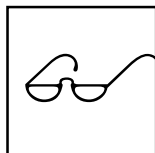


Coding Matters

Newsletter of the
National Centre for Classification in Health

Volume 3 Number 4
April 1997



FROM THE DESK OF THE DIRECTOR

Professor Phyllis Watson

My first comment in this issue must be to acknowledge the retirement of Professor Phyllis Watson, the mentor of the National Centre for Classification in Health (NCCH). NCCH (Sydney) owes its existence to Phyllis, the former Head of the University of Sydney's School of Health Information Management. Without her foresight and dedication to creating the National Coding Centre (as it was then), we would not have the Centre as we know it today. Professor Watson has left the University amidst a bevy of accolades for her work in NSW, nationally and internationally, and I wish to add my personal thanks to Phyllis for her support of the NCCH.

Readers' feedback

Compiling this column is always a useful stock take for me. In a way it helps us to keep on track – to make sure we are doing what is required of us by our customers – clinical coders, health information managers and users of coded data. I know you have recently completed a questionnaire about the content of *Coding Matters*, but now that the National Centre for Classification in Health is a reality, I would appreciate any feedback from readers on the overall scope of the Centre and its various functions and committees.

Coding Standards Advisory Committee

The Coding Standards Advisory Committee met on 6 February 1997 and decided to review its terms of reference in light of the merger of the Queensland University of Technology (QUT) and University of Sydney (SU) sites. That committee itself has subcommittees – to review state coding edits, to examine the use of code prefixes and code sequence and structure, so that we can have a national, agreed approach to these issues.

NCCH Executive Committee

The first meeting of the Executive Committee of the NCCH was held on 10 February 1997. Its members are drawn from the two universities (SU and QUT),

the Commonwealth Department of Health and Family Services (Classification and Payments Branch and Chief Medical Adviser), the Australian Institute of Health and Welfare (AIHW), the Australian Bureau of Statistics (ABS), the National Health Information Management Group (NHIMG), myself and the two Associate Directors (Kerry Innes and Sue Walker). The terms of reference of this committee are to oversee the functions of the Centre, to act as a conduit to organisations represented on the Executive, to receive and approve the annual budget, work plan, quarterly financial reports and progress reports on the work of the Centre, review its goals, establish policies, approve submissions for funding and changes to the scope of the Centre and appoint the director and associate directors.

At this first meeting, a draft statement of collaboration between the AIHW and NCCH was tabled and agreed. This statement outlines a special collaborating relationship between the Institute and the Centre which replaces the collaborating unit status held by the National Reference Centre for Classification in Health, QUT, with the AIHW. This means that both organisations will advocate health classifications which conform to international standards, that NCCH will collaborate with



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AIHW in regard to the Institute's role as WHO Collaborating Centre for Classification of Diseases, that the AIHW will transmit information between the NCCH and the NHIMG, that NCCH and AIHW will advise the Australian Bureau of Statistics on classification issues and will work together on definitions for the *National Health Data Dictionary* that relate to health classifications and on data quality studies. A "Health Classification Charter" is to be developed by both parties to guide the application of best practice in classification in Australian health data collections.

Preparation for ICD-10-AM Implementation

The ICD-10 Implementation Committee met on 7 February 1997 and the ICD-10 Education Working Group on 25 February. NCCH timelines for decision on content of both disease and procedure classifications are being met, with the disease section tabular and index now being completed and typesetting commenced. NCCH has contracted a typesetter especially for ICD-10-AM preparation. The first draft set of forward

and backward mappings (both historical and logical mappings) have been sent to the Classification and Payments Branch (DHFS). The procedure classification is due for final decision on codes by mid-March so that the release of the ASCII list of both disease and procedure codes is on track for April 1997.

Train-the-Trainer I

The two arms of ICD-10-AM had a good workout at the first Train-the-Trainer session held at the University of Sydney during the last week in February 1997. Approximately 20 participants attended from Schools of Health Information Management, Health Information Management Association of Australia and some state health authorities. Participants were trained by those responsible at NCCH for developing the two classifications.

*The two arms of ICD-10-AM
had a good workout at the first
Train-the-Trainer session*

This first group will form the nucleus of trainers in the second round of train-the-trainer sessions to be held at various state capitals in May 1997. Although this second session will involve members of the Coding Educators Network, its timing is primarily to prepare coders participating in the ICD-10-AM Impact Assessment due to be carried out in June, July and August 1997.

Impact Assessment

The ICD-10-AM Impact Assessment was one of the recommendations made at a workshop on ICD-10-AM Implementation held on 9 December 1996, and requires a study of the resource implications of ICD-10-AM introduction, reporting of results by October 30 and ratification by Australian Health Ministers Advisory Committee in January 1998 of the July 1998 introduction date for ICD-10-AM.

Another recommendation of that December meeting was the appointment of an ICD-10-AM National Coordinator at the Commonwealth level, who will work from the Classification and Payments Branch, DHFS. This person will be appointed to coordinate the work of two managers for the ICD-10-AM Impact Assessment Study and Dual Coding Study.

ICD-10-AM Implementation Kit

Also on the education front, Ms Janelle Craig has prepared a comprehensive education strategy for ICD-10-AM. One of its mainstays is the *ICD-10-AM Implementation Kit* prepared by Ms Shahn Campbell on secondment to NCCH from the Department of

Coding Matters



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Human Services, Victoria during the second half of 1996. The *ICD-10-AM Implementation Kit* was launched and distributed during late March 1997.

ICD-10-AM: spreading the word

Conference presentations for 1997 on ICD-10-AM have begun, with a paper by Janelle Craig at the Health Informatics Association of NSW (HIANSW) Conference on 15 February and another from me on coding of adverse events in ICD-9-CM and ICD-10-AM at the conference "Driving Health Reform" at Liverpool Hospital, Sydney on 6 March. Ms Lauren Jones gave a similar paper at a meeting in Melbourne organised by the Integrated Quality Management Model project early in February.

The next focus in ICD-10-AM implementation education strategy was the Seminar for Information Technology and Systems staff. That seminar was held on 11 April 1997 to coincide with the April release of the ICD-10-AM ASCII list of codes.

Staff changes

As you may know, Janelle Craig will be on maternity leave from April 1997 (*see* page 8). Our best wishes to Janelle for her new role. During her absence, the coding education function will be the joint responsibility of Ms Julie Rust, who will be working as a consultant to the NCCH on a part time basis, and Ms Karen Peasley, who as a project officer at the NCCH, will share responsibility for organising training programs as well as assisting with the development of the Australian Coding Standards for ICD-10-AM. Karen has completed the HIV coding audit project for NSW Health and submitted a final report in March 1997.

Other staff changes include the resignation of Ms Natalia Alechna, who has joined MBF as Health Information Advisor, and that of Ms Joanne Chicco, Quality Manager, who has decided to work full time on her MBA studies. Natalia did most valuable work on ICD-10-AM while at the same time completing a First Class Honours thesis (HIM) on coding of burns. Congratulations to both Natalia and Patricia DahDah! Patricia also achieved First Class Honours for a thesis on the coding of acute pain service interventions.

Joanne Chicco, as you know, has made a major contribution to the preparation of a benchmark coding audit which is now being tested in a number of hospitals. She was also responsible for reviewing the *Australian Standards for the Coding Service*, to which you can also all

contribute through the tear-out questionnaire in the middle of this issue of *Coding Matters*. Despite being with us for relatively short periods, both Joanne and Natalia made a lasting impact on the NCCH and its output, and will be greatly missed.

On the welcome front, our Administrative Assistant, Ms Linda Maleszka, has become a permanent and valued addition to the NCCH staff.

As outlined in Ms Sue Walker's report (*see* page 4), a research fellow, Dr Eric Schulz, has been appointed to NCCH (Brisbane). Dr Schulz, who has been working in Loughborough, UK, for the National Health Service Centre for Coding and Classification, will take up his position at the end of April 1997.

South African visit

During January 1997, I was fortunate enough to go to South Africa as part of the project for the Medicare Schedule Review Board on the feasibility of mapping from MBS to CPT. While there, I was able to make a brief visit to Groote Schuur Hospital in Capetown, and was fascinated to hear of plans to introduce both ICD-10 and the American Medical Association's Physicians' Current Procedural Terminology (CPT) in the public and private sectors. CPT will be used both as a procedure classification and as a fee schedule.

Specialty booklets

The program for production of specialty booklets has been slightly slowed by Ms Simone Lewis' devotion to preparation and typesetting of the *ICD-10-AM Implementation Kit*. However, the Geriatric Medicine booklet is now released, as advertised on the order form in this issue, and is proving very popular!

Health Information Management and Telemedicine Inquiry

At the end of January, Dr Karen Luxford and I made a presentation to the House of Representatives Standing Committee on Family and Community Affairs Inquiry into Health Information Management and Telemedicine (*see* 'Publication Issues', page 12). The Hansard report of proceedings and the submissions to the enquiry are both available via the Parliamentary Committee.

So, in closing, keep talking to each other (especially through "Code-L") and to us. We look forward to your comments. My email address is: r.roberts@cchs.usyd.edu.au

❖ **Rosemary Roberts**

**Welcome Linda Maleszka,
NCCH Administrative Assistant.**



VITAL SIGNS

This is the first opportunity for the NCCH (Brisbane) to formally contribute to *Coding Matters* and we are delighted to do so. We hope that this column will be a regular feature to let you all know what we are doing at the site of NCCH (Brisbane) – in the deep north.

Firstly, I'd like to give you a little background. The National Centre for Classification in Health (Brisbane) is funded by the Commonwealth Department of Health and Family Services, the Australian Institute of Health and Welfare (AIHW), the Australian Bureau of Statistics (ABS) and the Queensland University of Technology (QUT). We are located within the QUT School of Public Health, Kelvin Grove Campus, Brisbane.

In our previous life, the Centre was called the National Reference Centre for Classification in Health (NRCCH). NRCCH was established in 1992 with funding solely from the AIHW. The Centre's main function at that time was to support the Institute in its role as a WHO Collaborating Centre for the Classification of Diseases and to assist with the implementation of ICD-10 within Australia and nations of the Western Pacific region.

The recent joint venture between the University of Sydney and QUT has brought together the functions of the two sites for morbidity and mortality coding. We are also now developing a research capacity. The primary focus of the research activity is the use of coded data, quality assurance, and the development of coding support systems.

Who are we?

At present, there are only two permanent staff at the Brisbane site of NCCH. Sue Walker is Associate Director (Brisbane) and Maryann Wood is Senior Classification Officer.

Sue is a Health Information Manager who graduated from Cumberland College in the early 1980s with both an Associate Diploma and a Bachelor of Applied Science in HIM. She has worked for the Centre since mid-1994. Sue is currently two-thirds of the way through a Master of Public Health degree.

Maryann graduated as a HIM from QUT and has been working with the Centre for around a year. Maryann has just embarked on the first year of a Master of Health Science degree.

What are the responsibilities of NCCH (Brisbane) staff?

Here are examples of the types of activities that we are involved in:

Education

- Training in the use of the ICD-10 for coders from India, Thailand, Myanmar (Burma), Malaysia and Australia.
- Training in the use of the Abbreviated Injury Scale (AIS) for the Queensland Government Statistician's Office.
- Training in the use of MICAR/SUPERMICAR automated cause of death coding software with the Health and Vital Statistics section of the Australian Bureau of Statistics. "Health and Vitals" (as they call themselves) is located in the Brisbane office of the ABS and staff undertake mortality coding for all of Australia.

Research

- Assistance with a study by ABS and AIHW to compare manually coded mortality data with that coded by MICAR/SUPERMICAR. An investigation into why differences occur is continuing – most of them seem to be due to the way WHO mortality coding rules are interpreted. As this has relevance to the international comparability of death data, we are contributing to an international email discussion group on this issue to try and get some consensus.
- Use of various health classifications in different settings and for different purposes – some classifications work better because of the level of detail or the specific focus of the classification.

The primary focus of the research activity of NCCH (Brisbane) is the use of coded data, quality assurance, and the development of coding support systems.

NCCH (Brisbane) has recently appointed a Research Fellow, Dr Erich Schulz, who has been working in the Read Classification Centre in

Loughborough in the UK. Erich will commence work with us in April 1997 and we look forward to giving you more information about him and his research later in the year.

Australian Bureau of Statistics (ABS)

Maryann Wood spends two days every week at the ABS assisting them with the Cause of Death and Perinatal Death collections. She provides expert coding and classification advice, assists with the development of standards, medical terminology and coding training, and is currently writing procedure manuals for the coders.

ICD-10-AM

Both Sue and Maryann have been active in mapping work, both forward and backward mapping between ICD-9-CM and ICD-10-AM. Don't ask us anything about mapping external cause codes! We are also working on the abbreviated code text descriptors for the diseases classification of the ICD-10-AM. The abbreviated descriptors (maximum 40 characters in length) will be available later in 1997 as an ASCII list of codes product.

Brisbane staff, Sue Walker (Associate Director, NCCH Brisbane) and Maryann Wood (Senior Classification Officer, NCCH Brisbane)

That is all for now! If anyone is interested in further information, please don't hesitate to contact us at NCCH (Brisbane) ph: (07) 3864 5873, fax: (07) 3864 5515 or email: s.walker@qut.edu.au

❖ Sue Walker

The Health Information Management Association of Australia has a new postal address

All mail for HIMAA should be addressed to:

**Locked Bag 2045
North Ryde NSW 2113**

Phone, fax and office address remain the same:

HIMAA

ph: (02) 9887 5001

fx: (02) 9887 5895

email: himaa@itlite.com.au

HIMAA Education Services

ph: (02) 9887 5898

Show us your slogans!

The NCCH needs your help to find a catchy slogan to help usher in a new coding era: the introduction of ICD-10-AM in July 1998.

We need a short, snappy phrase that will be easily identified as the ICD-10-AM catchcry.

Here are some ideas to start you off:

👏👏 "The Perfect 10" 👏👏

🕒 "It's Time" 🕒

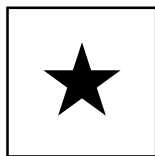
🎵 "Tune In" 🎵

Please forward entries to:

ICD-10-AM Slogan Competition
National Centre for
Classification in Health (NCCH)
PO Box 170
Lidcombe NSW 2141

Entries close 27 June 1997.

competition



QUALITY CONCERNS

NCCH Coding Quality Activities Package

In the last “Quality Concerns” column, I discussed the development of a national standard for the performance of coding quality audits. This standard has now been developed, and is currently in the testing phase. A number of hospitals responded to a request to become a test site, and they are busily using the method produced by the National Centre for Classification in Health (NCCH) to come up with results that can be compared nationally.

The document in question, that is being reviewed by the test sites, is known as the NCCH’s *Coding Quality Activities* package. It consists of two sections. The first section relates to the *Australian Standard Coding Benchmark Audit*, and the second section relates to *Other Coding Quality Activities*. Also contained in the package is a structured feedback document, which enables users to record positive comments and suggestions for improvement.

Section 1

The Australian Standard Coding Benchmark Audit (ASCBA)

This is a clinical coding auditing method that can be used by all healthcare facilities. Clinical coders can perform the *Australian Standard Coding Benchmark Audit* (ASCBA) using the methodology, instruments and scoring techniques as explained in the text. The clinical coder can prepare education reports and present these back to all clinical coders in the institution. The results of the Audit will be sent back to the NCCH, where they will be adjusted for casemix. Based on the calculations from the data received, the NCCH will establish a national benchmark, which will be a national standard to which all health care facilities can aspire.

Section 2

Other Coding Quality Activities

This section aims to provide clinical coders with ideas and suggestions on how to perform other, more regular coding quality activities. These activities are to be used as a supplement to the ASCBA (which is more time consuming and not designed to be performed monthly). Other sampling methods are suggested, along with review of “Error DRGs” and other alternatives to formal audit.

As reported earlier, these clinical coding auditing methods are still in the testing phase, but should be

available in a publication from the NCCH in the last half of 1997. We are eternally grateful to those institutions who nominated as test sites, and we look forward to receiving your constructive feedback.

Clinical coding auditing methods are still in the testing phase, but should be available in a publication from the NCCH in the last half of 1997.

Australian Standards for the Coding Service

For those of you that have ventured past the last chapter in Volume 4 of the 1996 *Official NCC Australian Version of ICD-9-CM*, you will know that Appendix C contains the current *Australian Standards for the Coding Service*. The NCCH wishes to update this Standard and would like to include an industry benchmark of the average number of records to be coded per hour, and the optimal number of days post-separation for the record to be coded.

We understand that many factors affect coding speeds, including the clinical coder’s level of education, and the “degree of difficulty” of the record being coded. We also understand that many health care facilities must have codes on their records as soon as possible after separation (for casemix reimbursement purposes).

Therefore, we wish to give all clinical coders the opportunity to have input into developing these important standards, and have provided a **questionnaire in this edition of Coding Matters** (see tear-out insert in this issue). Please feel free to fax or send back your opinions to the NCCH. We greatly value your input!

ICD-10-AM Edits Working Party

This working party was formed through the Coding Standards Advisory Committee (CSAC), and is chaired by Irene Kearsey of the Department of Human Services in Victoria. The aim of this committee is to standardise computerised coding edits across Australia, beginning with those that relate to ICD-10-AM.

Working party members from each state have sent their current edits to the Commonwealth Department of Health and Family Services where Joan Lonergan, Stuart McAlister and the Commonwealth crew worked long and hard over Christmas to merge all of the state

inputs into one document which outlines the similarities and differences between the states. This document will be the basis for drafting a nationally consistent computer editing system. We know that Irene and the working party will continue to work on this long-overdue task.

The NCCCH aims to include these national edits in an update of the ICD-10-AM ASCII code lists later in this year following the official release of the lists in April 1997.

Quality Review of Clinical Coding

I have done a quick quality review on the use of codes in the following specialities and can offer the following suggestions to improve coding quality:

Ear, Nose and Throat (ENT)

♦ Chronic sinusitis

Clinical coders should seek more information from clinicians about which sinuses are chronically inflamed. Ethmoidectomy is the most frequently coded procedure to treat chronic sinusitis, and therefore it may be that the ethmoidal sinus is the one chronically inflamed. Check with the clinician to determine if this assumption is correct.

♦ Sialoadenectomy

The most frequently used procedure code for sialoadenectomy is 26.30 *Sialoadenectomy, not otherwise specified*. This non-specific code, a commonly occurring problem in editing software, is a constant source of query to private hospitals from health funds.

Clinical coders should be encouraged to ask the surgeon whether or not the procedure performed is a complete or partial sialoadenectomy, and use those codes when appropriate.

♦ Cleft palate

Again, the most frequently used code is 749.00 *Cleft palate, unspecified*. Clinical coders should attempt to obtain more specificity from the surgeon.

♦ Rhinoplasty

Australian Coding Standard 0806 (Volume 4, page 84) states that "Procedures on turbinates are often performed in conjunction with a rhinoplasty or septoplasty as part of the operative approach, therefore, codes from category 21.6 *Turbinectomy* need not be assigned in this circumstance."

Clinical coders are encouraged to discuss the issue of coding (or not coding) turbinectomies with their ENT and Plastic Surgeons.

Respiratory Medicine

♦ Use of tobacco

Australian Coding Standard 0503 (Volume 4, page 63) states that the codes for use of tobacco "should be assigned as additional diagnoses for all cases where documentation is provided regarding tobacco consumption." Use of tobacco may fall into one of the following codes:

V15.82 History of tobacco use

V15.83 Current use of tobacco

305.1 Tobacco use disorder

Please consult this Standard for definitions of each term. These codes were introduced for use in 1995 as clinicians have realised that smoking may be linked to a number of diseases, and will undoubtedly use these codes for medical research in years to come.

♦ Mechanical ventilation

Don't forget to code mechanical ventilation when the patient is treated by this ventilatory mechanism for more than 24 consecutive hours. Ensure that ICU and CCU notes are consulted. Mechanical ventilation consumes high levels of hospital resources, and omission of the code may result in a hospital being under-reimbursed in a situation of casemix-based funding. Consult Australian Coding Standard 1006 (Volume 4, page 94) for more information.

♦ Pneumonia

The most frequently used pneumonia code across Australia is 486 *Pneumonia, organism unspecified*. Once again, clinical coders should seek more specificity from clinicians.

♦ Acute pulmonary oedema

Clinical coders are reminded that if a patient with acute pulmonary oedema has coexisting heart failure or heart disease (as specified by the clinician), the diagnosis code to use will be from the 428 *Heart Failure* rubric. Please ensure that the lookup procedure for acute pulmonary oedema is followed carefully.

✧ ✧ ✧

Many of the problems listed above are due to inadequate documentation in the medical record. Hospital managers should be informed of the documentation requirements for clinical coding. Policies should be implemented to ensure that all medical staff are trained to provide a level of documentation to enable the clinical coder to perform their tasks adequately.

❖ Joanne Chicco



EDUCATIONAL MATTERS

This will be the last report that I will be submitting to *Coding Matters* on NCCH education activities, for the time being at least. Why I hear you ask???

Well, for those of you who attended the 3rd Annual NCC Seminar at the Hyatt Regency in Coolum in November 1996 and wondered why I was looking a little plumper than usual, yes, your suspicions were correct and, yes, you could code me as V22.2!!

At the time of writing this report, I'm in my third trimester with my first baby and will be taking maternity leave from the NCCH commencing 16 April, 1997. In my absence (I intend to return to the NCCH in early 1998, all going well with mum and bubs), Education Services will be coordinated by Julie Rust and Karen Peasley.

As detailed in *Coding Matters* (Vol. 3 No. 2), Karen Peasley has been working with the NCCH (Sydney) since August 1996, during which time she has undertaken a HIV study for NSW Health. With the completion of this project, Karen is set to move into a new role as Project Officer, which will see her work on

the Australian Coding Standards for ICD-10-AM with Kerry Innes, as well as assisting Julie Rust in coordinating educational activities.

Karen Peasley is available Monday to Friday and can be contacted on ph: (02) 9351 9648 or email: k.peasley@cchs.usyd.edu.au

Julie Rust has a long involvement with health information management and clinical classification. Most recently, Julie has been a member of the NCCH's Coding Educators Network and a member of HIMAA's Expert Panel for the inaugural Accredited Clinical Coders Examination. Julie commenced working with the NCCH on a part-time basis in the role of HIM Consultant on 10 March 1997.

Julie is available on Monday and Tuesday each week and can be contacted on ph: (02) 9351 9345 or email: j.rust@cchs.usyd.edu.au

Together, Julie and Karen will be busy undertaking the NCCH educational activities outlined in the last edition of *Coding Matters*.

Together, Julie and Karen will be busy undertaking the NCCH educational activities outlined in the last edition of Coding Matters

So for the moment, farewell and thank you for your all your support to date. I'm sure you'll assist Julie Rust and Karen Peasley equally as well. I'll keep in touch with you through *Coding Matters* and also the Clinical Coders' Society of Australia (CCSA) newsletter, *Codelink*, while I have no doubts Karen Luxford will keep you up to date with my adventures as a new mum; here's hoping there are not too many dramas with 779.3 (baby's record) or 780.55 (mum's record)!

❖ **Janelle Craig**

The new education team ... Karen Peasley (left) and Julie Rust farewell Education Manager Janelle Craig (seated), who is embarking on maternity leave and motherhood....

update

As an update on what has been happening in the area of education, NCCH Education Services can report on the following activities ...

February

Health Informatics Association of NSW (HIANSW) Conference: “Making Connections”

Presentation of paper, “*ICD-10-AM: Implementation Issues for IT Professionals*” at the Health Informatics Association of NSW (HIANSW) conference held 15–16 February 1997.

NCCH Train-the-Trainer I

This workshop was designed to train a core group of educators to assist the NCCH with future educational activities. Twenty participants from state/territory health authorities, university schools of HIM, HIMAA and OTEN attended the University of Sydney on 24–28 February 1997 and were inundated with information about ICD-10-AM.

March

NCCH/HIMAA Familiarisation Training Course in ICD-9-CM Coding for Freestanding Sameday Hospital Facilities

Completion of this six-week course by 23 clinical coders from freestanding day procedure centres throughout Australia.

ICD-10-AM Implementation Kit

This kit was released in late March 1997. It is the first product of the education program and contains a series of information sheets, fact sheets and visual aids to assist with local educational presentations.

*** One copy of this kit has already been distributed free-of-charge to CEO's/General Managers of all public and private hospitals and freestanding day procedure centres throughout Australia. ►**

Additional copies are available for purchase from the NCCH (Sydney) at a cost of \$45 (*see* tear-out order form in this issue).

The *ICD-10-AM Implementation Kit* has been produced with assistance from the Commonwealth Department of Health and Human Services. Sincere thanks to all who contributed to the development of this kit! Thanks to Shahn Campbell and Simone Lewis for all their work on the production of the *Implementation Kit*.

NB: Two forums discussed in the Education Services report in the last edition of *Coding Matters* (i.e. the Rehabilitation forum and the Quality forum) were initially scheduled for March 1997. Unfortunately, these have been postponed. The Rehabilitation forum will now take place in June 1997, while the Quality forum has been postponed to a date to be advised.

April

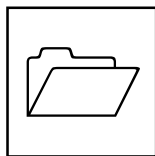
ICD-10-AM Update Seminar for Information Technology (IT) Professionals

This was a one day seminar conducted in Sydney on 11 April 1997. It was conducted specifically to provide software vendors, IT professionals and state/territory health authorities with information about ICD-10-AM in order that they may prepare for changes to be made to IT systems architecture in readiness for the move to ICD-10-AM in July 1998.

Australian Private Hospitals Association (APHA) Information Technology Workshop

16 April 1997. Presentation of paper, “*ICD-10-AM: IT Implementation Issues*”.

NB: Although **Train-the-Trainer II** was originally planned for April, it will now take place in May 1997.



CODING SERVICES

ICD-10-AM Update

We are pleased to inform you that the content of ICD-10-AM is now virtually finished! The Addendum to the ICD-10 disease classification is completed, as is the content of the tabular component of the MBS-E procedure classification. The MBS-E index is currently being finalised. The third trial of the MBS-E procedure classification is also completed with over 1000 records being coded.

Our many thanks go to the staff at Bankstown Hospital for their assistance with this trial as it has helped us to refine the MBS-E index even further! The trial was also supplemented by consultation with clinical coders from Westmead Hospital and St Vincents Private Hospital regarding the refinement of specific chapters.

A first draft of the ICD-10-AM Australian Coding Standards has now been prepared and will be revised following clinician and coder input.

On the mapping front, we have finished the first draft of the forward and backward mappings of the disease codes and this information has gone to the Commonwealth Department of Health and Family Services for analysis which will contribute to the development of the fourth version of the AN-DRG grouper.

*We are pleased to inform you
that the content of ICD-10-AM
is now virtually finished!*

Unanswered coding queries

The Coding Services staff have been *extreeeemly* busy finalising the content of the Australian version of ICD-10 (ICD-10-AM) and, therefore, we regret that ICD-9-CM coding queries have taken a back seat for the time being. Our sincere apologies go to those of you who have submitted queries through your state coding committees and have, as yet, not received a reply. We are most concerned about the delay, and we will be back on track responding to your questions as soon as we are able.

Remember:

If you have email facilities, you can also field coding questions to your learned colleagues on the **Code-L** listserv (for details on how to join, see *Coding Matters*, Vol. 3 No. 2). Any discussion taking place on Code-L which is of national interest is also reported in subsequent issues of *Coding Matters*.

Coding tips

As a result of spending 90% of our time recently on ICD-10-AM development, there are no coding tips on ICD-9-CM coding in this issue. Sorry!

However, in this issue, we have included a handy, updated Alphabetic Index of all previous "Coding Tips & Guidelines" as a tear-out insert.

Questionnaire on number of codes used

(*Coding Matters*, Vol. 3 No. 3)

Thank you to the very small number of people who took the time to complete and return the questionnaire. We are keeping a register of these respondees for special consideration in the next **accreditation exam!!!** (only joking)

Questionnaires such as this assist the NCCH in influencing the course of coder issues at a national

level, in this case, the development of computer systems which can adequately handle the requirements of coders. *But ... if you don't help us, we can't help you!* Such information is required to assist the Prefixes Working Party of the Coding Standards Advisory Committee (CSAC), with the aim of standardising the use of prefixes on codes, the number of code fields to be used in computerised systems, and the recording conventions for morphology, aetiology and manifestation codes.

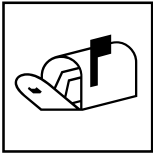
❖ **Kerry Innes**

This issue of *Coding Matters* includes a complete alphabetic index of

Coding Tips and Guidelines

– a comprehensive reference guide to recommended coding practices.

See the tear-out insert in the centre of this issue.



LETTERS TO THE EDITOR

Accreditation and education

25th February 1997

Dear Editor,

I wish to comment on a report which appeared in the last *Coding Matters* (Vol. 3, No. 3). I refer to a report entitled "1996 Coder Accreditation Exam" by Jennifer Mitchell. This report went some way toward explaining common errors made in the first Australian Clinical Coder Accreditation examination. As a candidate who sat this first exam I was disappointed with the individual feedback provided with my exam results. This feedback was general and really did not help me in isolating where I went wrong and thus where I should change my coding practice.

Jennifer stated in her report that it was not a purpose of the accreditation process to help candidates improve the quality of their coding. This I find disappointing as isn't education a basic objective of the accreditation process?

As both a member of HIMAA (now responsible for the administration of the clinical coder accreditation examination) and an accredited coder I hope that the accreditation process will have an ongoing positive effect on the quality of coded clinical data in Australia. This may best be achieved by establishing a positive attitude amongst coders to the process by promoting it as an educational exercise.

Impressions from other clinical coders would be appreciated.

Carmel Cheney
MRA Consultant, Clinical Coder
COLLARROY NSW

Coding Matters Editor offers Jennifer Mitchell right of reply ...

28th February 1997

Dear Editor,

Thank you for giving me the opportunity to reply to Carmel Cheney's letter and to reiterate the purpose of the ACC Examination. It is very important that coders understand that coder education and coder accreditation are separate processes. Accreditation is the end-point of the coder education process. When coders are confident that their coding education and experience have provided them with high level coding knowledge and skills, they can have this confirmed by sitting for the ACC Examination.

Coder Accreditation will have a positive effect on the quality of coded clinical data. HIMAA and the Commonwealth Department of Health and Family Services are subsidising the ACC examination because they firmly believe that data quality improvement will be an outcome. Coders will have to undertake self assessment and participate in regular reviews of their own coding if they intend to obtain and maintain accreditation.

Jennifer Mitchell
Manager, HIMAA Education Services
(Chair, NCWIP Expert Panel)
NORTH RYDE NSW

Relevant reading

Mitchell J, Holmes L. Accredited clinical coder examination 1996 results. *Health Information Management* 1997; 26(4): 202-206.

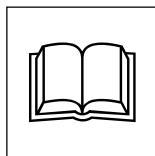
Coding Matters

Letters to the Editor

Coding Matters welcomes letters to the Editor regarding topics of interest to clinical coders, as well as comments on previous issues of the newsletter. Letters should be a maximum of 300 words in length.

All correspondence should be addressed to:

Karen Luxford – Editor
National Centre for Classification in Health (Sydney)
PO Box 170
Lidcombe NSW 2141
email: k.luxford@cchs.usyd.edu.au



PUBLICATION ISSUES

Welcome to the first fully fledged edition of *Coding Matters* to come to you from the National Centre for Classification in Health (NCCH) rather than the National Coding Centre (NCC). As of this issue, we will keep you up to date with happenings at the NCCH, both Sydney and Brisbane!

Countdown to ICD-10-AM

Publications Division of NCCH (Sydney) has also been very busy lately (haven't we all?!!) preparing for the big ICD-10-AM countdown.

✧ The **ICD-10-AM Implementation Kit**, which many of you will have seen by now, was expertly typeset by Simone Lewis (Publications Assistant). Editing text content and coordinating the production of the kit also kept me out of trouble!

✧ The typesetting and design of the **ICD-10-AM publication** is already underway! In a beautiful, clear font at a good size print. Numerous typesetting trials were conducted in January 1997. One style has now been adopted for both the disease and procedure classifications of ICD-10-AM, utilising some of the design concepts that appear in the World Health Organization's ICD-10.

*The typesetting and design of the
ICD-10-AM publication
is already underway!*

Each chapter/section of the publication undergoes many refinements prior to being sent for typesetting, including, in the case of diseases for example, the addition of all the Australian modifications (a publication or two in its own right!) and the checking of consistent spelling of medical terminology and consistent formatting.

✧ The **ICD-10-AM Electronic ASCII Code List – Full Descriptors** is now complete and is available for purchase. Sold in 3½" diskette format, this product contains all disease and procedure codes in the ICD-10-AM with a **full descriptor** for each code. MBS-E codes form the procedure classification component of ICD-10-AM and hence are included in this product (see opposite page for sample content).

Unlike previous years, licencing will apply relating to the number of users of the ICD-10-AM ASCII code lists (see page 14). Special flat rates apply for state/territory health authorities and software developers.

✧ The NCCH is currently preparing a ICD-10-AM ASCII Code List with **abbreviated descriptors** for disease and procedure codes, however, this product will not be available until June 1997. Abbreviated code descriptors will have a maximum of 40 characters and will be accompanied by an Abbreviated Terms List. Once available, the abbreviated descriptor code list will be sold separately from the full descriptor list, using the same licencing price scale.

✧ ICD-10-AM ASCII Code List file specifications can now also be accessed through the **NCCH Homepage**. Our homepage has recently been updated with lots of relevant information and is worth a look! Also on the electronic front, **Code-L** is going strong, with 140 subscribers, and continues to be a convenient forum for the discussion of coding issues (see *Coding Matters* Vol. 3 No. 3, page 13 for details on how to join).

✧ The much awaited **Geriatric Medicine** "Casemix, DRGs and Clinical Coding" booklet – which grew to such a size that we had to have it perfect bound – is now available from NCCH (Sydney) (see tear-out order form in this issue).

An invitation to Parliament!

In mid-1996, the former National Coding Centre (NCC) responded to a call for submissions to the Parliamentary Inquiry into "Health Information Management and Telemedicine" by the Commonwealth's House of Representatives Standing Committee on Family and Community Affairs.

The NCC specifically addressed one of the six areas for consideration, that being:

- the development of standards for the coding and dissemination of medical information.

Other areas covered by the inquiry included:

- the status of current pilot projects
- costs and benefits of providing computer technology to general practitioners and others (particularly in rural and remote areas)
- ethical, privacy and legal issues arising from technology applications and transfer of confidential patient information

- feasibility of Australia becoming a regional/ international leader in technology development and marketing
- implications of wider development and implementation of medical practice through telemedicine.

The NCC submission informed the Committee of the current uses of coded health information, at local and national levels, and the importance of standardising the application of codes. Our submission outlined the current status of ICD-9-CM and ICD-10-AM, along with other projects underway. We also discussed the need to establish standards for the use of classification systems across a range of healthcare settings.

Record linkage and standardisation of coding is an important factor, as we head into the age of seamless healthcare, if we are to prevent the impediment of data exchange and comparison between health care sectors. Ultimately, this is essential, if we are to move toward a patient orientated, longitudinal health record that can be accessed nationwide.

As a result of this submission, the NCC was called upon to appear before the Parliamentary Inquiry and provide evidence during a public hearing held in Sydney on 28–29 January 1997.

The NCC was excited that out of hundreds of submissions, we were one of only a handful of organisations (including HIMAA) that were called upon

to submit evidence in Sydney. Associate Professor Rosemary Roberts and myself appeared before the Committee panel of parliamentarians and were questioned for 30 minutes regarding our submission and clarification of certain points therein. It was indeed interesting and worthwhile to experience first hand democracy at work!

How many of you in recent years would have predicted that Australian Commonwealth government politicians would be interested in medical record coding?

Health Informatics Association of NSW (HIANSW) Conference, February 1997

Recently, both Janelle Craig and myself made presentations on behalf of NCCH (Sydney) at the 1997 HIANSW Conference. The conference covered numerous thought-provoking topics including NSW Health's IT Policy, perspectives from general practice on IT, nursing and IT, ICPC Plus primary care classification, ICD-10-AM, patient identification issues, patient administration issues, and undergraduate education. Anyone interested in joining HIANSW can contact me on ph: (02) 9351 9478 or by email: k.luxford@cchs.usyd.edu.au

So, it is heads down for Publications Division and full steam ahead to have the ICD-10-AM books prepared by January 1998!! Bye for now!

❖ Karen Luxford

SAMPLE CONTENT OF THE

ICD-10-AM Electronic ASCII Code List – Full Descriptors

Diseases			
Code	Descriptor	Valid	Valid from [§]
B23	Human immunodeficiency virus [HIV] disease resulting in other conditions	N	
B23.0	Acute HIV infection syndrome	Y	
B23.8	HIV disease resulting in other specified conditions	Y	
⋮			
B37	Candidiasis	N	
⋮			
B37.8	Candidiasis of other sites	N	
B37.81	Candidal oesophagitis	Y	1/07/98
B37.88	Candidiasis of other sites	Y	1/07/98

[§] Only disease codes developed in Australia are flagged with a "valid from" date (other, non-flagged codes were developed by WHO).

Procedures [†]			
Block no.	Block descriptors	MBS-E code [‡]	MBS-E description
965	Cholecystectomy	30443-00	Cholecystectomy
965	Cholecystectomy	30445-00	Laparoscopic cholecystectomy
965	Cholecystectomy	30446-00	Laparoscopic cholecystectomy proceeding to open cholecystectomy
965	Cholecystectomy	30454-01	Cholecystectomy with choledochotomy

[†] All MBS-E codes are valid codes.

[‡] MBS-E codes are arranged in the ASCII file numerically by block number. In the book publication, codes appear in block number order and then according to procedural concept hierarchy.

Announcing the release of NCCH's

ICD-10-AM Electronic ASCII Code List – Full descriptors

ICD-10-AM codes are due for implementation on 1 July 1998, at which time they are intended to supersede the current ICD-9-CM codes.

☆ *Be prepared and keep ahead of the changes*

☆ *Purchase the ICD-10-AM Code Lists now!*

- Available on 3½" disks
- Ideal for database environments
- Crucial for software development relating to ICD-10-AM clinical coding

1997 Annual Licence Fees[#]:

■ Single User	\$199
■ 2 – 20 Users	\$299
■ 21 – 50 Users	\$499 (also State/Territory Health Authority Rate [†])
■ 51 + Users	\$999 (also Software Developer Rate [‡])

[#] NB: if you buy this product now, this initial licence is valid for over 2 years: effective from April 1997 – June 1999 (at which time the first updated ICD-10-AM code list will then be released).

[†] State/Territory Health Authorities can purchase *ICD-10-AM ASCII Code List – Full descriptors* for a flat rate of \$499, irrespective of user numbers

[‡] Software developers can purchase *ICD-10-AM ASCII Code List – Full descriptors* for a flat rate of \$999, irrespective of user numbers

To order the *ICD-10-AM Electronic ASCII Code List – Full descriptors* simply fill out the order form provided in this issue of *Coding Matters* and post it with a cheque to the NCCH (Sydney).

For further information, contact:
Dr Karen Luxford, Publications Manager
NCCH (Sydney)
ph: (02) 9351 9478 or fx: (02) 9351 9603
email: k.luxford@cchs.usyd.edu.au

ICD-10-AM comprises:

- An Australian Modification of the World Health Organization's "International Statistical Classification of Diseases & Health Related Problems – tenth revision" (ICD-10)
- MBS-Extended (MBS-E), an Australian procedure classification based on the Medicare Benefits Schedule

ICD-10-AM has...

- over 36,000 disease codes (modified ICD-10)
- over 6,000 procedure codes (MBS-Extended)

Stay tuned for news on the ICD-10-AM "Abbreviated Descriptors" ASCII Code List due for release in mid-1997.

Disease code lists:

include all ICD-10-AM disease codes, full code text descriptors, date of introduction flag for additional Australian codes, and valid/nonvalid code flag.

Procedure code lists:

include all ICD-10-AM procedure codes (MBS-E), full code text descriptors, procedure code block numbers & related block number text descriptors (Block numbers only relate to procedure codes).

National Centre for Classification in Health (NCCH)

ERRATA 1997 – Part 1

1996 Australian Version of ICD-9-CM, second edition

Subsequent to the Errata published in 1996, the following corrections need to be made to the *1996 Australian Version of ICD-9-CM*

Volume 2 – Alphabetic Index of Diseases

Page

100	Decrease, decreased
	- cardiac reserve -...
Delete	--- postablative 256.2
	- oestrogen 256.3
Insert	- - <u>postablative 256.2</u>

Volume 3 – Tabular List of Procedures

p-29	*27.49 Other excision of mouth
	<i>Excludes: biopsy of mouth NOS (27.24)</i>
	<i>excision of lesion of:</i>
	<i>palate...</i>
	<i>.....</i>
Realign	<i><u>fraenectomy of:</u></i>
	<i>lip (27.41)</i>
	<i>.....</i>

Volume 4 – Australian Coding Standards

65	0511	PANIC ATTACKS WITH PHOBIA
		Amend as follows:
		Both the panic attacks (300.01) and the phobia should be coded, with the phobia
Revise		<u>(300.20, 300.23 or 300.29)</u> sequenced first.

comical records

The following quotes were taken from actual medical records dictated by physicians. They appeared in a column written by Richard Lederer PhD for the Journal of Court Reporting, and found their way to the NCCH through the SA Coding Committee publication, *Coding Queries* (Jan 1997).

- ☺ Discharge status: Alive but without permission.
- ☺ The patient states there is a burning pain in his penis which goes to his feet.
- ☺ She has had no rigours or shaking chills, but her husband states she was very hot in bed last night.
- ☺ The patient has been depressed ever since she began seeing me in 1983.
- ☺ I have suggested that he loosen his pants before standing, and then, when he stands with the help of his wife, they should fall to the floor.
- ☺ Patient has left his white blood cells at another hospital.
- ☺ She slipped on the ice and apparently her legs went in separate directions in early December.



Waitemata HEALTH

CLINICAL CODER

Waitemata Health has a vacancy for an experienced clinical coder.

Ideally you will be able to demonstrate:

- proven knowledge and expertise in clinical coding (*1996 Australian Version of ICD-9-CM*)
- good inter-personal, organisational and communication skills
- a commitment to continuous quality improvement.

We are offering:

- a pleasant working environment on Auckland's North Shore
- a committed and supportive team
- an attractive remuneration package.

For further information contact: Olwen Minnitt, Coding Manager, ph 64 9 486 1491 (ext 2630), fax 64 9 486 8934.

Applications to Human Resources Dept., North Shore Hospital, Private Bag 93-503 Takapuna, Auckland 9, New Zealand.

SENIOR CLINICAL CODER

South Auckland
HEALTH



South Auckland Health is a major provider of secondary and niche tertiary public health services to the communities of South and East Auckland, admitting in excess of 50,000 acute inpatients annually.

This dynamic organisation has set some fundamentally challenging short and long term goals to dramatically improve business practice; a programme which is supported by the roll out of leading edge technologies and facilities modernisation.

As casemix-based funding is introduced to the New Zealand health care environment, high quality medical record data is recognised as an essential component of an effective casemix management programme, a concept supported by senior clinical and non-clinical management.

A vacancy exists for an experienced clinical coder to work with our clinical coding team. The successful applicant will assist the Health Information Manager with the day to day management of the Clinical Coding Service. Other responsibilities will include: coder training and support, ICD-9-CM (Aust.) coding, coding quality activities, and DRG analyses.

Applicants should:

- have sound ICD-9-CM (Aust.) coding experience
- be familiar with AN-DRGs
- have highly developed interpersonal skills
- be enthusiastic, and committed to team building, with a focus on continuous quality improvement.

An attractive remuneration package will be offered to the successful applicant. It is expected that an initial employment contract will be offered for a minimum period of two years.

For further information please contact: Linda Fletcher, Health Information Manager in NZ on ph: 64 9 276 0044 (ext. 2521) or fax 64 9 276 0256.

A message from the
Health Informatics Society of Australia (HISA)

APAMI – HIC'97

Managing Information for Better Health Outcomes
in Australia and the Asia Pacific Region

Plan to attend the 1997 health informatics event

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Sydney Convention Centre

Darling Harbour

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Email hisa@hisa.org.au ▪ <http://www.hisa.org.au/hic97>

Asia Pacific Association Medical Informatics
Health Informatics Society Australia

there can only be ONE WINNER!

The incredibly popular NCCH guessing competition (*Coding Matters*, vol. 3 no. 3), which asked readers to estimate the number of codes in ICD-10-AM, has been won by the SOLE ENTRANT!

Congratulations

VANESSA ROSSITER

Clinical Coder

Ashford Community Hospital, SA

The daunting real answers are:

♦ How many disease codes in the
Australian Modification of ICD-10?

36,914

♦ How many procedure codes in MBS-E?

6,313

Vanessa wins a free ICD-10-AM in early 1998!