Overview of Supplementary codes for chronic conditions

Since its implementation in the First Edition of the Australian Coding Standards (ACS) in July 1998
ACS 0002 *Additional diagnoses* has been under continued scrutiny. Over the years it has undergone numerous modifications; with later iterations largely restricting the assignment of additional diagnoses codes to only when a condition affects patient management in the particular episode of care. The challenge has been, and remains to be, how to determine which conditions should be considered as 'affecting patient management'.

It has also been noted that the criteria in ACS 0002 appears to have led to an overly rigorous application. This has resulted in the coding of what may be considered minor complaints and symptoms and at the same time, under coding of chronic conditions that don't obviously meet the criteria for assignment outlined in ACS 0002. Even though these chronic conditions, by their nature are important for patient management in terms of 'treatment required, investigations needed and resources used' and are vital in collecting data to satisfy the other use cases of the classification, they are not always coded.

The use cases of the clinical classification are many. The *Guidance in the use of ICD-10-AM (ICD-10-AM, Tabular List)* highlights these use cases, beyond its original purpose to provide access to information contained in medical records for research, education and administration, and includes:

- quality assurance activities
- epidemiological studies
- health care planning and evaluation
- payment of health services.

Significantly, the codes are used to assign episodes of care into Diagnosis Related Groups (DRGs), which are designed to categorise episodes of patient care into clinically coherent groups with similar resource utilisation for the purposes of casemix based funding and analysis.

Ongoing review and development of the clinical classification, including the conventions and standards, is essential to ensure that the classification is able to meet the diverse requirements of its many applications. The interpretation and application of ACS 0002, in conjunction with ACS 0001 *Principal diagnosis*, is fundamental in achieving consistent, complete and meaningful coded clinical data.

To address these issues an evidence-based, phased review of ACS 0002 *Additional diagnoses* is being commenced in Ninth Edition with the long term goal of ensuring that 'clinically important' conditions are included in the coded data, so that the data collection is appropriate for both current and future use cases, including the management of chronic conditions.

This goal is difficult from several perspectives:
- it is not always clear in the documentation that a condition should be coded as an additional diagnosis, particularly in relation to many underlying chronic conditions
- defining the conditions that are clinically important is a challenging task
- an inappropriate outcome would be assigning codes for every condition documented in a clinical record, resulting in meaningless data.

The review is being conducted by:

1. The creation of 29 codes in the range U78-U88 *Supplementary codes for chronic conditions* representing a selection of clinically important conditions and reside in Chapter 22 *Codes for special purposes*. These codes should always be assigned where it is documented that a condition is present during an episode of admitted patient care, but it has not met the criteria for coding (as instructed in ACS 0002 *Additional diagnoses* and other general and specialty coding standards, conventions and rules). The list of 'clinically important' conditions has been minimised so as to be comprehensive enough to capture meaningful data for analysis without causing undue clinical coder burden.

These 'U' codes are excluded from the AR-DRG grouping process and will not impact DRGs or Activity Based Funding.

2. Creation of ACS 0003 *Supplementary codes for chronic conditions* to provide classification advice for the assignment of the supplementary codes for chronic conditions.

3. Revision of ACS 0002 *Additional diagnoses* to include reference to ACS 0003.

In order for sufficient data to be collected, these 'U' codes will be assigned for an initial period of two development cycles (i.e. four years). The resulting data collection will be analysed, both to determine the frequency of additional coding and to measure the impact on resource consumption (if any). This comprises the initial phase of the review.

The results will be used to inform the second phase of the review to determine what changes may be required to ACS 0002 *Additional diagnoses*.

Impact on clinical coding

Minimising the impact on clinical coders was considered in the development of the supplementary codes for chronic conditions. Clinical coders already consider all patient conditions for qualification of ACS 0002 criteria and other general and specialty coding standards, conventions and rules. With the introduction of ACS 0003, nominated conditions which do not otherwise qualify for assignment will instead be assigned a 'U' code without the need for further processing.

The impact on clinical coders will be minimised due to:
- the supplementary codes for chronic conditions being less granular than the other chapter codes
- clinical coder familiarity with the supplementary codes with a PDF quick reference guide being provided (see links below).

Click here for a downloadable PDF of ACS 0003 *Supplementary codes for chronic conditions*

Click here for a downloadable PDF of ICD-10-AM code range U78-U88 *Supplementary codes for chronic conditions*