a) and (b) above, even if data is subsequently amended
 - paid at a reduced rate (50 per cent), or not recognised for payment, according to Schedules 1 and 2 located at the end of this section if the data has not been submitted in accordance with either deadline specified in clauses (a) and (b) above, or
 - not recognised for payment, if data has not been submitted in accordance with both deadlines specified in clauses (a) and (b) above.

This clause applies to all account classes including DVA.

- f) If difficulties are anticipated in meeting the relevant data transmission timeframes for either admission and separation data, or diagnosis and procedure data, the Metropolitan health service, hospital or SRHS must write to the Manager, Health Data Standards and Systems, indicating the nature of the difficulties, remedial action being taken, and the expected transmission schedule. A proforma to assist this process is provided on the HDSS website at:

<http://www.health.vic.gov.au/hdss/vaed/index.htm>

Occasional exemptions for late submission of admission and separation (E4) data may be granted to Metropolitan health services, hospitals or SRHSs maintaining a consistently high level of timely data submission.

Exemptions for late submission of admission and separation (E4) data will also be considered for staffing problems that are beyond the control of small rural hospitals and SRHSs.

Exemptions for late submission of diagnosis and procedure (X4) data will only be considered for circumstances beyond the control of the hospital. Software problems are, of themselves, insufficient justification for late submission of data. Hospitals are expected to have arrangements in place with their software vendor to ensure that statutory reporting requirements are met.

Metropolitan health services, hospitals and SRHSs undertaking the PRS/2 data submission testing process are automatically exempted for the applicable months of data.

Transmission of mental health data to the VAED

Metropolitan health services, hospitals and SRHSs must transmit data for admitted mental health patients to the VAED via PRS/2 according to the timelines and specifications outlined in this document, the VAED Manual and any amending documentation.

Where hospitals are non-compliant with the timelines and specifications the Department may apply a penalty for each non-compliant record no greater than the amount of the applicable notional bed-day rate published in Victoria–public hospitals and mental health services Policy and funding guidelines.

Patient data

The Metropolitan health service, hospital or SRHS will provide sufficient access to data and records to allow audits of patient records, patient coding and data transmitted to the VAED, VEMD, ESIS, AIMS and other data collection systems [including Victorian Ambulatory Classification System (VACS) data.]

If these audits show a difference in assignment of DRGs and/or other data items that alter the allocation of WIES or other funding, or that patients fail to meet admission or other eligibility criteria, then the number of Weighted Inlier Equivalent Separations and/or throughput payments and/or other funding payments to the Metropolitan health service, hospital or SRHS may be adjusted to take account of those differences.

Where these audits indicate that a Metropolitan health service, hospital or SRHS has been consistently erroneous in the application of admission criteria and/or coding standards and/or other eligibility criteria, the department may adjust or suspend the relevant throughput or funding payments until such time as the issue is resolved to the satisfaction of the department.

The department also reserves the right to undertake supplementary audits to confirm an issue and/or monitor improvement; the cost of which is to be borne by the Metropolitan health service, hospital or SRHS.

Access to data and records for interstate patients transmitted to the VAED will also be required should State or Territory Health Authorities request an independent audit to verify information on DRG weighted separations.

The department will have access to patient level cost data and to patient level data transmitted to the VAED, VEMD, and ESIS.

Schedule 1

Timelines for the receipt of admission and separations details (E4)
VAED consolidation date

Month of separation 2007-08	17 Aug	17 Sep	17 Oct	17 Nov	17 Dec	17 Jan	17 Feb
July	Full rate	Half rate	Nil	Nil	Nil	Nil	Nil
August		Full rate	Half rate	Nil	Nil	Nil	Nil
September			Full rate	Half rate	Nil	Nil	Nil
October				Full rate	Half rate	Nil	Nil
November					Full rate	Half rate	Nil
December						Full rate	Half rate
January							Full rate

VAED consolidation date

Month of separation 2007-08	17 Mar	17 Apr	17 May	17 Jun	17 Jul	17 Aug	17 Sep
December	Nil	Nil	Nil	Nil	Nil	Nil	Nil
January	Half rate	Nil	Nil	Nil	Nil	Nil	Nil
February	Full rate	Half rate	Nil	Nil	Nil	Nil	Nil
March		Full rate	Half rate	Nil	Nil	Nil	Nil
April			Full rate	Half rate	Nil	Nil	Nil
May				Full rate	Half rate	Nil	Nil
June					Full rate	Half rate	Nil

Schedule 2

Timelines for the receipt of diagnoses and procedure (X4, Y4) and sub-acute details (S4)

VAED Consolidation date

Month of Separation 2007-08	17 Sept	17 Oct	17 Nov	17 Dec	17 Jan	17 Feb	17 Mar
July	Full rate	Half rate	Nil	Nil	Nil	Nil	Nil
August		Full rate	Half rate	Nil	Nil	Nil	Nil
September			Full rate	Half rate	Nil	Nil	Nil
October				Full rate	Half rate	Nil	Nil
November					Full rate	Half rate	Nil
December						Full rate	Half rate

VAED Consolidation date

Month of Separation 2007-08	17 Mar	17 Apr	17 May	17 Jun	17 Jul	17 Aug	17 Sep
December	Half rate	Nil	Nil	Nil	Nil	Nil	Nil
January	Full rate	Half rate	Nil	Nil	Nil	Nil	Nil
February		Full rate	Half rate	Nil	Nil	Nil	Nil
March			Full rate	Half rate	Nil	Nil	Nil
April				Full rate	Half rate	Nil	Nil
May					Full rate	Half rate	Nil
June						Full rate	Half rate