coding matters

from the desk of the director

Well, into the new millennium! It's quite a privilege to be part of all the events surrounding the leap from the 20th to the 21st century. And of course to be involved in the electronic health record developments which are changing the face of patient information management. Last year, NCCH made submissions to the National Electronic Health Records Taskforce, participated in the Summit that launched the Health Information Network for Australia, and started work on Australian nomenclatures that will underpin use of classifications and nomenclatures in ambulatory as well as inpatient settings. I trust that this year will see a continuation of this work and reinforce the relationship between health classifications and nomenclatures.

The language of health

Certainly the 7th NCCH conference to be held in April will provide many opportunities to learn about nomenclatures and how they relate to statistical classifications such as the ICD. In many ways, clinical coders have always made this connection in the traditional twin use of the alphabetic index and tabular list of ICD-9-CM and now ICD-10-AM. However, the conventions of the index format need to be loosened for application to electronic health records. Software applications should help us to naturalise the language of the index to reflect the way clinicians use words. On the other hand, electronic systems should also lead us back to the discipline which allows reliable classification of terms and sequence choices.

The American health information management journals are telling us about the introduction in the United States of Ambulatory Patient Categories (ICD-9-CM for diseases and CPT-4 for procedures) and Casemix Groups for post acute care. The Australian focus in 2001 will probably be on general practice and community health codesets and I hope that NCCH will be in a position to use its expertise in ICD-10-AM to contribute to these developments. ▸

the language of health

in this issue

Professional Relativities Study

One of the major achievements of 2000 was the completion of the Professional Relativities Study (part of the Relative Value Study) for the Medicare Schedule Review Board. The NCCH report is still with the Minister for Health and the AMA, but is available for interested readers on the Medicare Schedule Review Task Force website (www.msrtf.gov.au/~msrtf). My thanks to all at NCCH, our consultants and subcontractors who were involved in this long (since 1997) and complex study. Lauren Jones devoted some years of her life to management of the project, while OR Systems in Melbourne provided expert statistical advice. Patricia Saad, project officer, played a major role in the study itself, helped produce the report, and has since produced her first son (Emanuel)! Richard Juckes, on secondment to NCCH from the

Medicare Schedule Review Task Force, was instrumental in bringing the study to a conclusion, and we will miss his regular visits from Canberra. I wish to thank all the clinicians who advised NCCH throughout the study, members of the Medicare Schedule Review Board and Task Force who all contributed to the outcome.

Staff news

Chantel Garrett also has a new son (Connor Gareth). With so many staff currently on maternity leave, NCCH was extremely fortunate to be approached by Kerri Chalmers who is moving to Sydney and will start work with NCCH in March this year. Tiffany Chan returned part time in the middle of February. Jenny Seems (Peakall) from the UK has been appointed as project officer and we look forward to her arrival in April (in time for the NCCH conference). Clinical coders who attended the 1997 NCCH conference in Adelaide will remember Jenny's colourful and animated presentation. Dana Merrin has joined the administrative staff and Dr Fatemeh Sabokrooh from the School of Management and Health Information Science, Iran University of Medical Science and Health Services, is doing post doctoral work at NCCH until September 2001.

Dr Fatemeh Sabokrooh

Dana Merrin

Colin Spowart

Ann Jones, who has been doing 'casual' work for some time has been appointed as Corporate Relations Officer and will apply her considerable skills in marketing NCCH and in editing NCCH publications. Colin Spowart commenced work in December 2000 as Systems Manager. Colin brings additional experience and expertise in IT to the Centre for its functions in Sydney, Melbourne and Brisbane.

QUT Outstanding Contribution Award

Sue Walker has been nominated for a QUT Outstanding Contribution Award! This is a great honour for Sue, and recognises the exceptional work that she has done for QUT and NCCH and the pivotal role that she plays in the national and international classification world. The nomination specifically recognises achievements in:

- Promoting links between the University and outside organisations to enhance QUT's reputation

- Providing service to clients of the University or organisational unit, with significant benefits to the clients

- Providing initiatives through service.

Results are announced by QUT in July – so watch this space!

NCCH Coding Prizes

Congratulations also to the recipients of NCCH Coding Prizes awarded for high achievement in clinical coding. The prizes 2000 were awarded this year to:

Taryn Loimaranta
(Queensland University of Technology)

Elaine Le
(The University of Sydney)

Asher Livingston
(The University of Sydney)

Jennifer Stevenson
(The University of Sydney)

Natalie Galbraith
(Curtin University of Technology)

Carolyn Haggerty
(Curtin University of Technology)

Judith Hall
(HIMAA)

Susan Wood
(La Trobe University)

You will have noticed in the last issue of *Coding Matters* a call for expressions of interest in nosology training. NCCH is always seeking skilled staff with expertise in clinical coding, and is still trying to foster specific training in nosology that would prepare staff for involvement in the specialised area of the content and structure of health terms. The students who receive these prizes are the nosologists of the future! ▶

Taryn Loimaranta (left), pictured with Sue Walker, received the highest marks in Clinical Classification II and the coding component of HIM IV in the 2000 HIM degree at QUT. She was awarded the NCCH prize at the Faculty of Health Awards Ceremony on 13 February 2001.

CASEMIX, DRGS AND CLINICAL CODING BOOK SERIES

The ever-popular *Casemix, DRGs and clinical coding* series of specialty books has reached its completion with a burst of new titles.

The latest and final release in the series are:

- **Obstetrics and Gynaecology**
- **Neonatology and Paediatrics**
- **Cardiovascular Medicine and Surgery***
- **Respiratory Medicine and Thoracic Surgery***

* Revised to ICD-10-AM Second Edition codes since their first release in 1996.

The specialty book series provides an informative and useful resource of health information managers, clinicians and clinical coders.

Previously released titles are:

- **Dermatology and Plastic Surgery**
- **Nephrology and Urology**
- **Ear, Nose, Mouth and Throat**
- **Ophthalmology**
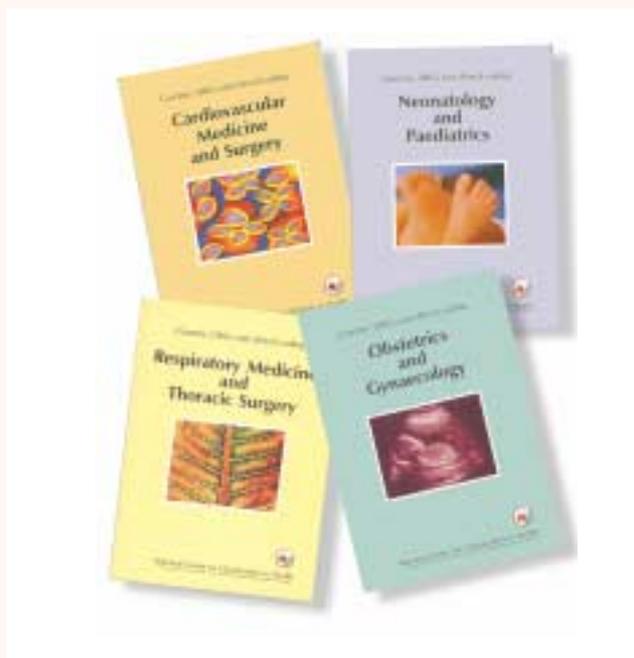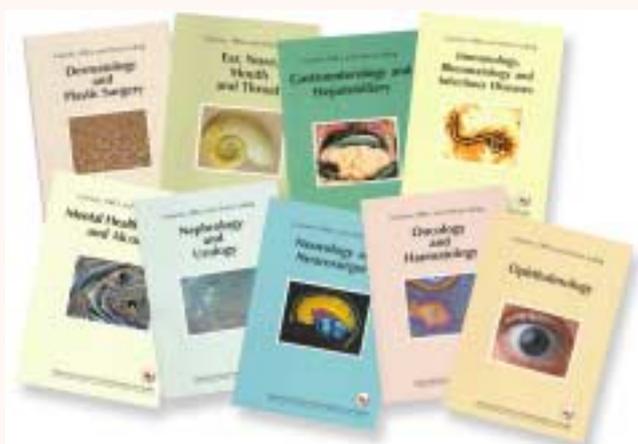
- **Neurology and Neurosurgery**
- **Oncology and Haematology**
- **Mental Health, Drugs and Alcohol**
- **Gastroenterology and Hepatobiliary**
- **General Medicine**
- **General Surgery**
- **Injury**
- **Orthopaedics**
- **Immunology, Rheumatology and Infectious Diseases**

A full index of all books in the series is now available form the NCCH website as a PDF file.

Books can be purchased by using the order form distributed with Coding Matters or visit our website: www.cchs.usyd.edu.au/ncch/ and download the order form.

Classification Support and Development

The public submissions call for changes to ICD-10-AM closed at the end of February. NCCH staff and members of the Coding Standards Advisory Committee have been evaluating suggestions for change. This process will continue with the newly constituted Clinical Coding and Classification Groups and the Clinical Casemix Committee of Australia. Other activities of this extremely active division are covered elsewhere in this edition.

Quality and Education Division

As mentioned in the December issue of *Coding Matters*, quality and education functions are now combined in this division located at La Trobe University in Melbourne. Its staff, including Karen Peasley (Manager), Shannon Watts (Co-ordinator) and Irene Kearsey are masterminding the NCCH Conference in April. They are also working on the new PICQ and ACBA products, and modifying PICQ for ICD-9-CM for Singapore.

Singapore Ministry of Health

A memorandum of understanding is being negotiated between the Singapore Ministry of Health and NCCH (Sydney and Brisbane). This will foster close relationships between the Centre and the Ministry to support clinical coders in Singapore health services and will involve staff and student exchange for training and consultation.

German AR-DRG study trip

Germany recently decided to introduce the Australian DRG system, Australian Refined DRGs (AR-DRGs) as a funding and management tool from 2003. This decision has created not only sales of AR-DRG definition manuals but also a flurry of enquiries from Germany seeking information about ICD-10-AM and how it relates to AR-DRGs. In January this year the company Contec brought 30 of its German clients on a study trip to Sydney. Kerry Innes presented a paper about ICD-10-AM classification and coder education to the delegates on 15 January 2001. Other speakers included Stuart McAlister from the Department of Health and Aged Care, Andrew Currie from Clear Outcomes, James Thiedeman from Health Care of Australia and Ian Cullen from South Eastern Sydney Area Health Service. As most of the delegates at the seminar could not speak English, Kerry was grateful that Imelda Noti, our

German delegation

Swiss German-speaking staff member, could accompany her to translate during the coffee breaks. We are very happy to be able to pass on our experience with ICD-10-AM and look forward to continuing collaboration with our German colleagues in implementation of casemix-based funding, education and research.

Specialty Books

NCCH staff had a small celebration on 30 January to mark the completion of the series *Casemix, DRGs and clinical coding*. Twenty-one books were compiled representing 18 specialties (3 early titles were updated following the introduction of ICD-10-AM). Dr Karen Luxford was welcomed back to the Centre for the occasion and we all recognised her initial inspiration as well as the more recent contributions from Monica Komaravalli, Ann Jones, and staff of the Classification Support and Development and Publications Divisions. The content was compiled with the assistance of specialist clinicians and staff of the Acute and Co-ordinated Care Branch, Department of Health and Aged Care. NCCH is most appreciative of the input from these sources, and also the support of the Australian Casemix Clinical Committee in promoting the books as education tools for clinicians and coders. NSW Health has purchased the series in PDF format for its intranet – NCCH hopes that other users will take advantage of the material contained in these books for use now or as the foundation for future education programs.

Conclusion

I look forward to seeing you in Sydney at the April NCCH conference! Don't be fooled by the date!

> **Rosemary Roberts**
> Director

vital
signs

NCCH Brisbane staff news

In late January, Dr Shilu Tong commenced as Research Associate on a part-time basis (Mondays and Tuesdays). Shilu is also employed in the QUT School of Public Health's Centre for Public Health Research (CPHR). It is hoped that his appointment will draw the work of the two Centres together and provide NCCH with access to the research expertise of the CPHR. Shilu has a good track record in attracting research funding and we are hoping for big things!

Kirsten Mckenzie has been appointed as a part-time research assistant. Kirsten is primarily working with Shilu on a number of research proposals on the quality of mortality data, linkage of morbidity and mortality data, and multiple causes of death. Kirsten's statistical wizardry will also be in hot demand by others of us in the Brisbane office. Welcome, Kirsten!

Dr Shilu Tong

Dr Peter Scott, a Brisbane general practitioner is working one day per week from mid-February. Peter will be working on the development of the clinical vocabulary for general practice and the inclusion of ICD-10-AM into the UMLS. He will work closely with Donna Truran and Colin Spowart in Sydney.

Dr Peter Scott

Despite the necessity for some desk-sharing that the employment of new people has demanded, we are delighted to once again have the prospect of a full complement of staff.

Singapore education

NCCH's contract with the Singapore Ministry of Health to provide distance education training in medical terminology, coding and casemix, in collaboration with QUT, has been extended to encompass a second round of students. At present, we have students participating in three subjects – medical terminology, introduction to ICD-9-CM coding, and advanced ICD-9-CM coding. The provision of materials and teaching of the first two subjects have been subcontracted to the Health Information Management Association of Australia. The advanced coding unit has been developed and delivered by QUT and NCCH. We have employed a part-time instructor to provide support to the students undertaking this module. The students are primarily from Singapore's public sector hospitals and are sponsored by the Ministry of Health. We have also contracted with the Parkway Group Healthcare to provide the same training program, and several other private health care providers have approached us to express interest in enrolling their staff.

Visiting WHO Fellow

A WHO Fellow from Malaysia, Mrs Siti Haslinda bin Mohammed, was attached to the NCCH for four weeks in November-December 2000. Siti's placement was primarily to enable her to research options for computerised health information systems. To this end Siti visited a number of informatics sites in Queensland and participated in a study tour to Sydney and Melbourne organised by the Collaborative Health Informatics Centre (CHIC).

The National Institute of Health Sciences in Sri Lanka has been in close contact with NCCH staff since WHO designation as a regional training centre was received. Staff at the Institute have conducted two national medical records/ICD-10 courses in the past twelve months, and there are plans for a regional course to be funded by WHO in early 2001.

International focus

Negotiation is also underway between QUT (specifically NCCH) and the Hanoi School of Public Health (HSPH) in Vietnam regarding the development of health information management education. This course is intended to be offered as part of the Master of Public Health degree at HSPH. The Queensland Government Department of State Development is particularly interested in this proposal and has agreed to mediate on behalf of the group with relevant funding agencies, such as AusAID.

Contact has also been made, with the Ministry of Health in Saudi Arabia. The Ministry is seeking to fund a two week ICD-10 training course. We have agreed to submit a proposal for NCCH to undertake this work. It is likely that Garry Waller will be nominated as one of two trainers, with the second educator to be recruited from CEN-International if our proposal is accepted.

Garry has also been busy working on a project to improve the query process at the Australian Bureau of Statistics. This process involves sending letters to certifying doctors when insufficient information is recorded on a death certificate to allow accurate assignment of codes. Garry's work, as well as modifying the letters themselves, involves an education component to teach medical officers more about the certification process.

Queensland Trauma Registry

I have been involved in discussions with the Queensland Trauma Registry, at the University of Queensland, to create a joint position of Quality Assurance and Training Officer. The incumbent will work four days perweek at the Registry, mainly providing coding expertise and education for trauma coders. One day per week will be spent at NCCH, principally on the further development of injury and external cause codes. A memorandum of understanding has now been signed.

▶ **Sue Walker**
Associate Director, NCCH Brisbane
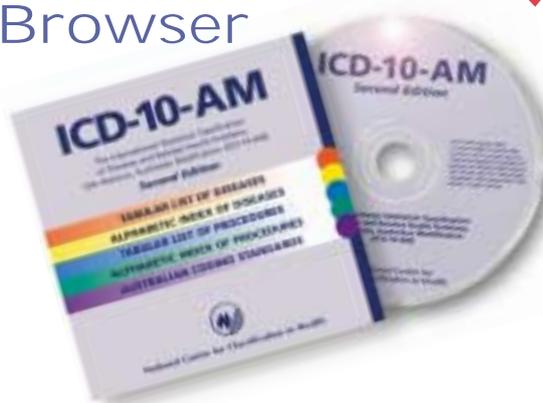
quality and education matters

The newly established Quality and Education Division experienced a smooth transition and is now fully operational from the Melbourne office at La Trobe University. There has been no shortage of work with the NCCH conference, New Zealand education workshops, survey reviews and handover of quality products from the Sydney office, all taking place in the past three months.

l-r Shannon Watts, Karen Peasley and Irene Kearsey at the Melbourne office

NCCH 7th Biennial Conference

Conference preparation continues and by now you will have received the Program and Registration which was mailed out to *Coding Matters* subscibers at the end of January. Code-L subscribers will have received notification that the Program and Registration is also available to view and download from the NCCH website. Please visit the website at *http://www.cchs.usyd.edu.au/ncch/* and follow the link to Biennial Conference.

the language of health

There have been some late changes to the program, so remember to keep your eye out for the revised conference program at the website soon. The revised program includes additional speakers and minor changes to the session closing times.

The conference is shaping up to be one of the biggest and best – with our widest range of international speakers ever. Be sure to include attendance at the social events as part of your conference plan. They will be a highlight. CCSA has joined forces with representatives from the New Zealand Health Information Service (NZHIS) to produce an interactive, educational and stimulating workshop. Don't forget to register for the workshop!

Special lecture

The conference keynote speaker is Dr Christopher Chute who will also give a special lecture on Tuesday 3 April 2001, 5.30 to 6.30pm. The lecture will focus on electronic health records and medical concept representation. See page 16 for a profile about Dr Chute and his work.
For conference and special lecture *registration* enquiries contact Tina Stanhope
phone: 61 2 9351 9461
fax: 61 2 9351 9603
e-mail: T.Stanhope@cchs.usyd.edu.au

For conference and special lecture *program* enquiries contact Shannon Watts
phone: 61 3 9479 1135
fax: 61 3 9479 5657
e-mail: S.Watts@latrobe.edu.au

Places are filling quickly so make sure you register now! (Registration closing date is Friday 23 March 2001).

New Zealand ICD-10-AM Second Edition Education Train-the-Trainer workshop

At the request of NZHIS, Shannon Watts and Megan Cumerlato spent two days in Wellington, New Zealand at the end of February conducting a second edition ICD-10-AM Train-the-Trainer workshop.

Approximately 30 clinical coders and HIMs from across NZ were trained. These NZ trainers will be responsible for disseminating the word about the ICD-10-AM Second Edition to other NZ coders. New Zealand plan to implement ICD-10-AM Second Edition from 1 July 2001.

Educational Needs Survey Results

You may recall a survey seeking feedback on clinical coders' educational needs which was sent out with the June 2000 edition of *Coding Matters*. An analysis of the responses from these surveys is on page 10. This information will be used to plan and organise future NCCH educational events. Thank you to all respondents who took the time and effort to complete and return the survey. It is much appreciated.

PICQ and ACBA

Donna Truran and Colin Spowart were in Melbourne during early February to commence the hand over of work related to the ACBA and PICQ products.

Donna and Colin demonstrated both products, and implementation and maintenance strategies were examined with members of the Quality and Education Division

PICQ ^{2000} for ICD-10-AM is now available on CD-ROM and includes the PICQ ^{2000} *User Guide* and supporting material *About* PICQ ^{2000}. The PICQ and ACBA Order Form has been distributed with this edition of *Coding Matters* and is also available from the NCCH website (follow the link to 'Order Forms' under the 'Catalogue' link).

The two-day visit from Donna and Colin also included an overview of the project to produce PICQ in ICD-9-CM for use in Singapore. Andrea Groom is currently working with the Quality and Education Division to convert the current PICQ indicators from ICD-10-AM to ICD-9-CM.

Donna, Colin, Andrea, Shannon and I also met with Melbourne based OR Systems staff who will be responsible for the programming of PICQ for ICD-9-CM. Visits to Singapore are planned for late April to provide on site implementation support and training.

You will be pleased to know that the electronic ACBA is now in its final stage of development with enhancements and fixes currently being finalised. Visit the NCCH exhibition booth at the conference for a hands-on demonstration of both quality products.

Both products will be fully supported by the NCCH. The website will include a Frequently Asked Question (FAQ) feature and phone and e-mail support will also be available. Training is also in the pipeline. Further details will be made available as it comes to hand, at the website and in future editions of *Coding Matters.*

Any questions about PICQ and ACBA should be directed to the Quality and Education Division. Please contact either Shannon or Irene on 03 9479 1135,
or e-mail: *s.watts@latrobe.edu.au* or *i.kearsey@latrobe.edu.au*

I look forward to seeing many of you at the Conference in April!

Karen Peasley
Quality and Education Manager

Performance Indicators for Coding Quality **(PICQ)** is a set of predetermined performance indicators which identify coding variation in a defined dataset. When coding variations are identified causes can be investigated and corrective action taken.

PICQ:

- *identifies* data problem areas
- *identifies* specific records for correction
- *suggests* possible problem causes
- *suggests* possible corrections

See order form distributed with Coding Matters or call 02 9351 9461 for further information.

Report – Educational needs survey

A survey seeking feedback on clinical coders' educational needs was distributed with the June 2000 edition of *Coding Matters*. The results of this survey will be used to plan future NCCH educational events. Completion of some of the survey questions was based on a 'ranking' system, which enabled a highest to lowest preference to be recorded.

Respondents' qualifications

The most common qualification held by respondents was a health information management degree or diploma (51%). 15% and 12% of respondents hold HIMAA Intermediate or Basic Certificate, respectively. Other coding qualifications were attained through OTEN, on the job training or through a state or territory health department training course.

Use of NCCH training and resources

Since the implementation of ICD-10-AM there have been various education sessions held. A wide range of resources has been made available for purchase from the NCCH.

89% of respondents attended ICD-10-AM Second Edition workshops held during 2000. Over half of the respondents also attended ICD-10-AM workshops in 1998 and 1999. 79% and 71% of respondents purchased the *Taste of Ten* booklet set and the *Mastering Ten* exercise workbook, respectively. 62% of respondents purchased copies of the *Diabetes Clinical Update* video.

Motivations to attend workshops

When planning priorities to attend NCCH education sessions, most respondents said their motivation was because the topic was relevant to their current work. Others felt that it was

important to attend to rectify knowledge or skill deficiencies.

The main motivation reported for attendance at NCCH education sessions was to gain additional knowledge or skills. Another popular response was the need to confirm and cement current knowledge. An interesting lower ranked, but otherwise popular choice, was the opportunity to network and to learn from colleagues.

Preferred learning styles

An active learning method, such as a seminar with problem solving and discussion, was the most popular and highest ranked choice. A lecture format was the second highest ranked choice. The use of Internet, or e-mail-based learning was the lowest ranked option.

Clinical coders' Internet access and use of e-mail as a communication tool is increasing. 69% of respondents have access to the Internet. 79% of respondents have e-mail access. Many respondents requested more distance education via the Internet and videoconferencing. Other respondents suggested an increase in the variety of teaching methods. Some requested more frequent education sessions. The need for more specialty based and clinical sessions was highlighted.

Making time for education

Fewer than half the respondents (49%) agreed that they could commit 3+ days per year to attend continuing education sessions. 42% opted for 1-2 days. Some factors that influenced these decisions were:

- location of the session
- session content
- availability of relieving staff.

Budgeting for education

The maximum annual amount employers or individuals feel they can commit to education activities is $100 to $250. 28% of respondents felt that between $250 to $400 per annum could be allocated for clinical coder education.

Attendance barriers

Barriers to attending NCCH education activities were predominantly workload, location, travel, distance, financial implications.

What clinical coders want from education

57% of respondents ranked clinical updates as their highest priority. The most popular topics for clinical updates are:

- obstetrics and gynaecology
- mental health
- orthopaedics
- anaesthetics
- cardiology.

31% of respondents ranked revision of ICD-10-AM Second Edition as a focus for the future. Topics most in demand are:

- obstetrics and gynaecology
- anaesthetics
- diabetes mellitus
- post procedural complications.

Other requested topics are:

- quality activities and products such as PICQ and ACBA

- use of coded data
- data management.

Interestingly, terminologies and electronic health records were not considered priorities. However, they were popular choices with 44% of respondents who chose this option as a future topic focus.

The majority of respondents felt that their learning outcome from participation at an NCCH education activity was increased knowledge and skills in the topic presented.

The Quality and Education Division staff would like to thank all those people who took the time and effort to complete and return the survey. Reference to these results will be made when planning future NCCH educational events.

Karen Peasley
Quality and Education Manager

Shannon Watts
Quality and Education Co-ordinator

Expressions of Interest

Coding Auditors Network

To ensure that coded data is of high quality, many more organisations are auditing their own data as well as contracting auditors to carry out recoding and other audits. To better able to meet the demand, the NCCH is considering establishing a Coding Auditors Network (CAN) similar to the Coding Educators Network (CEN). The NCCH would call on members of this network to conduct coding audits for which NCCH is contracted.

An auditor needs different sets of skills: obviously top quality coding skills are essential but the auditor also needs an understanding of topics such as the role of the auditor, the legal and ethical aspects of auditing, the different reasons for auditing, auditing statistical techniques and relevant software.

In order to establish a network of auditors, the NCCH is considering offering a short course for auditors. Its format, structure and location will depend on potential numbers of coders interested.

To assist the NCCH in gauging potential interest in attending an auditor course, please send the following details:

- ▼ Your name
- ▼ Name of current employer
- ▼ Contact telephone
- ▼ Contact fax
- ▼ Contact e-mail
- ▼ Have you done any external auditing before? Yes or No
- ▼ Before I make a decision about attending a course, I would need to know: (list any questions you have)

Please forward your expression of interest to either Shannon or Irene at the contact details below before Thursday 12 April 2001.

By e-mail to	S.Watts@latrobe.edu.au or I.Kearsey@latrobe.edu.au
By fax to	Shannon Watts or Irene Kearsey on 03 9479 5657
By telephone to	Shannon Watts or Irene Kearsey on 03 9479 1135

classification support & development

Mental health subset of ICD-10-AM

The NCCH is currently developing a subset of ICD-10-AM for use in community-based mental health services (*Coding Matters* vol 7 no 2 September 2000 p.11). The inaugural meeting of the ICD-10-AM Mental Health Subset Working Group took place 18 December 2000. The purpose of the Working Group is to guide and contribute to the classification, development and advise on appropriate modes of education.

The Working Group recommended that the ICD-10-AM mental health subset include diagnoses, coding guidelines, assessment tools, glossary and an index. Details for the scope of the subset are as follows:

Diagnoses: The subset will be based on the *Diagnostic and management guidelines for mental disorders in primary care – ICD-10 Chapter V primary care version (ICD-10-PC)*.
Also included will be additional relevant codes from other chapters of ICD-10-AM, in particular the relevant signs and symptoms codes from Chapter XVIII *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified* and relevant social codes (contextual factors – Z codes) from Chapter XXI *Factors influencing health status and contact with health services*.

Brief glossary definitions from the *The ICD-10 classification of mental and behavioural disorders – clinical descriptions and diagnostic guidelines* will be included, as will the definitions for the Z codes from the publication *Multiaxial presentation of the ICD-10 for use in Adult Psychiatry.*

Mappings between ICD-10-AM and the less specific codes (ICD-10-PC) used in the subset will also be included.

Coding guidelines: Coding guidelines, together with definitions of relevant data items in the national minimum data set – community mental health care (such as principal diagnosis) will be included to assist users in correctly assigning and recording diagnoses.

Assessment tools: The ICD-10 Checklists will be included. The checklists are useful to mental health service providers in their assessment of the main symptoms and syndromes.

Glossary: Selected terms from the ICD-10 lexica (psychiatric and mental health terms and alcohol and drug terms) will be included to define terms used in the subset and assist users in the application of diagnostic criteria and guidelines.

Index: To assist users in the assignment of the correct codes and simplify the coding process, a comprehensive index will be included, listing the terms currently used by clinicians. The index will reflect the multi-disciplinary aspect of community-based mental health services.

The NCCH plans to include interventions performed in community-based mental health settings in the subset. A revision of the mental health interventions in ICD-10-AM is being undertaken in consultation with members of the Working Group, the Mental Health Clinical Coding & Classification Group and the National Allied Health Casemix Committee.

If you would like further information about this project, please contact Michelle Bramley or Kerry Innes.

> **Kerry Innes**
> Associate Director

the 10-AM commandments

T his regular feature provides guidance to clinical coders about frequently asked questions and aims to address those areas of coding which require immediate attention by clinical coders. Any major changes in practice (such as change of principal diagnosis sequencing for certain conditions) which may affect the integrity of state and national morbidity data collections will be flagged and should be introduced from the July following publication. If you find that any advice published in this section significantly changes your current practice, you should not do so until a suitable time in the collection year (January or July). You may feel it necessary in such circumstances to also seek advice from your state or territory health authority for a suitable date for implementation.

Place of occurrence codes for external causes related to surgical/medical care

The definition for 'place of occurrence' according to both ICD-10-AM and the *National Health Data Dictionary*, Version 9, is *the place where the external cause of injury, poisoning or adverse effect occurred*.

Accordingly, regardless of where and when the manifestation of that injury, poisoning or adverse effect occurs, the place of occurrence code **must relate to where the external cause occurred** not where the adverse effect occurred. For example, although a post-operative wound infection may not manifest until after the patient is discharged, code Y92.22 *Health service area* would still be assigned for place of occurrence as the procedure (external cause) took place in a hospital setting. The place of occurrence code does not relate to where the wound infection occurred (in this case, outside the hospital).

Apheresis

The following guideline addresses the difference between Z51.81 *Apheresis* and Z52.01 *Stem cell donor* (*see* ACS 0301 *Stem cell procurement and transplantation*). Z52.01 should not be assigned for stem cell donation by apheresis because the donor status (autologous or allogeneic) is indicated by the procedure code (see block 1892 *Apheresis*).

Procurement of stem cells involves the removal of the stem cells from either bone marrow or peripheral blood (including cord blood).

Peripheral blood stem cells are collected by apheresis and retained.

Apheresis ('subtraction') is a process where blood is temporarily withdrawn from the body. Centrifugal force is applied to separate and collect the desired blood component. The rest of the blood is then re-infused into the donor.

Z52.01 will be deleted in ICD-10-AM Third Edition. Amendments will be made to ACS 0301 *Stem cell procurement and transplantation* for ICD-10-AM Third Edition.

Continent appendicostomy

A continent appendicostomy is the creation of a stoma by securing the extremity of the vermiform appendix to the anterior abdominal wall. This allows bowel flushing in children with constipation or faecal incontinence. It is also referred to as the Malone Antegrade Continence Enema (MACE) procedure or Malone's appendicostomy.

A new code for appendicostomy is planned for the Third Edition of ICD-10-AM. In the interim these procedures should be assigned 90311-00 [927] *Other procedures on appendix.*

ACS 1103 *Gastrointestinal haemorrhage*

Some clinical coders have queried the NCCH about ACS 1103 *Gastrointestinal haemorrhage*. The following guidance is provided to clarify the intent of this standard.

In the majority of patients, lower gastrointestinal bleeding originates from a large bowel source. However, apparent lower GI bleeding can arise

from a small bowel, gastric or oesophageal site. For example, melaena can originate from gastric and duodenal ulcers or angiodysplasia of the stomach or duodenum.

Classification

If a patient is investigated for melaena or other bleeding from the lower GI tract and a colonic or rectal condition is found on endoscopy, this should not be coded as the cause of the bleeding unless documented as such. If the documentation is not clear, check with the clinician.

Transverse colectomy

Transverse colectomy is not classified in ICD-10-AM and our clinical advice has been that the procedure is not widely performed. Therefore, in *Coding Matters* Vol 6 No 3, the NCCH requested copies of operation reports that documented the procedure 'transverse colectomy'. Thanks to Jo Buckingham, Gillian Dowling, Judy Clark, Halina Blaszkiewicz and Shellharbour Private Hospital for sending us some operation reports.

If transverse colectomy is documented in an operation report, determine the extent of resection and site of anastomosis and assign an appropriate code from block 913 *Colectomy*. Caution is needed in interpreting the report. In some cases of documented 'transverse colectomy' a right hemicolectomy or extended right hemicolectomy is in fact performed.

The descriptions of colorectal procedures in *Coding Matters* Vol 6 No 3 are a useful guide. However, if the extent of the resection or the site of anastomosis is not documented, **check with the surgeon for clarification.**

Some examples from the operation reports sent to us follow.

Operation report no. 1

Operation:	Transverse colectomy, liver biopsy
	Midline incision. Liver nodule over dome of right lobe a wedge excision. Right colon mobilised. Transverse colon sectioned after ligation. Middle colic artery resected. Ascending colon anastomosed to descending colon.
Assign:	32003-00 [913] *Limited excision of large intestine with anastomosis*
Reason:	The ascending colon was anastomosed to the descending colon and so an extended right hemicolectomy was not performed (only the hepatic flexure, transverse colon and splenic flexure was removed – refer to *Coding Matters* 6(3) December 1999.

Operation report no. 2

Operation:	Right hemicolectomy and proximal ½ transverse colectomy. Stapled primary anastomosis.
Assign:	32003-01 [913] *Right hemicolectomy with anastomosis*
Reason:	The resection did not extend past the mid transverse colon and so an extended right hemicolectomy was not performed.

Operation report no. 3

Operation:	Transverse colectomy
	Midline abdo incision. Large Ca mid transverse colon. Liver OK. Transverse colon mobilised and resected. Anastomosis in 2 layers. Mesenteric window closed. Omentum sewn over anastomosis.
Assign:	32003-00 [913] *Limited excision of large intestine with anastomosis*
Reason:	The description of the procedure is limited and it appears that only the transverse colon was removed. Without the detail of the site of the anastomosis, 32003-00 [913] *Limited excision of large intestine with anastomosis* is the best code. Clarify this choice of code with the surgeon before assigning.

Did you know?

An *infusion* flows in by gravity,

an *injection* is forced in by a syringe,

an *instillation* is dropped in,

an *insufflation* is blown in,

an *infection* slips in unnoticed.

*Miller-Keane definition for **Infusion***

Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing and Allied Health. Sixth Ed. (1997) WB Saunders Co, Philadelphia, PA.

AR-DRG V4.2: Addendum to the Definitions Manual

The Australian Refined Diagnosis Related Groups (AR-DRG) classification needs to be modified from time to time in line with changes to medical, surgical and coding practices. AR-DRG version 4.2 is a revision to the classification. It accommodates changes that occurred between the First and Second Editions of ICD-10-AM, and includes a number of fixes.

The AR-DRG version 4.2 *Addendum to the Definitions Manual* provides details of what is new and different about AR-DRG version 4.2. It is a single volume, with CD-ROM.

The AR-DRG version 4.2 *Addendum to the Definitions Manual* is $50 plus GST. Copies may be purchased from the NCCH.

Dr Christopher Chute – Special Lecture

Dr Christopher Chute will be presenting a special lecture in addition to his keynote address at the 7th Biennial NCCH Conference

Dr Christopher Chute MD, DrPH is a career scientist at the Mayo Clinic and was appointed Head of the Medical Information Resources Section in 1988, where he is currently Professor of Medical Informatics and Associate Professor of Epidemiology.

Dr Christopher Chute

Dr Chute's research area covers

- medical concept representation
- clinical information retrieval
- patient data repositories.

Dr Chute is medically qualified and holds doctoral training in epidemiology. Dr Chute's National Institute of Health and Agency for Healthcare Research and Quality funded research in medical concept representation, clinical information retrieval, and patient data repositories, have been widely published.

Concept representation has achieved a central position in informatics thinking, development, and future needs. The effective application of medical informatics tools to the conduct of health services research, quality improvement, clinical decision support, and administrative practice management requires a conceptual framework for representing and invoking clinical event data. Traditionally such a framework has been realised by classification systems such as ICD-10-AM. The future of medical informatics in the electronic age will require interlocking suites of tools and content based upon logical foundations of description.

Reference:
http://www.mayo.edu:80/research/people/2/2754_chute/

Register before 23 March. Forms available www.cchs.usyd.edu.au/ncch/ or phone 02 9351 9461

Retro and Recto

Don't get retrosigmoid and rectosigmoid mixed up otherwise a 'Retrosigmoid excision of acoustic neuroma' conjures up the vision of a very painful, resource-intensive procedure.

Sigmoid sinus: a continuation of the tranverse sinuses near the mastoid temporal bone.
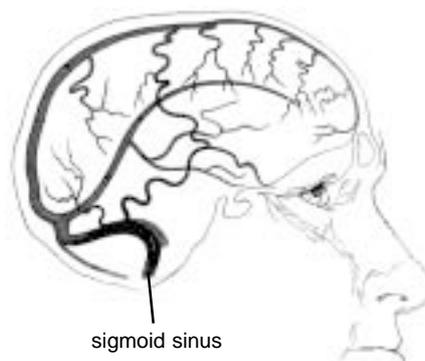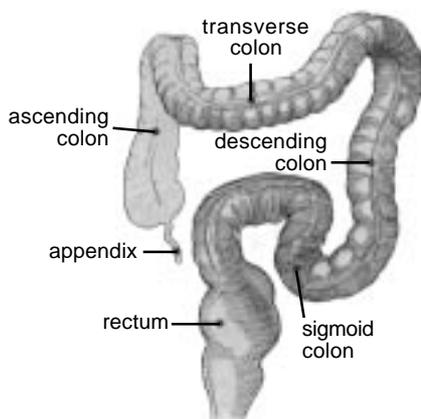
Sigmoid colon and sigmoid sinus. Same shape, different place.

National Centre for Classification in Health
(in conjunction with Clinical Coders' Society of Australia)

CCSA

the language of health

7th Biennial Conference
1–3 April 2001
Landmark Parkroyal,
Sydney, New South Wales

INVITATION TO ATTEND

The NCCH staff and CCSA board members are pleased to invite you to attend the 7th Biennial NCCH Conference (in conjunction with CCSA) in Sydney, New South Wales.

Conference Theme

The conference theme, *the language of health* will focus on issues such as the emergence of the electronic health record, terminologies and vocabularies, data quality, health information and classification technologies, clinical coder workforce and education issues.

Conference Structure

The conference will employ a range of formats including keynote address from Dr Chris Chute (Health Science Research, Mayo Clinic and Foundation, Rochester, USA), plenary sessions and a practical workshop.

Who should attend

Clinical coders, health information managers, data managers, casemix co-ordinators, clinicians, health service managers and planners, health department officers, information technology professionals, academics and researchers.

Venue

The Landmark Parkroyal Hotel, 81 Macleay Street, Potts Point, Sydney, New South Wales. The conference venue is located in the heart of cosmopolitan Potts Point and only a few minutes ride from Sydney CBD. Find out more at the website: www.parkroyal.com.au

Accommodation and Travel

SBT Business Travel Solutions will handle all travel and accommodation requirements. Reduced rates will be offered for many flights with the airlines and a variety of accommodation options will be available.

Social Program

Attendance at the Welcome Reception is included in the registration fee. Separate registration is required to attend the Conference Dinner.

Further Information

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publication issues

Coding Matters revamp

Coding Matters is about to go through a major update in its format and design. Ann Jones, the NCCH's newly appointed Corporate Relations Officer, and I are working together to produce a new and functional format for *Coding Matters*. Volume 8, number 1 will be the first issue in the new format.

The new format *Coding Matters* will provide you with the latest information in clinical coding, ICD-10-AM, new products and health information news. As always, we welcome your contributions, feedback and comments.

Rodney Bernard, Monica Komaravalli and Ann Jones show Flipper the latest Casemix books

Coding Matters Binder

The new *Coding Matters* binder is now available. This colourful, 2-ring binder will enable you to keep all your copies of *Coding Matters*, past and future, at your fingertips. See the order form for details on how to order the binder and other publications from the NCCH.
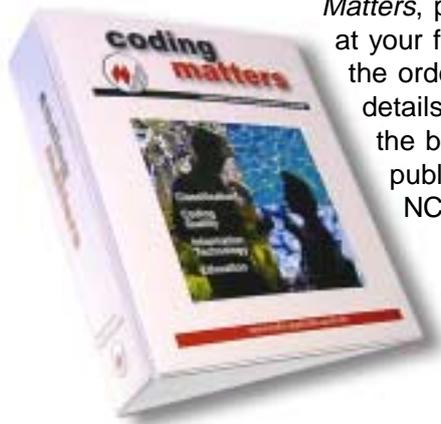
Errata

Please note that there is no errata for ICD-10-AM Second Edition for this issue of *Coding Matters*. Previous errata are available from the NCCH website or by contacting NCCH Publications Division.

Code-L

Code-L is a free, electronic list server that provides an unmoderated forum for clinical coders and health care professionals. You can subscribe to Code-L by sending an e-mail to:

Majordomo@listserv.cchs.usyd.edu

Leave the subject of the message blank and in the body of the e-mail type:

subscribe code-l

To unsubscribe, simply replace the word ***subscribe*** with ***unsubscribe.***

It is prudent to unsubscribe from Code-L if you are on leave or away from your e-mail for an extended period of time. Auto-reply must not be used if you subscribe to Code-L.

AR-DRG version 4.2: *Addendum to the Definitions Manual*

The Australian Refined Diagnosis Related Groups (AR-DRG) classification needs to be modified from time to time in line with changes to medical, surgical and coding practices. AR-DRG version 4.2 is a revision to the classification. It accommodates changes that occurred between the First and Second Editions of ICD-10-AM, and includes a number of fixes.

Coding Matters A4 Ring Binder
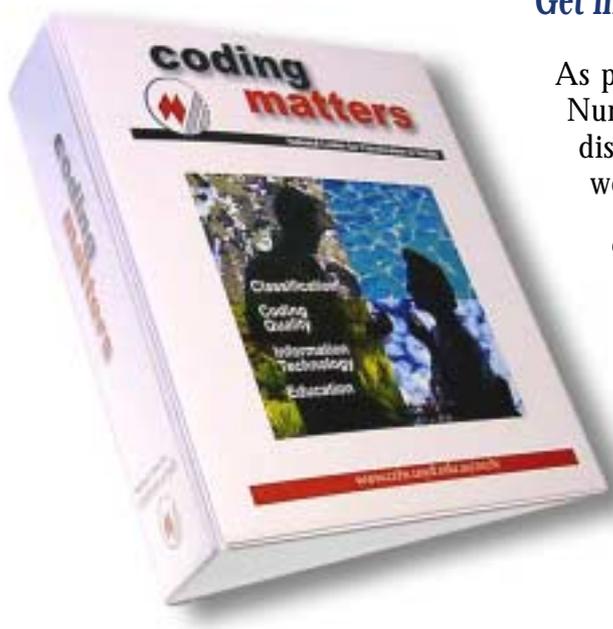
Get in a bind

As publication of Coding Matters Volume 7, Number 4 was coming around, there was a discussion at the NCCH Sydney Office that went something like this...

❛*How do you store your back copies of CM?*❜

❛*In a lever arch file.*❜

❛*Wouldn't it be great if we had a snazzy, all-colour binder to keep CM in?*❜

❛*That'd be great. I could really see where it is in the forest of binders on my shelves.*❜

Et voilà!

The NCCH print production team has created a bright, new way to store copies of *Coding Matters.* Be a trendsetter among your colleagues and order yours now.

You never know, they could be collectors items of the future!

To order your binder today simply use the order form distributed with *Coding Matters* or visit our website: www.cchs.usyd.edu.au/ncch/ and download an order form.

The AR-DRG version 4.2 *Addendum to the Definitions Manual* provides details of what is new and different about AR-DRG version 4.2. It is a single volume, with a CD-ROM.

The AR-DRG version 4.2 *Addendum to the Definitions Manual* costs $50 plus GST. Copies may be purchased using the NCCH order form.

Coding Matters mailing list update

In the last issue of *Coding Matters* we asked for a response from our readers to build a new subscriber list. So far, the response has been very good. As you are aware, *Coding Matters* is freely distributed to hospitals, health professionals and clinical coders. In order to reduce production costs caused by duplication, we are seeking your help to build the subscription database.

Please use the form on the cover sheet to let us know if you wish to continue receiving *Coding Matters*. **No further issues will be sent to you if no response is received.** Alternatively, you can e-mail: t.stanhope@cchs.usyd.edu.au

Coding Matters can also be delivered to you by e-mail file as a Portable Document Format (PDF) file and can be downloaded from the NCCH website: www.cchs.usyd.edu.au/ncch/

▶ **Rodney Bernard**
Publications and Technology Manager

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Enrolments in this distance education course is open to those with previous coding training and/or coding experience including all past Introductory ICD-10 or ICD-9 students, health information management graduates and OTEN introductory coding course graduates.

HIMAA Education Services
http://www.himaa.org.au/education.html
or inquiries e-mail to denisej@himaa.org.au
or phone Denise Johnston on
(02) 9887 5898

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HIMAA is the national professional organisation representing health information managers (HIMs) and others who have an interest in health information management. Member benefits include subscription to HIMAA e-Newsletter, Health Information Management e-Journal, discounts on publications and professional development activities and conferences, participation in state branch activities, membership certificate plus more. Membership categories: Full Member (HIM Graduate), Associate Membership, Student Membership and Organisational Membership. Membership Information: e-mail membership@himaa.org.au or phone: (02) 9887 5001

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