

Coding *Matters*

Newsletter of the National Coding Centre

Volume 1 No. 3 January 1995

FROM THE DESK OF THE DIRECTOR



December 1994 marked the first anniversary of the National Coding Centre (NCC) as an established entity. Most of the staff have not yet completed their first year, but it feels as though far more than a year's worth of effort has been devoted to the work of the Centre.

Checking proofs generated by our typesetter has kept us all busy in preparation for publication of the Australian Version of ICD-9-CM early in 1995. Karen Luxford, Publications Manager, has involved all members of staff in one way or another in preparation of the NCC four volume set of coding books, annotated for use with the Australian National Diagnosis Related Groups (AN-DRG), Version 3.0, with Australian spelling and new Australian codes. Major revision of the national coding standards will appear as Volume 4 (Australian Coding Standards) which will also include Standards for Coding Services and Standards for Ethical Coding. Publication date has been set early in the year to allow time for education before the codes and standards come into effect in July 1995, along with AN-DRG Version 3.0.

While Kerry Innes, photogenic Coding Services Manager (see result of photo competition in this issue), has translated most of the recommendations from the Coding and Classification Clinical Groups (CCCGs) into coding standards, there are still many areas of ICD-9-CM to be reviewed for the 1996 updates. NCC will be working with Australian Casemix Clinical Committee (ACCC) again in 1995 to follow up unfinished business from the specialty groups convened in 1994 and to assist in review of Version 3.0 AN-DRG.

Education in the Australian Coding Standards

Janelle Craig (on the left) and Dyanne Clark (of Kyogle Memorial Hospital, NSW) discuss the new Australian Coding Standards at the November 1994 Workshop

had its debut in Sydney in November, 1994. A three day Workshop followed the inaugural NCC Seminar - an excellent opportunity for the NCC to ensure clarity in explanatory notes for each standard. A full report of the Workshop appears in the column from Janelle Craig, Coding Education Manager. Both the Seminar and Workshop were extremely popular (thanks to Janelle's excellent organisation), enabling us to

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meet coders from all states of Australia as well as New Zealand. We look forward to working more closely with colleagues from New Zealand as the AN-DRG grouper and the NCC Australian ICD-9-CM are introduced in that country. Through Sue Prophet, seminar keynote speaker from Illinois, USA, we were brought up to date on US coder networks, coder accreditation and ethical issues for coders. These international connections give us perspective in our view of coding progress in Australia. We have come a long way in 1994 and need to maintain this growth and momentum to support the ever increasing importance of the codes and coding function. Coding quality must continue to be our holy grail.

At a meeting in November 1994, responses to the NCC Options Paper on the future use of ICD-9-CM in Australia were discussed by the Casemix Implementation Project Board, Department of Human Services and Health (DHS).

Recommendations to the Department were that ICD-10 be introduced for morbidity coding in Australia in mid-1998, and that a feasibility study on use of the Commonwealth Medicare Benefits Schedule as a procedure classification be carried out by the NCC before a final recommendation is made to Australian Health Ministers Advisory Council early in 1995.

Staff changes at the NCC have meant a net gain in numbers of "hands" but we will miss Lee-Anne Clavarino (Coding Quality Manager) who has departed for Indonesia and Vicki Bennett (Project Officer) for Wee Jasper, NSW. Lee-Anne made a major contribution to the NCC through development of coding quality and ethical standards. Coding quality indicators developed by Lee-Anne will be refined and trialled in 1995. Vicki has left a valuable legacy in the Australian Coding Standards Database, an important foundation for the construction of future coding standards. New faces belong to Megan Roach (Administrative Assistant), Michelle Bramley (Project Officer), and a myriad of proofreading assistants helping with the production of NCC Australian ICD-9-CM.

Co-operation with the Health Information Management Association (HIMAA) National Coder Workforce Issues Project (NCWIP) has continued, with input from the NCC to the questionnaires concerning the Australian coder

workforce. In October 1994, the NCC participated in the HIMAA two day seminar in Hobart run by the Tasmanian Health Information Management Group and was invited to a meeting of the National Allied Health Casemix Committee in November to discuss classification for allied health services. The Centre maintains its input to the ACCC, National Reference Centre for Classification in Health, the Quality of Care Data Working Party (Hospitals Branch, National Hospital Quality Management Program, DHS), Australian Council on Healthcare Standards through data quality workshops and the Australian Institute of Health and Welfare (AIHW) National Health Data Committee. The NCC prepared definitions for input to the AIHW National Health Data Dictionary Version 4 (for implementation in July 1995) and attended the Institute's National Health Information Forum in November 1994.

Recent interest in Emergency Department coding has accelerated, especially in NSW and Victoria and also through AIHW. Shortly after joining the NCC in 1994, Janelle Craig prepared a mapping of ICD-9-CM codes for NSW Health to use in emergency department software, and has met with interested parties in Victoria concerning possible application in that state.

With the help of Kerry Innes, I prepared a palliative care mapping for NSW Health, also using three and four digit categories of ICD-9-CM, thus providing a limited number of appropriate codes with an alphabetic index for use in palliative care services.

With the forecast introduction of casemix billing from April 1995, the private sector is becoming more involved in the work of the Centre. Two representatives (Kay Bonnello, Northpark Private Hospital, Bundoora, Victoria and Paul Hossack, Mater Misericordiae Hospital, Crow's Nest, NSW) have joined the Coding Standards Advisory Committee, and state coding committees have been asked by state health authority NCC Management Committee representatives to include the private sector in their membership. Free-standing day facilities have expressed an urgent need for coder education and for specialty-specific versions of ICD-9-CM, at least in the short term.

New Zealand is now represented on our Coding Standards Advisory Committee. Ms. Audrey Grozef, Analyst, Information Standards and Quality, Ministry of Health, Wellington, joined the committee in December 1994, and will bring issues to the Committee arising from the New Zealand introduction of AN-DRG Version 3.0.

1995 is looking like an action packed year. May it bring not only hard work but health, wealth and wisdom to readers of *Coding Matters*. Best wishes to you all, and happy New Year!

❖ **Rosemary Roberts**

Guest Appearance:

**Sue Prophet of the U.S.A.
Visits Down Under...**

Firstly, I would like to extend special thanks to the NCC and the School of HIM staff University of Sydney for making my visit a most rewarding experience. I enjoyed my first visit to Australia immensely, and it definitely won't be my last!

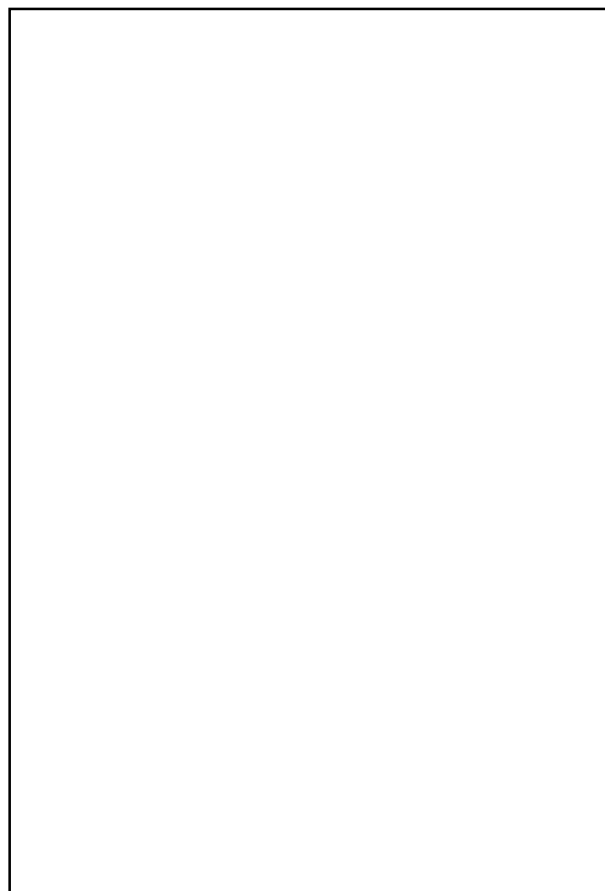
My experience and leadership role in coding in the U.S. led to an invitation from Australia to speak at the NCC's Inaugural Coding Seminar on November 25th and 26th 1994. As Chairman of the U.S. Society for Clinical Coding, I have been actively involved in national coding initiatives. With more than 10 years experience in coding and DRGs, I currently hold the position of Director, Utilization Review and Data Quality at St. Mary's Hospital, a 276-bed acute-care facility in the state of Illinois. I have also earned what we call in the U.S. the "Certified Coding Specialist (CCS)" credential.

My decision to accept the NCC's invitation to speak at the Inaugural Seminar was not a difficult one, due to my enthusiasm for the coding profession overall and its heightened status in the U.S. since the inception of DRGs, as well as my fondness for travel.

During the coding seminar, I addressed two topics, "Coder Accreditation" and the "Society for Clinical Coding". As a CCS and a participant in the CCS exam development process, I believe

"As a CCS and a participant in the CCS exam development process, I believe in the value of coder accreditation in assuring coder competency"

in the value of coder accreditation in assuring coder competency. In Sydney, I discussed the background that led to the development of U.S. coder accreditation, including data quality concerns, coder workforce issues, and desired level of coding expertise, and the many challenges confronting coders. I hope that my description of the coder certification process, including the development, format and content of the exam and the mechanism for ongoing maintenance of the credential, will prove to be of assistance for any future developments in this area in Australia. I also hope that relating my own personal experience as an exam candidate and on exam preparation techniques was of value to seminar attendees. The results of the three



Sue Prophet, keynote speaker from the U.S.A., addresses the NCC Inaugural Seminar in November 1994

examinations administered to date in the U.S. were summarized during my talk. Importantly, my presentation also mentioned the types of recognition that have been realized by U.S. coders upon earning the CCS credential.

As seminar attendees will be aware, I take great pride in being one of the principal organizers of the U.S. Society for Clinical Coding (SCC). During the NCC seminar, I discussed the mission of this organization, the membership structure and benefits, administrative structure, activities, accomplishments, and future goals. A current issue of the SCC newsletter, *CodeWrite*, was also included in each seminar registration packet. I described our network of coding roundtables and the valuable role they play in the promotion of accuracy and consistency of coded data. The coding roundtables serve as the SCC's principal mechanism for obtaining coder input from across the country. I took great pleasure in then participating in an open panel discussion concerning the possible formation of a coding society in Australia. If you wish to see my NCC seminar presentation and put a face to the name, you can now obtain the seminar proceedings on video from the NCC.

During my stay in Australia, I had the opportunity to visit the NCC office and interact with the staff. I also visited the School of HIM at the University of Sydney and met Professor Phyllis Watson and some of her staff.

The Medical Record Director at Sydney's Royal North Shore Hospital, Robyn Entwistle, invited me to visit her facility during my stay. I would like to thank Robyn and her staff, who were most generous with their time. In addition to touring the facility and medical record department, I received an overview of medical record operations and was afforded the opportunity to sit with the coding staff and exchange experiences. I also obtained information concerning this facility's critical pathway development, which is an area that is currently that focus of a great deal of attention in the U.S.

Upon the invitation of the Private Hospitals Association of New South Wales, I presented a half-day seminar covering U.S. practices in the areas of coding for payment purposes, coding

quality audits, utilization review requirements, coding in non-acute care settings, and relations between hospitals and payers. Approximately 30 people were in attendance, including medical record administrators, hospital administrators, and health insurers.

Although the primary purpose of my visit was to share U.S. coding experiences with coding professionals in Australia, I also learned a great deal about the Australian health-care system and coding practices. I enjoyed meeting and networking with many interesting people in the health-care field. Thank you for a most enjoyable visit!

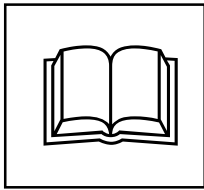
❖ *Sue Prophet, RRA, CCS.*

NCWIP QUESTIONNAIRE UPDATE

Just a quick update on the progress of the National Coder Workforce Issues Project (NCWIP) questionnaire. This questionnaire was distributed in late November 1994 to clinical coders (using ICD-9-CM) in all public and private hospitals and day care facilities throughout Australia. Responses were requested by 16 December 1994, with a follow up of nonrespondents taking place after this. To date **900 hospitals and day care facilities** have replied. It is anticipated that the results of the questionnaire will be finalised and ready for publication in March, 1995. Clinical coders wishing to obtain a copy of the results of the questionnaire were asked to indicate so on the questionnaire. If you failed to do so at the time, or if you wish to obtain further information on the NCWIP please contact:

Project Manager
National Coder Workforce Issues Project
World Trade Centre Brisbane
GPO Box 2592
BRISBANE QLD 4001
ph: (07) 831 5155
fax: (07) 831 5270

PUBLICATION ISSUES



Australian ICD-9-CM

Publication Update... By now you will all have received your Australian ICD-9-CM order forms in the mail (if you have not received an order form

please contact new NCC staff member Megan Roach on (02) 646 6344). Please be patient whilst waiting for the delivery of your books upon ordering as we are running a little bit behind schedule in a effort to make this new Australian publication the best we can! Also don't forget your new books are not for use until 1 July 1995. One thing has changed since the last issue of *Coding Matters*: the books will not have tab dividers, but rather pages will now be self tabbed on the edges which will make for a less bulky publication. Hyphens are back in! All subenteries in the Indexes of our publication now have hyphens indicating the level of the entry to make index searching easier. A sneak preview of Australian ICD-9-CM annotations and the additions to the Table of Drugs and Chemicals is provided on this page.

Dr Stephen Duckett, Secretary of the Department of Human Services and Health (DHS) has graciously accepted the NCC's invitation to launch the Australian Version of ICD-9-CM at a function to be held in Sydney in March 1995. The NCC is also pleased to announce that the New Zealand (NZ) Ministry of Health has recommended the use of the Australian ICD-9-CM in NZ.

In closing, I would just like to say... There is "**no room at the inn**" if you have a "**hairy black tongue**" but you can check into the nearest "**mountain resort sanitarium**" - *guess what my reading matter has consisted of lately??!!* NCC staff and proof readers involved in the preparation of the Australian ICD-9-CM have had hours of entertainment recently! Until the next issue....

❖ **Karen Luxford**

Annotations

for NCC Australian ICD-9-CM approved by Coding Standards Advisory Committee

- ☆ Australian ICD-9-CM code
- c/c Comorbidity/complication (cc)
- § Requires additional digit
- ◆ Unacceptable principal diagnosis
- Nonspecific principal diagnosis
- * Procedure which may affect DRG assignment
- Four digit rubric unique to ICD-9-CM

New Text Entries for the Table of Drugs and Chemicals NCC Australian ICD-9-CM

Anginine	Ventolin
Epilim	Voltaren
Mogadon	
Normison	NSAIDS
Prothiaden	Brufen
Prozac	Indocid
Serepax	Inza
Temazepam	Naprosyn

From the left are Patricia Spillane (Casemix Co-ordinator, Richmond Area Health Service), Margie Luke (3M Health Care Group) and Annette Formosa (Lismore Base Hospital), pictured at the NCC Seminar Cocktail Party

NCC INAUGURAL SEMINAR NOVEMBER 1994

**From the left are:
Anne Irwin (Executive
Officer, HIMAA),
Sue Walker (Director,
NRCCH), Sue Prophet
(Chairman, SCC, USA) and
Janelle Craig (NCC
Coding Education
Manager)**

**Dr Barry Dale
(Queen Elizabeth Hospital,
Adelaide) presents a
clinician's perspective of
coding**

**From the left are:
Julie Gofton (Princess
Margaret Hospital,
Subiaco, WA),
Kerry Innes (NCC
Coding Services
Manager), and Jeanne
Skudder (Department
of Community &
Health Services,
Tasmania)**

**Enjoying themselves at the
NCC Seminar Cocktail Party
are (from the left)
Barbara Campbell (State
Purchasing Authority, WA),
Joan Knights (St. John of
God, Subiaco, WA)
Sue Stevens (State
Purchasing Authority,
WA), and Rosemary
Wilson (also of St. John
of God, Subiaco)**

**Warren Talbot
(Secretary, Casemix
Branch, DSHS)**

**Professor Phyllis Watson
Head of the School of Health
Information Management,
University of Sydney**

EDUCATIONAL MATTERS

Inaugural NCC Seminar



On November 25th and 26th 1994 the inaugural seminar of the NCC, entitled “ICD-9-CM **I** mportant **C**oding **D**ays: **9** Perspectives that make **C**oding **M**atter”, was held at the Wentworth Building of the University of Sydney main campus. This seminar was an important milestone in the history of clinical coding in Australia, as it was the first ever forum designed specifically to bring clinical coders together to discuss issues of current significance.

Positive feedback indicated the seminar was a success, attracting 190 registrants from around Australia and New Zealand, with some registrants joining us from as far afield as Gove in the Northern Territory to Wellington New Zealand. While the majority of participants were clinical coders, it was encouraging to see attendances from clinicians, health insurers, health educators and representatives from State and Federal health authorities; the range of attendees helped to highlight the current interest in and importance of clinical coding.

During the two day program, a wide range of topics were covered by 23 speakers in an attempt to update clinical coders on current and future issues relating to clinical coding and casemix. Issues addressed included an overview of the activities of the NCC, updates from related centres such as the National Reference Centre for Classification in Health (NRCCH) and the National Health Data Dictionary (AIHW), an outline of coding education courses throughout Australia, mechanisms for assuring data and coding quality, a thought provoking session on ethical issues in coding, not to mention a lively Saturday morning discussion on coding, casemix and the private sector.

Certainly one of the highlights of the seminar was the attendance of our keynote speaker, Ms Sue Prophet from the United States of America. Once again, thanks are extended to the Casemix Branch (DHSB) for their assistance in supporting Ms Prophet's visit to Australia. As

Chairperson of the US Society for Clinical Coding and as a coder who has undertaken the American Health Information Management Association's coder accreditation exam, Sue spoke with first hand knowledge and experience of developments in coder accreditation and coder peer support networks taking place in the US. Sue helped to abate some of our fears regarding the exam process and made us realise that the dilemmas and adventures facing clinical coders in Australia are similar, if not the same, as those encountered by coders in the US. Similarly, Gail de Boer from the Ministry of Health in New Zealand also raised this issue, as well as providing an interesting background on the state of the New Zealand health system.

Dr Barry Dale, from The Queen Elizabeth Hospital in Adelaide, presented a clinician's perspective of coding. Dr Dale's motivating session helped to highlight the importance of strong co-operative ties between clinical coders and clinicians in order to get coding right. Mr Warren Talbot, from the Casemix Branch (DHSB), followed on from Dr Dale to provide an informative (not to mention highly entertaining!!) discussion of the state of play of casemix based funding in Australia, the work being undertaken by the Casemix Branch, and of the the Branch's relationship with the NCC. He also mentioned the NCC's "Options Research Paper on the Future Long Term Suitability of using the ICD-9-CM in Australian Hospitals" and discussed the responses this discussion paper generated.

One final mention should also be made of the efforts of Mrs Heather Howse, from the Flinders Medical Centre in Adelaide, who made her debut public speaking performance at the seminar when she discussed coders' needs. Heather, who has been coding and involved in coding in South Australia for many years, spoke openly about the needs of coders in terms of education, peer support, career path development and support/co-operation from hospital management and clinicians. Well done Heather!

In addition to the seminar's role as a vehicle for information sharing, it also provided participants with the opportunity to have their say on issues of importance. To this end, two open forums were conducted throughout the program, one

addressing the advent of a system of coder accreditation in Australia, and the other focusing on the needs of coders in terms of peer support networks. Feedback from both sessions will be taken back to the Health Information Association of Australia (HIMAA) to assist them in the planning and development phases of these schemes.

From a personal perspective, the aspect of the seminar I found most enjoyable, was the chance to meet up with colleagues and make new friends. This seems to be a view shared by many other seminar participants who could be seen busily networking and mingling at refreshment breaks and the cocktail party - what social creatures we coders are!

The friendly and relaxed atmosphere, the convenient venue and good food, the pleasant company, coupled with a challenging program, all combined to produce a very successful and worthwhile seminar. The NCC anticipate that a national annual or bi-annual seminar will be held each year to ensure that clinical coders are kept up to date with advances in coding. For those who were unable to attend the seminar, the proceedings were videoed and are now available for purchase from the NCC (please refer to the NCC 1994 Seminar Video Order Form in this issue).

Finally, I would like to thank those people from the NCC and beyond, who helped with the planning and operation of the seminar. The assistance of these people was greatly appreciated and helped to contribute to the overall success of the seminar.

❖ *Janelle Craig*

PREVIEW CODING STANDARDS WORKSHOP

Following on from the Inaugural Seminar of the NCC, a three day "Preview Coding Standards Workshop" was held at the University of Sydney from 28 - 30 November 1994. The aim of the workshop was to preview the second edition of the Australian Coding Standards which come

into effect in July 1995.

Because the workshop ran as an interactive, "hands-on" session, numbers were limited, so as to ensure a small group/classroom style of presentation, using a combination of theory and practical application through exercises. Consequently, 84 clinical coders from Australia and New Zealand participated in the NCC workshop.

At the completion of the workshop, a formal evaluation of the course was undertaken and completed by 58 of the 84 course participants. We thought you may be interested to hear what participants had to say, so the following are the most commonly occurring responses to a number of questions.

Was it worthwhile attending the workshop?

95% of the 58 respondents answered favourably.

What did you like best about the workshop?

- 24 people replied they most enjoyed the opportunity to network and interact with other clinical coders
- 13 people liked the small group format of the workshop
- 13 people found group discussion throughout the sessions very useful
- 13 people liked information being reinforced through the use of practical examples and exercises
- 12 people responded that they appreciated access to the new coding standards
- 10 people answered that the best feature of the workshop was the clarification of coding problems and reassurance of existing coding practices

Participants were also asked to tell us what they liked least about the workshop and for suggested changes for future workshops. Feedback indicated that some participants felt there were too many practical exercises to complete and that some exercises were too ambiguous. For the next series of workshops, they suggested fewer exercises and more appropriate examples for use in practical sessions. A number of participants expressed disappointment that not all standards were addressed and discussed at the preview workshop, however, the NCC had only ever

intended for this workshop to be a preview of the 1995 workshops. Consequently, they would like the next round of Coding Standards Workshops to cover all new standards (or those standards with major changes), as well as to contain more information on the rationale/background for how standards were developed and decided upon.

The other main concern some participants had was that the duration of the course was too long and they suggested condensing future workshops so that they run for fewer days, but over longer hours.

In general, the feedback from participants indicated that they had benefited from attending the workshop and 26 people expressed general congratulations on the organisation and conduct of the workshop. Thank you - your feedback is appreciated and is most welcome, and together with advice from members of the NCC Coding Standards Advisory Committee (CSAC), will be used to help us refine the format and content of the upcoming Australian Coding Standards Workshops scheduled for March to June 1995.

CODING EDUCATOR NETWORK

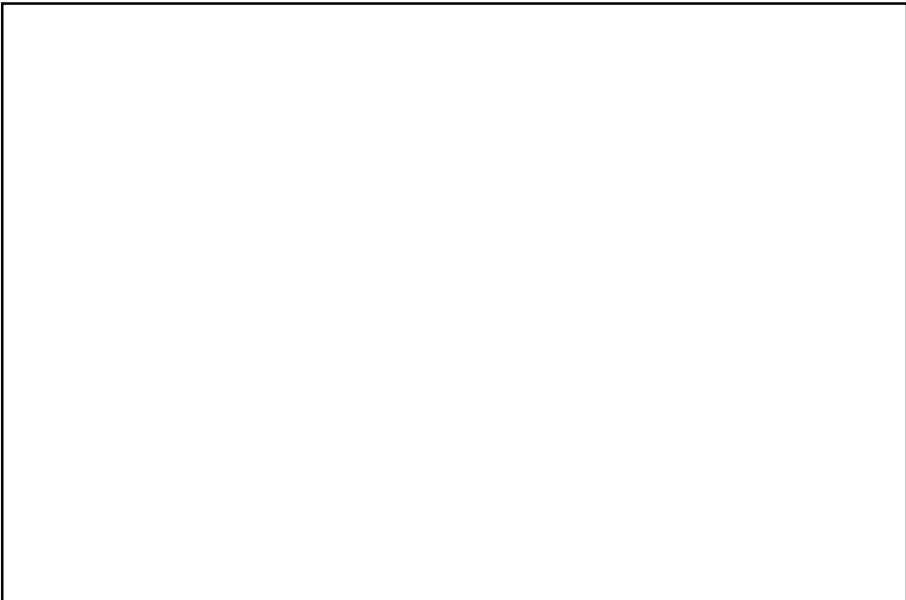
In the October 1994 issue of *Coding Matters*, a call for expressions of interest from clinical coders wishing to join the NCC's Coding Educator Network was published. As discussed at the time, the NCC intends to establish a

network of coding educators in each state and territory in order to provide assistance in conducting educational programs at a national level, as well as providing clinical coders in each state/territory with an immediate contact point for issues relating to coding education.

To date, 31 clinical coders have applied to join the Coding Educator Network. These applicants have just completed a three day training program with the NCC in preparation for their new educational role. The first courses the educators will be providing assistance with are the Coding Standards Workshops, which will be touring nationally in March through June 1995. Towards the middle of the year, their assistance will also be utilised when education refresher sessions for the introduction of coder accreditation commence. Thank you for your wonderful responses.

**STOP PRESS STOP PRESS STOP PRESS
STOP PRESS STOP PRESS STOP PRESS**

Further to the development of the Coding Educator Network in Australia, the NCC has also been asked to provide a similar service in New Zealand. At the end of February 1995, two staff from the NCC will be travelling to New Zealand to conduct a 'train-the-trainer' program with one clinical coder from each of the Crown Health Enterprises and the Health Information Service coding audit team participating. These 30 clinical coders will form the New Zealand Coding Educator Network.



***Coding Standards
Workshop instructors
(from the left) Kerry
Innes, Anne Marks,
Julie Rust (seated),
Louise Ali and
Janelle Craig***

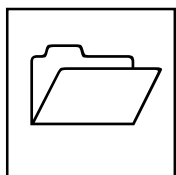
Calendar of Upcoming 1995 NCC Educational Activities

Introducing.....

Course Name:	AUSTRALIAN CODING STANDARDS WORKSHOPS	
Course Prerequisites:	Course participants should be clinical coders who are trained and experienced in the use of ICD-9-CM and who actively undertake coding as part of their current duties.	
Course Description:	This is a course designed for clinical coders to explain the rationale for decisions made by each of the Coding and Classification Clinical Groups (CCCG) and to advise on the use and interpretation of individual standards.	
Locations and Dates:	New South Wales	March/April 1995
	Sydney	Orange
	Port Macquarie	Tamworth
	Wagga Wagga	Lismore
	Victoria	June 1995
	Melbourne	Geelong
	Ballarat	Taralgon
		Wangaratta
	Queensland	May 1995
	Brisbane	Toowoomba
	Rockhampton	Cairns
	South Australia	late May 1995
	Adelaide	
	Western Australia	late May/early June 1995
	Perth	
	Tasmania	late March 1995
	Launceston	
	Northern Territory	early April 1995
	Darwin	
	ACT	early March 1995
	Canberra	

Please Note: Details on exact dates/times and venues, as well as instructions on how to apply for attendance of these courses will follow in registration brochures to be mailed out shortly.

Coding Tips



Note the following information relates to issues previously published in *Coding Matters*, Vol 1, No 2:

Procedures which can be used with 650

Add this following procedure to the list of procedures which can be used with 650:

66.39 *Other bilateral destruction or occlusion of fallopian tubes*

Mechanical Ventilation

Amend the wording as follows:

The change to the text for code 96.71 which appeared in the addendum for implementation from 1 July 1994, means that this code should be used for ventilation for periods greater than 24 and less than 96 consecutive hours. Ventilation for 24 hours or less should not be coded.

NCC Coding Standards Workshop

The following case caused considerable discussion at the Coding Standards Workshop (November 28-30, 1994) and it was resolved that we would submit this case to the Mental Health and Neurosciences Coding and Classification Clinical Groups (CCCCG) which will meet in early - mid 1995. The main problems with this type of case is whether to code the peripheral neuropathy as alcoholic given that it is queried in the final diagnosis but the patient was to be reviewed at the Alcohol Clinic; how to interpret the information about the previous alcoholism (is this a "history of" or "alcoholism in remission"); and whether to code the "smoking" as it is "most likely" the cause of the laryngitis but there is no information about whether the patient is currently smoking.

The code assignments are quite different depending on how the coder interprets the documentation. Feel free to code this case and we will follow up with this again after the CCCGs meet to let you know the verdict.

Admitted: 25.9.9x Age: 56 Sex: F
Discharged: 29.9.9x

Diagnosis: Peripheral neuropathy ?alcoholic
Previous alcoholism
Chronic laryngitis

This 56 year old woman was admitted for investigation of numbness of the feet and legs present since February. She admitted to heavy alcohol intake for many years up until February this year, but denied any since. Her past health was unremarkable.

On examination: She was found to be an overweight lady with a hoarse voice. BP was 160/90, PR 70 and regular. Heart sounds dual with no cardiac failure. Her chest was clear and there were no stigmata of chronic liver disease or splenomegaly. There was a decrease in pain, touch, vibration and joint position sense on the ankles and below. She had absent ankle jerks. Cranial nerves and cerebellar function were intact.

Investigations: Routine haematological and biochemistry - normal, including liver function tests. MSU - no growth. CSR - normal.

While in hospital she had an indirect laryngoscopy performed to investigate her hoarseness. This showed chronic laryngitis, most likely due to smoking.

She was reviewed by the Alcohol Clinic and will have further follow-up with them.

Her neuropathy symptoms resolved with a course of vitamin B injections.

Treatment on discharge: MultiB Forte ii bd
Ascorbic acid i tds
Sandocal i daily

❖ ***Kerry Innes***

☞ *Once upon a time.....*

A fanciful account of a coder's work many years ago.....

**by Irene Kearsey,
Acute Health Services, Department of Health
and Community Services, Victoria.**

Just suppose a letter came to light in the archives of the Melbourne Lying-in Hospital and Infirmary for Diseases of Women and Children (now Victoria's Royal Women's Hospital), a letter from a young woman applying for work as a coder.....

Information about such a young woman would be difficult to find. If she were not mentioned in the hospital's first annual report, the speed with which the hospital was established in 1856 could explain this omission. A meeting of charitable women on 8 August 1856 was followed by an inspection of a house for suitability as a hospital and the hospital opened on 29 August 1856. (Presumably the house had a basement for the coder and the records).

Like modern coders, she was probably a robust soul, hard working and extraordinarily long-lived! This paper contemplates some of the difficulties she would have faced.

One problem will be familiar to modern coders; the work performed was not sufficiently noticed. For the first years of its history, the hospital's annual reports concentrate on finance and administration. Lists are provided of subscribers, governors and donors (not always money: in 1863, donations included a keg of butter and 'a valuable cow'). Our imaginary coder's work is just visible in the counts of inpatients and outpatients. However, the importance of statistics was not recognised: apart from the hospital's accounts, annual reports were narrative.

From 1869, the death register our coder might have maintained would have come into its own: annual reports start to include narrative describing the causes of deaths in the hospital, case by case.

The hospital's original appointment of a coder, it must be acknowledged, would have been a far-sighted one. Over the years, hospital managers have debated such issues as whether or not coders' eyesight can stand daylight, but one thing everyone acknowledges a coder must have is a coding system. Although the first International Statistical Congress which instituted the development of the first uniform *nomenclature* for causes of death internationally was held in Brussels in 1853, our coder would have had to wait until 1891 for work to start on the development of an internationally applicable *classification* system for causes of death; this took two years. So, in 1893 she could start on coding the patients who had died: deceased records from 1856 to 1893 - perhaps the first

Aus

"Annual reports regularly described maternal deaths that would test modern V codes and E codes".

Our coder would have had to have been a resourceful person, unlike some modern coders who would be reaching for their State Coding Committee when faced with some of the obstetric cases of the time. For instance in 1882, the case who 'fretted herself to death' and the two cases who 'succumbed to an exhaustive diarrhoea'. Case notes for other mothers mention craniotomy; presumably on the foetus, which must be the origin of the debate still raging about how to code the baby if the baby is not admitted.

Annual reports regularly described maternal deaths that would test modern V codes and E codes. The 1902 report includes a patient who died in hospital of septicaemia but she had been 'confined in an outhouse, and lay there for some hours afterwards without attention' until 'brought in by police'.

While, after 1893, our coder would have had a means of classifying causes of death, classifying causes of morbidity was even further delayed.

The International Classification of Causes of Death was to be revised every ten years and the

first International Conference for its revision met in 1900. The 1920 conference considered an expansion of the rubrics that would be required for the classification to be used for morbidity coding. The first ICD to incorporate this work was the fourth edition in 1929. However, our coder must have ‘made do’ the best she could long before that: the annual report for 1902 is the first to provide a few medical statistics: the counts for cases of eclampsia and placenta praevia are supplied.

By 1910, our coder was able to extend this to nearly a dozen conditions and two operations: Caesarean sections (three cases) and craniotomy (one case). The 1911 report provides the statistics for a more comprehensive list of procedures (and is coincidentally the first annual report to include commercial advertisements).

Modern coders will empathise with the problem of eponyms that were facing our coder in 1911. The annual report provides counts for the following methods of fixing uterine displacements: Gilliam, Alexander Adam, Montgomery, Mayo while 1927 adds Baldy

Webster, Wylie Mann and Haig Ferguson (and converts Adam to Adams and Gilliam to Crossen-Gilliam).

Modern coders would not be puzzled by ‘hydatid of kidney’, ‘hydatid of liver’ and ‘retroperitoneal hydatid’ in the 1911 report except these are listed as operations (perhaps ‘removal’ has been omitted?). Modern coding books would provide no help with coding the six cases of ‘Insertion of Duke’s stem’ (the double entendre must be a recent invention), nor the five cases of ‘Artificial amnionization’.

If our coder could come back today and visit a modern coding service, what would she make of encoders, casemix and all the other aspects of the coder’s life today? One thing that would surely please her is the existence of the National Coding Centre and an *Australian* coding system, especially as there is no longer any need for such a system to contain codes for many of the obstetric conditions she would have had to code all those years ago.

❖ ***Irene Kearsey***

***Kerry Innes
and attendees
of the NCC
Coding
Standards
Workshop
sweat it out
over the new
Australian
Coding
Standards***

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And the winner is.....



..... Angela Randall of Hampton, Victoria (pictured here with Yorick from whom the winner's name was drawn). Angela (seen here at the NCC Inaugural Seminar November 1994) correctly guessed the identity of the naked NCC staff member in our photo competition featured in *Coding Matters* Vol. 1 No. 2 (see below for the answer to the NCC Goes Naked Competition). Angela will receive a free 4 Volume set of the NCC Australian Version of ICD-9-CM as soon as they are available! Congratulations Angela!!

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Kerry Innes (NCC Coding Services Manager), who appeared naked in our last issue, donned clothes for the 1994 Coding Standards Workshop.

Coding *Matters*

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