

# WHO-FIC Annual Network Meeting Tokyo 2005



The annual meeting of the World Health Organization Network for the Family of International Classifications (WHO-FIC), was held in Tokyo, Japan from 17-22 October 2005. The meeting was hosted by the Statistics Committee, Social Security Council of Japan. Eighty-eight delegates from seven WHO Collaborating Centres and a total of 16 countries participated in a week of plenary sessions, committee meetings, poster presentations and round table discussions relating to the Family of Classifications.

Representing Australia were Richard Madden, Ros Madden, Catherine Sykes and Ching Choi from the Australian Institute of Health and Welfare (AIHW) and Kerry Innes, Sue Walker and Julie Rust from the NCCH.

## Plenary Session

The meeting was opened on Monday morning 16 October by Professor Takeshi Hiromatsu, Dr Reiji Murayama and Dr Bedirhan Üstün, who welcomed delegates to Tokyo and emphasised the importance of the normative role of WHO and the function of classifications as the building blocks for sound health information systems. >>>

The work of the WHO-FIC Network is conducted through various committees and working groups. Each of these groups presented an annual report of its activities during the first plenary session and at the conclusion of the meeting, a summary report of the work of the group. Full reports of each of these groups and committees and the final meeting report may be found at: <http://www3.who.int/icd/tokyomeeting/documentlist>. The following topic areas provide an overview and highlights of some of this work.

## Update and Revision Committee

This was the first meeting of the URC under the new chair and secretariat from the Canadian Institute of Health Information (CIHI), Mea Renahan and Lori Moskal. The work of the URC is constant and increasing, with forty-four proposals for change to ICD-10 considered during three meeting sessions. Consensus had been reached on 36 proposals prior to the meeting. Overall, 64 proposals for change were agreed to by the members of the URC and a summary of these changes will be available on the WHO website: <http://www.who.int/classifications/icd/icd10updates/en/index.html> at the beginning of 2006. An important and urgent consideration of the URC was the inclusion of a new code for avian (bird) flu, which will now be found at code J09 *Influenza due to identified avian influenza virus*. This code will be added to the 2006 version of ICD-10 and will also be a late inclusion for ICD-10-AM, Fifth Edition, 2006, and other national modifications.

A very welcome poster and presentation for all those involved in the work of the URC was given by Can Celik, Systems Analyst, WHO. In his paper, he outlined plans by WHO to provide an online ICD updating system, via a web based portal. This system, which uses Microsoft Windows Sharepoint Services (WSS), will allow a much more timely and efficient method of handling the yearly updates to ICD-10 and the future work of the ICD-10 revision process.

## ICD Revision

Dr Bedirhan Üstün, WHO, presented the structure for the revision process for the creation of ICD-11, which will comprise of three main streams of work:

- Scientific stream – including evidence based reviews, surveys, validation studies, add-on protocols for existing studies and meta analyses
- Clinical stream – ensuring clinical utility, linkage to patient reports and to treatment response and consideration of the inclusion of phenotypes
- Public health stream – assessing the impact on health systems, service delivery, resource management, reimbursement, accounting, information technology applications and the interactions with terminology

Five pilot areas targeted for revision – diabetes mellitus, mental health, lymphomas, external causes and cystic fibrosis, are currently being reviewed by collaborating centres and the WHO Classification Assessment and Terminologies (WHO CAT) team in Geneva. A report on each of these clinical topics and the progress to date was provided to the meeting.



The Australian delegation enjoying dinner at Shinagawa, Tokyo

## Education committee

The Education Committee has established a collaborative venture with the International Federation of Health Records Organizations (IFHRO) in the past year to progress work towards an international training and certification program for coders. Margaret Skurka and Kathy Giannangelo, both representing IFHRO, were able to attend the Tokyo meeting and participate in Education Committee activities. The Education Committee and the Joint Committee also met in Washington DC in May. The Joint Committee has finalised gold-standard core curricula to be used to assess the adequacy of education and training courses for morbidity and mortality coders. The Committee is currently working on plans for the assessment of current coders and the most appropriate means to evaluate the skills and knowledge of educators. An international call for ICD training materials was released early in 2005 and the materials submitted are undergoing assessment against the core curricula. It is hoped to be able to identify high quality materials for each of the modules in the core curricula so that individuals who approach collaborating centres or WHO wanting to learn to code can be directed to courses that have received the 'approval' of the WHO-FIC/IFHRO Joint committee. Coders who have completed all the modules in the core curriculum taught by universities or approved trainers, will be eligible for an international certificate of competence. Naturally there will be costs involved in the maintenance of this program, and the Education Committee will be investigating possible funding sources in the next twelve months. More information about the work of the Education Committee can be found on its website, hosted by the North American Collaborating Center at [www.cdc.gov/nchs/about/otheract/icd9/nacc\\_ed\\_committee.htm](http://www.cdc.gov/nchs/about/otheract/icd9/nacc_ed_committee.htm)

## Mortality Reference Group (MRG)

The MRG met in Washington DC in May 2005 and on 12–14 October 2005 in Tokyo and had one working session during the Network meeting. During the Tokyo meetings, 56 issues were discussed, decisions were made on approximately 29 and recommendations to the URC for 2006 were finalised. Various topics on quality concerns were discussed and one of interest to clinical coders is to progress work on definitions for terms used throughout the ICD that are not defined anywhere (for example, abortion) or concepts that are difficult to apply or which have different meanings in different languages. International standardisation in this area will greatly improve the reliability of comparative data and also directly benefit the various classifications, such as ICD-10.

## Other highlights

Towards the end of the week, two round table discussions, comprising of an expert panel within each field, were held. The first of these, casemix groupings and DRGs, examined the uses and feasibility of an international casemix system and the role of WHO-FIC Network in this area. The second discussion, focusing on classifications and terminologies, reviewed the current status in terms of linking the WHO-FIC to terminologies. It was agreed that classifications and terminologies should not be considered interchangeable, but complementary systems and that appropriate mappings be undertaken based on existing scientific knowledge.

A new approach for this meeting was the display of scientific papers as posters around the main meeting room. The authors were allowed a five minute summary presentation during an extended lunch break on two days of the meeting. This process worked well and allowed delegates to move around to each poster during the lunch breaks and discuss the papers with their authors. A wide range of diverse topics were covered including the co-mortalities of suicide deaths in Australia, a comparison of the International Classification of Health Interventions (ICHI) and the French Classification Commune des Actes Médicaux (CCAM) Basic Coding System and the development of an international patient safety event taxonomy.

The formation of four new reference groups, similar in structure to the Mortality Reference Group (MRG) was proposed and accepted at this meeting. These groups will cover the areas of morbidity, functioning and disability, terminology and primary care. Of particular interest to the NCCCH is the establishment of a Morbidity Reference Group. The terms of reference of this group are not yet finalised, however areas of interest may include the comparability of international morbidity data and reasons for difference, the rules and conventions of ICD-10 and the possibility of developing international coding standards and definitions.

This group will be co-chaired by Richard Madden (the new NCCCH director) and Olafr Steinum, infectious diseases and internal medicine specialist and ICD-10 coding educator, from Sweden. Many of our readers may know Olafr from his welcome input to Code-L discussions over the years and from his presentation with Gunnar Henriksson at the NCCCH conference in Perth in March 2005. Others may remember his considerable skills on the dance floor at the conference dinner!



MRG members in front of Imperial Palace, Tokyo

A WHO-FIC Network meeting would not be complete without a busy social agenda and our Japanese hosts provided wonderful opportunities to sample their hospitality and culture. Delegates were welcomed to the official dinner on Wednesday evening by the playing of kotos, a traditional Japanese instrument similar to a zither, and a tea ceremony. The venue, Happo-En, is surrounded by beautiful Japanese gardens, and following a stroll we sampled the local sushi, sashimi and tempura during the dinner. Entertainment was provided by Michael Schopen (on piano) and Albrecht Zaiss (on saxophone), showcasing the multi-talented German Collaborating Centre! The following afternoon we were taken on a drive through the Yokohama bayside area to the ancient city of Kamakura, where we visited the Tsurugaoka Hachimangu Shrine, Enkakuji Temple and the Great Buddha of Kamakura.

The annual meeting of the WHO-FIC Network provides an excellent opportunity for international colleagues to work together to improve access, implementation, education and revision of health classification systems in the areas of mortality, morbidity and functioning and disability. The bustling city of Tokyo, which never sleeps, provided a wonderful venue for both the formal and informal approaches to this work.

The next meeting of the WHO-FIC will be held in Tunis, Tunisia from October 22–28, 2006.

# ICD-10-AM, ACHI and ACS

Fifth edition forecast



ICD-10-AM, the Australian Classification of Health Interventions (ACHI) and the Australian Coding Standards (ACS) have been improved with a number of important changes.

## ICD-10-AM Fifth Edition

New disease codes – 143  
Deleted disease codes – 5

The modifications to disease codes incorporate a number of important improvements to ICD-10-AM:

### WHO ICD-10 updates

Each year in October, recommendations for change to ICD-10 are made to the Update Reference Committee at the WHO Family of International Classifications (WHO-FIC) meeting. ICD-10-AM Fifth Edition contains those recommendations ratified at the WHO-FIC meetings of 2003 and 2004.

The main changes resulting from the ICD-10 updates include:

### New chapter:

Chapter 22 *Codes for special purposes* (U00-U49). This includes the new code U04.9 *Severe acute respiratory syndrome [SARS]*.

### New codes:

G90.4 *Autonomic dysreflexia*  
J09 *Influenza due to identified avian influenza virus*  
K22.7 *Barrett's oesophagus*  
K85 *Acute pancreatitis* has been expanded at the fourth character level with 6 new codes with the axis being the aetiology of the acute pancreatitis.  
M79.7 *Fibromyalgia*

P91.6 *Hypoxic ischaemic encephalopathy [HIE] of newborn*  
R29.6 *Tendency to fall, NEC*  
R50.2 *Drug-induced fever*  
R50.8 *Other specified fever*  
U04.9 *Severe acute respiratory syndrome [SARS]*  
W46 *Contact with hypodermic needle*  
Z58.7 *Exposure to tobacco smoke*  
Z92.6 *Personal history of chemotherapy for neoplastic disease*

### Inactivated codes:

P91.81 *Neonatal encephalopathy*  
P91.89 *Other specified disturbances of cerebral status of newborn*  
R50.0 *Fever with chills*  
R50.1 *Persistent fever*

### Amended code title:

O60 *Preterm delivery to Preterm labour*, with 3 new codes denoting *without delivery*, *with preterm delivery* and *with term delivery*

### External cause of injury codes

A submission was received by the Research Centre for Injury Studies (RCIS). Changes made as a result of this submission include:

- Identification of the counterpart in pedestrian conveyance collisions is now possible through the introduction of a new Australian category, V00 *Pedestrian injured in collision with pedestrian conveyance*, with a fifth character to identify the mode of pedestrian conveyance used by the counterpart
- Amendments to categories for falls to allow specification of particular types of chairs, beds and other furniture

- New recreational activities, for example, kite surfing and land sailing

Code changes include:

- U54.7 *Kite surfing* – amendments to inclusion terms and index
- U55.8 *Ice sailing* & U66.5 *Land sailing* – 1 new code
- U63 *Equestrian activities* – 2 new codes
- Mode of pedestrian conveyance – V00, W02, W03 and W51 – 34 new codes, 5 amended codes
- V80 *Animal-rider or occupant of animal-drawn vehicle injured in transport accident* – 28 new codes, 2 amended codes
- W06 *Fall involving bed* – 9 new codes
- W07 *Fall involving chair* – 10 new codes
- W08 *Fall involving other furniture* – 5 new codes
- W13 *Fall from, out of or through building or structure* – 8 new codes
- W18 *Other fall on same level* – 5 new codes
- W55 *Bitten or stung by other mammals* – 4 new codes
- X15 *Contact with hot household appliances* – 8 new codes
- X70 *Intentional self-harm by hanging, strangulation and suffocation* – 3 new codes
- Y92 *Place of occurrence* – amendments to inclusion terms and index
- Motor-vehicle exhaust – amendments to *Table of Drugs and Chemicals*
- Discharge of paintball gun – new inclusion terms and amendments to *Table of Discharges of Firearm*

### ***Drug table review***

A number of minor changes have been made to the Alphabetic Index of Diseases, Section 3: *Table of Drugs and Chemicals*.

## **Australian Classification of Health Interventions (ACHI) Fifth Edition**

New procedure codes – 105

Deleted procedure codes – 58

Deleted blocks – 1

The modifications to procedure codes incorporate a number of important improvements to ACHI:

### ***Medicare Benefits Schedule (MBS)***

ACHI Fifth Edition will include modifications based on MBS changes from May 2003, November 2003 and May 2004.

### ***Chapter 6 Dental Services***

The Australian Schedule of Dental Services and Glossary, 8th Edition was released for use in 2004. It contained a number of amended, reinstated, renumbered, deleted and new items. Relevant changes to this document have been incorporated into ACHI Fifth Edition.

### ***Incision and drainage of lesion in oral cavity***

A code has been created for this procedure in block [401] *Incision procedures on mouth, palate or uvula*; 96215-00 [401] *Incision and drainage of lesion in oral cavity*.

### ***Adjustment of tissue expander valve***

Two codes have been created; 45566-03 [1661] *Adjustment of tissue expander* and 45548-02 [1758] *Adjustment of breast tissue expander*.

## New name for ICD-10-AM

The Fifth Edition introduces a new naming of ICD-10-AM to reflect the fact that volumes 3 and 4, the Australian Classification of Health Interventions (ACHI) is not a modification of ICD-10 which is a disease classification.

The Fifth Edition will still have five volumes but will be referred to as three separate products:

### **ICD-10-AM / ACHI / ACS**

When ordering "ICD-10-AM" in 2006 you will have to order the three separate products.

See Fifth Edition order form for details



### **Ablation of bone lesion**

A code has been created; 90609-00 [1579] *Destruction of bone* in block [1579] *Other procedures for other musculoskeletal sites*.

### **High dose rate brachytherapy**

A public submission was received requesting a code for this procedure. Two codes have been created in block [1792] *Brachytherapy, interstitial*:

- 15327-06 [1792] *Brachytherapy with implantation of removable single plane, high dose rate*
- 15327-07 [1792] *Brachytherapy with implantation of removable multiple planes or volume implant, high dose rate*

### **Pharmacotherapy interventions**

Amendments have been made to *Pharmacotherapy interventions*; blocks [1920] *Administration of pharmacotherapy*, [1921] *Loading of drug delivery device* and [1922] *Other procedures related to pharmacotherapy*. These changes were made in response to queries received following pharmacotherapy codes introduced in ACHI Fourth Edition.

### **Fetoscopic laser ablation of intrauterine vessels of placenta**

A public submission was received requesting the creation of codes for the treatment of twin to twin transfusion syndrome. Two codes have been created: 90463-01 [1330] *Endoscopic fetal reduction* and 90488-00 [1330] *Endoscopic ablation of vessels of placenta*.

## **Australian Coding Standards (ACS) Fifth Edition**

New Australian Coding Standards – 3  
Deleted Australian Coding Standards – 4  
Modified Australian Coding Standards – 14

A review of all ACS was performed in conjunction with the amendments to ICD-10-AM Tabular List and ACHI Tabular list. This has resulted in the addition of new standards, deletion of irrelevant standards and modification of a number of other standards to reflect the changes for Fifth Edition.

Amendments to the ACS include:

#### **New standards**

- ACS 0304 *Pancytopenia*
- ACS 0942 *Banding of haemorrhoids*
- ACS 1551 *Obstetric perineal lacerations/grazes*

#### **Deleted standards**

- ACS 0624 *Autonomic dysreflexia*
- ACS 0907 *Echocardiography*
- ACS 1011 *Chronic bronchitis in children*
- ACS 1536 *Fetal reduction*

### **Modified standards**

- ACS 0040 *Conventions used in the tabular list of procedures*
- ACS 0043 *Flaps and free flaps*
- ACS 0233 *Morphology*
- ACS 0301 *Stem cell procurement and transplantation*
- ACS 0503 *Drug, alcohol and tobacco use disorders*
- ACS 0809 *Intraoral osseointegrated implants*
- ACS 0933 *Cardiac catheterisation*
- ACS 1217 *Repair of wound of skin and subcutaneous tissue*
- ACS 1911 *Burns*

## **Publication information**

ICD-10-AM, ACHI and ACS, Fifth Edition will be published in February 2006, for implementation from 1 July 2006. The Fifth Edition will be available as

- Five volumes in hard copy, with optional slipcase
- eBook, the electronic version, which can be networked for designated numbers of users, or as stand alone options. The eBook's features include
  - o global notes, which allows an administrator to create or edit notes that can be seen by all users, and a personal notes field.
  - o links make looking up Australian Coding Standards and the latest published information from 10-AM Commandments easy and fast
- electronic code list – an ASCII comma delimited file

Ordering information is enclosed with this edition of *Coding Matters* and can be obtained from [www.fhs.usyd.edu.au/ncch](http://www.fhs.usyd.edu.au/ncch)

## **Fifth Edition Education**

The model for delivery for Fifth Edition education will be similar to that used for Fourth Edition education. This will include a downloadable PDF document via the web, CD-ROM for those without access to the internet and optional face-to-face workshops. For further details see page 13.

ICD-10-AM / ACHI / ACS  
eBook  
Fifth Edition

Coming soon

- Competitive pricing
- Network and single user versions
- Search engine
- Personal notes
- Hyperlinked coding commandments
- Electronic updates

Time trial version available early 2006  
See NCCH website and order form for details

# The 10-AM Commandments

## Enteryx procedure

The NCCH received a query asking which procedure code to assign for the injection of Enteryx in the treatment of gastro-oesophageal reflux disease. This procedure is performed endoscopically by injecting a special liquid solution into the wall of the lower oesophagus. The liquid solidifies into a spongy implant which acts as a barrier to prevent the reflux of the stomach's contents including acid.

The Department of Health and Ageing has listed Enteryx as a prosthesis in Schedule 5 benefits, payable in respect of surgically implanted prostheses, human tissue items and other medical devices.

### Classification

When coding endoscopic injection of Enteryx, assign 30490-00 [853] *Endoscopic insertion of oesophageal prosthesis*.

The pathway in the Alphabetic Index is as follows:

Insertion

- prosthesis, prosthetic device
- - oesophageal (endoscopic) 30490-00 [853]

## Herpes simplex conjunctivitis

The NCCH was asked to review the Alphabetic Index for coding herpes simplex conjunctivitis. The index entries under the lead terms 'Herpes, herpetic' and 'Conjunctivitis' differ.

### Classification

For documentation of herpes simplex conjunctivitis, assign:

B00.5 *Herpesviral ocular disease*

H13.1\* *Conjunctivitis in infectious and parasitic diseases classified elsewhere*

Follow the index pathway of:

**Conjunctivitis** (due to) (in) H10.9

- herpes (simplex) (virus) B00.5† H13.1\*

The NCCH will consider amendments to ICD-10-AM Alphabetic Index under the lead term 'Herpes, herpetic' to clarify code selection for this disease.

## Morphology codes for the abbreviated term 'Ca'

The NCCH was asked to clarify whether the abbreviation 'Ca' should be interpreted as 'cancer' or 'carcinoma'. The NCCH was also asked which morphology code to assign when the abbreviation

'Ca' is used in the absence of any other defining documentation in a medical record.

Clinicians, cancer registries and various medical dictionaries have all indicated that 'Ca' can be used interchangeably to mean 'cancer' or 'carcinoma'. On further review of the use of this abbreviation, WHO ICD-10 indicates that the term 'cancer' when modified by an adjective or adjectival phrase indicating a morphological type, should be coded in the same manner as 'carcinoma' with that adjective or phrase. Thus, 'squamous cell cancer' should be coded in the same manner as 'squamous cell carcinoma', which appears in the list under 'Carcinoma' (ICD-10-AM Fourth Edition Alphabetical Index of Diseases).

If the term 'cancer' is preceded by a term other than a morphological descriptor, assign the morphology code M8000/3 *Neoplasm, malignant*. Therefore, if prostate Ca is documented without any available histology report or clinical clarification, assign M8000/3 *Neoplasm, malignant*.

Inconsistencies in classification examples in the Australian Coding Standards (ACS) will be amended for ACS Fifth Edition.

## Patella resurfacing

The NCCH has received a number of queries about patella resurfacing. Patella resurfacing may be performed in knee replacement to ensure that the patella glides smoothly over the new artificial knee. This is done by removing the under surface of the patella and resurfacing with a cemented, all-polyethylene component.

### Classification

There is currently no specific code available in the Australian Classification of Health Interventions (ACHI) for this procedure. When patella resurfacing is performed, it should be coded to the appropriate knee arthroplasty procedure code. Clarification should be sought from the surgeon to determine whether a primary or revision procedure has been performed.

The NCCH recognises the need for amendments to this section of ACHI. Amendments will be considered for a future edition of ACHI for patella resurfacing and other orthopaedic procedures.

## Elevated Prostate Specific Antigen (PSA)

A query was received by the NCCH on the code assignment for elevated PSA when there is no other relevant documentation or finding on investigations.

There are many possible reasons for an elevated PSA level, including prostate cancer, benign prostate enlargement, inflammation, infection, age, and race. If cancer is suspected, a transrectal ultrasound biopsy of the prostate is recommended. However, only a quarter of men who have a biopsy due to elevated PSA levels actually have prostate cancer.

### **Classification**

When elevated PSA is the only documentation and no cause can be determined, assign:

R79.8 *Other specified abnormal findings of blood chemistry.*

## **Prostatic Intraepithelial Neoplasia (PIN)**

In ICD-10-AM Fourth Edition:

PIN Grade 1 and 2 are classified to N40 *Hyperplasia of prostate* and

PIN Grade 3 is classified to D07.5 *Carcinoma in situ, prostate.*

Recently, there has been a change of terminology from 'Grade 1 – 3' to 'low' and 'high' grade PIN. High grade PIN and Grade III PIN are used synonymously. Prostate cancer is associated more with high grade than low grade PIN.

### **Classification**

Clinical advice received by NCCH indicates that 'high grade PIN' should be classified to D07.5 *Carcinoma in situ, prostate.* A proposal is currently being considered by the WHO ICD-10 Update Reference Committee for revision of the terminology for PIN and the relevant indexing. Low grade remains contentious.

## **Hemi hepatectomy**

There is currently no code available in ACHI for hemi hepatectomy. Clinical advice indicates that hemi hepatectomy is the same as lobectomy of liver.

### **Classification**

Where hemi hepatectomy is documented, assign 30418-00 [953] *Lobectomy of liver.* The NCCH will review the Alphabetic Index for a future edition.

# New NCCH Director



Professor Gwynnyth Llewellyn, Dean of the Faculty of Health Science, the University of Sydney, announced in August that Dr Richard Madden has been appointed to the position of Director of the National Centre for Classification in Health (NCCH).

"Professor Madden is a distinguished federal

government senior executive who is internationally renowned for his strong record of organisational and strategic leadership in establishing a world-class array of health and welfare statistics, building partnerships in specific fields, and oversight of numerous high quality publications.

Professor Madden has held the position of Director, Australian Institute of Health and Welfare (AIHW) since 1996. He has previously held a number of senior positions, some of which include: Deputy Australian Statistician, Australian Bureau of Statistics, (1992–1996), Under Treasurer, ACT Government (1988–1992), Under Treasurer, Northern Territory Government (1983–1986), and Director of the New Planning Division, Health Commission of New South Wales (1980–83).

The Institute of Actuaries of Australia named him Actuary of the Year in 2002, and he was awarded a Public Service Medal in 2003. Dr Madden will be conferred an Honorary Doctor of Science Degree by the University of Sydney in 2005.

Professor Madden has led the AIHW in establishing a world-class array of health and welfare statistics, based on robust, nationally accepted data standards and classifications. The Institute's work is highly valued internationally, with specific contributions to classifications work within the World Health Organization's health classifications network (WHO-FIC) and to the array of health indicators published by the OECD. He has also headed Australia's centre within the WHO's health classification network (WHO-FIC) since 1997. He played a significant role in the development of the International Classification of Functioning, Disability and Health (ICF), which was adopted by the World Health Assembly in 2001.

Professor Madden has a proven track record of achievement in administration and management in a variety of research and government settings."

Professor Madden will take up the position of Director NCCH in mid-January, 2006.

# International

## ICD-10-AM/ACHI evaluation in Turkey

The NCCH is currently part of an international project team, working to develop infrastructure for health information and health financing reform in Turkey. The project, titled Infrastructure Development for Strengthening and Restructuring of Healthcare Services Financial Management in Turkey, is a research and development project lead by Hacettepe University. It is being conducted in partnership with Tepe Technology, TC Health Administration and Medicare Australia, for the Turkish Ministries of Finance, Health, Labour and Social Security. The project aims to review and address the financial infrastructure on which the reformed Turkish health system is to be based and subsequently delivered.

The new infrastructure, which is to be developed and piloted in eight hospitals nationwide over an 18 month period involves:

**Component A:** Review of the current fee-for-service payment system with a view to improving it towards international standards and establishing an information infrastructure for running the system



Clinical coders - Aylin Öztürk, Nuri Aslan and Sezgin Yamaner

**Component B:** Establishment of a prospective payment system for admitted health care services, development of a national clinical classification and DRG system and setting up of an activity-based budgeting system for health care institutions

**Component C:** Development of infrastructure to facilitate the implementation of an improved electronically enabled national health supply chain management system, including drugs, medical supplies and devices.

The NCCH's role has primarily involved:

- Advice and training in the ICD-10-AM classification and the Australian Classification of Health Interventions (ACHI)

- Advice and training on the AR-DRG system, interrelationships with ICD-10-AM and associated data definitions, including the development of an admission policy
- Advice and training in the structure of Australian Medicare Benefits Schedule (MBS) and the baseline professional relativities developed for items in 1997
- Advice on the revised BUT (Turkish equivalent to the MBS) including the structure, scope and translation

Four staff members from NCCH are involved in components A and B of this project. Kerry Innes is responsible for coordinating NCCH inputs, policy and contract negotiations and assisting with licensing arrangements for NCCH products. Kerry also met with the Turkish delegation of 13 ministry representatives and health experts who visited Australia in August this year.

Julie Rust is coordinating the coder training and education and in the longer term, assisting with the validations of the translation of ICD-10-AM into Turkish.

Catherine Perry has been seconded from the Department of Human Services, Victoria, for a limited period and is now living in Ankara, Turkey, and working on the project full-time. Catherine's experience in data definitions and standards, coding quality and casemix systems provide a solid foundation for the broad scope of her project responsibilities. Her ever increasing Turkish vocabulary is becoming a great asset to the project team.



I-r Lauren Jones, Julie Rust, Professor Mustafa Ozmen, Catherine Perry

Lauren Jones, who previously worked on the Professional Relativities Study (conducted by the Medicare Schedule Review Board) for the Relative Values Study, is providing valuable input to the work on the evaluation and revision of the current Turkish fee-for-service payment system, called the Budget Implementation Directive (or BUT).

The NCCH was most appreciative that Rosemary Roberts, former director of NCCH, was available to be in Turkey in June for the initial introduction of the project to the Turkish ministries and the Australian Embassy.

Lauren and Julie have completed two trips to Turkey this year (June and August) for training sessions and input into specific components of the project. During the August visit, the initial training course in ICD-10-AM Fourth Edition for 11 Turkish coders at Hacettepe University Hospital (HUH) was completed and the coders commenced the pilot study coding in ICD-10-AM the following week. Training people in another language was certainly a challenge, and the NCCH team was assisted in this process by Dr Secil Olcer, from Tepe Technology. Dr Olcer's multilingual



Participants in the initial coding course at the Hacettepe University & Julie Rust

Catherine has recently been involved in surveying the eight hospitals involved in the project, in order to provide information regarding current coding and health information practices, for such future training and ICD-10-AM and DRG implementation programs.



I-r Dilek Kaymak, Ömür Yadıkar & Emine Albayrak

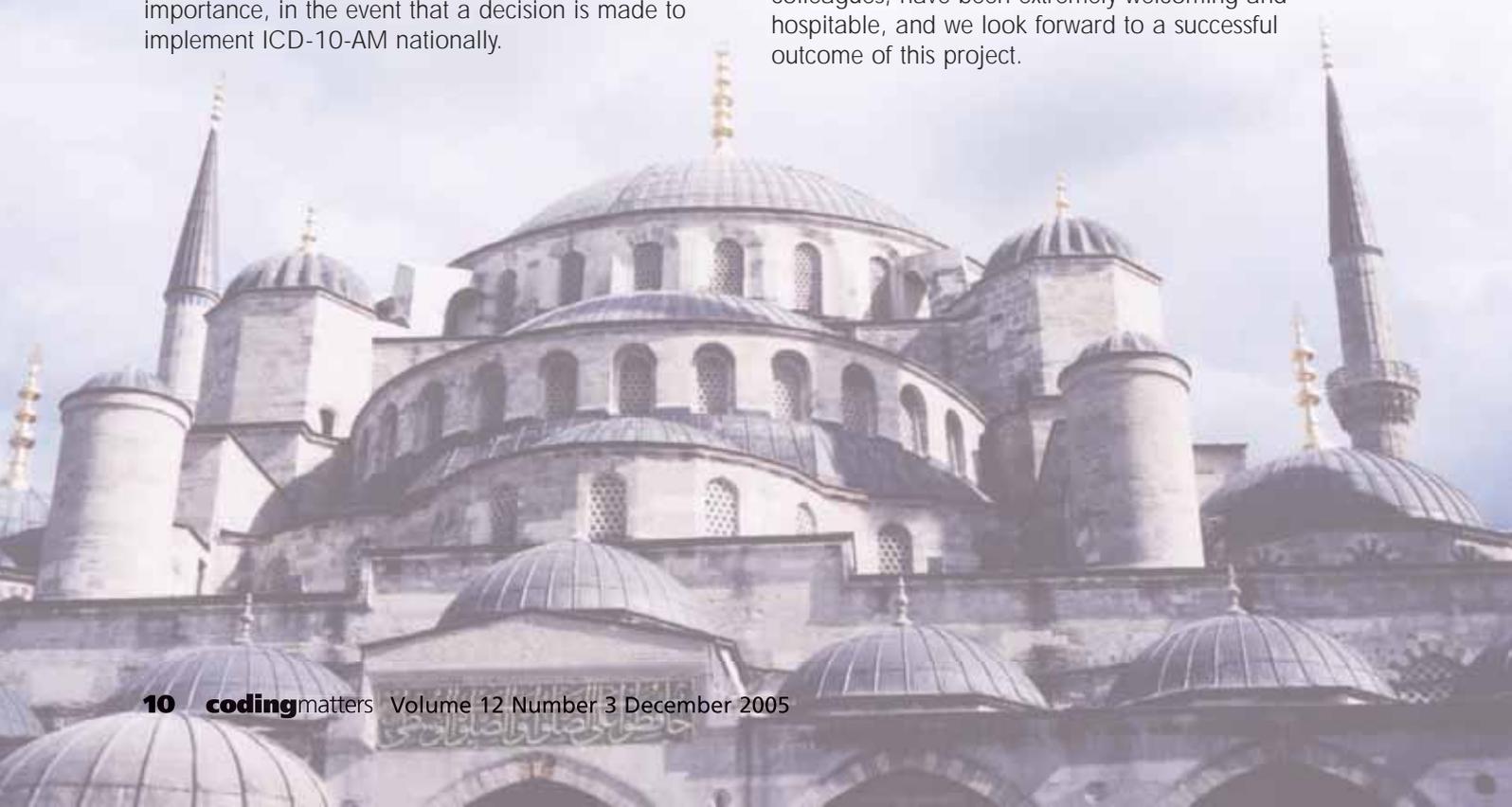
skills and preliminary yet enthusiastic knowledge of ICD-10-AM were invaluable. Despite the need to deliver the course in two languages, common problems in the coding world were discussed and the feedback following the training sessions was very positive. It is envisaged that some of these coders will become future trainers in ICD-10-AM for the other seven hospitals in the project. This training will commence next year. The skills developed at these eight hospitals will be of great importance, in the event that a decision is made to implement ICD-10-AM nationally.

Early next year the bulk of work on the Turkish fee schedule will be completed along with a revised coefficient and conversion factor system for the schedule. The NCCH will work with the Turkish and international experts on these revisions.

From a coding and DRG point of view, work will continue in providing support for coder training, data analysis and coding quality activities on the newly collected data, and involvement in the development of a minimum discharge data set and National Health Data Dictionary.

Turkey is a progressive and exciting country and despite the challenges of such a large project, the staff of the NCCH consider this a wonderful international opportunity to 'spread the word' about ICD-10-AM and other NCCH products and services. With the successful admission of Turkey recently to the EU accession talks, this project is integral to this process.

The Turkish people and in particular, our hosts and colleagues, have been extremely welcoming and hospitable, and we look forward to a successful outcome of this project.



# Summary of 2004 public submissions

## for modifications to ICD-10-AM, ACHI AND ACS

The NCCH invites public submissions for modifications to ICD-10-AM, the Australian Classification of Health Interventions (ACHI) and the Australian Coding Standards (ACS) biennially. After receipt, each submission is evaluated by the NCCH in consultation with clinicians and clinical coders. Where it is determined that amendments may need to be made to ICD-10-AM, ACHI or ACS, a proposal is prepared by NCCH and sent to the Coding Standards Advisory Committee (CSAC) for ratification. Proposals that are ratified by CSAC form the basis of modifications to the classification.

The next public submission period will be 1 March to 31 May 2006.

The following is a brief summary of the public submissions received in 2004 that have contributed to the modifications for ICD-10-AM, ACHI and ACS Fifth Edition. At the end of this summary is a list of 2004 public submissions that have been held over for a future edition of ICD-10-AM, ACHI or ACS.

### Cardiac catheterisation

The submission requested amendments to ACS 0933 *Cardiac Catheterisation* to clarify the definitions and coding advice contained in the standard.

CSAC ratified the amendments to ACS 0933 for ACS Fifth Edition.

### Procedures for twin to twin transfusion syndrome

The submission requested the creation of procedure codes performed for twin to twin transfusion syndrome: *Fetoscopic laser ablation of intrauterine vessels of placenta* and *umbilical cord ligation*.

CSAC ratified the creation of two codes for ACHI Fifth Edition:

- Endoscopic ablation of vessels of placenta
- Endoscopic fetal reduction

### Drug eluting stents

The submission suggested the creation of procedure codes for *drug eluting stents*.

CSAC did not support the creation of codes for drug eluting stents. A proposal was ratified by CSAC to add the terms *drug eluting stents* as inclusionary terms to existing coronary angioplasty codes in ACHI Fifth Edition.

### Pancytopenia

The submission requested a new code for pancytopenia.

Pancytopenia is currently classified to D61.9 *Aplastic anaemia, unspecified*. A proposal has been forwarded to the World Health Organization (WHO) Update Reference Committee (URC) for ICD-10 regarding the classification of pancytopenia. The NCCH is unable to change the default classification of pancytopenia to D61.9 *Aplastic anaemia, unspecified* without ratification from WHO URC. The NCCH supports the assignment of specific codes for the individual blood abnormalities of pancytopenia (anaemia, thrombocytopenia and leukopenia/neutropenia).

CSAC ratified the creation of a standard for ACS Fifth Edition to define pancytopenia and provide coding guidelines, until advice is received from WHO URC.

### High dose rate brachytherapy

The submission questioned the relevance of the term *pulsed dose rate* in interstitial brachytherapy codes and suggested the creation of codes for *high dose rate*. Clinical advice indicated that both *pulsed dose rate* and *high dose rate* were relevant in interstitial brachytherapy.

CSAC ratified the creation of two codes:

- *Brachytherapy with implantation of removable single plane, high dose rate*
- *Brachytherapy with implantation of removable multiple planes or volume implant, high dose rate.*

### Public submissions held over

A number of public submissions have been held over for a future edition of ICD-10-AM, ACHI and the ACS:

- Benign neoplastic conditions of the prostate
- Case management
- Coding of scans
- Insulin pumps
- Intraoperative radiotherapy
- Keystone and advancement flaps
- Obstetric uterine rupture
- Puerperal sepsis

Submissions are held over if further review is required before proposing amendments to ICD-10-AM, ACHI or the ACS.

# ICD-10-AM, ACHI and ACS queries

The ICD-10-AM/ACHI/ACS coding queries process is a two way process that has two major roles. Firstly, it provides an avenue for coders to resolve coding problems they encounter when coding actual medical records, enabling them to assign correct and relevant codes. Secondly, it becomes a feedback process to the NCCH, highlighting any problem areas within the classification. These areas may then be reviewed and updated for subsequent editions of ICD-10-AM, ACHI and the ACS.

## Individual queries

The query process requires clinical coders to follow these steps before submitting a query to their state coding advisory committee:

1. Review the current edition of ICD-10-AM, ACHI and ACS including any errata
2. Check the query database for any similar/related queries (if available)
3. Reference texts, perform a web search (if available)
4. Seek advice from peers/local coding group/clinicians

If a problem remains, the query should then be sent to the state/territory coding committee. It is important that coding queries directed to the state/territory coding advisory committees should include any supporting documents, references and clinical advice.

## State/territory coding advisory committee queries

The coding advisory committees (CAC) act as reference groups for coders in each state/territory who request assistance on coding issues. These committees are responsible for responding to coding queries from coders. Any query sent to the NCCH from the state/territory CAC must be of a significantly complex/difficult nature or require a national consensus. The following steps must be performed by the committee before submitting a query to the NCCH:

1. Review the current edition of ICD-10-AM, ACHI and ACS including any errata
2. Check the query database for any similar/related queries (if available)
3. Reference texts, perform a web search (if available)
4. Seek advice from clinicians (if available)
5. Review and discuss the query using the documentation and any references or clinical advice supplied and decide if a state decision can be made.

6. Determine if the query is significantly complex or of a difficult nature or requires national consensus before forwarding to the NCCH.

These submissions need to include supporting documents, references and clinical advice. Without these the NCCH cannot definitively answer queries.

## NCCH query process

The NCCH carefully reviews and considers every query received in order to provide consistent and relevant coding advice. This may be a lengthy process, especially if clinical or other support is required prior to a decision being made.

The process includes:

1. Reviewing the current edition of ICD-10-AM, ACHI and ACS including any errata
2. Checking the query database for any similar/related queries
3. Checking other classifications
4. Referencing texts
5. Performing a web search
6. Seeking clinical advice from the appropriate CCGG or other affiliated clinicians
7. Reviewing NCCH documentation pertaining to development of ICD-10-AM, ACHI and ACS
8. Where relevant, seeking international advice (WHO and members of the Update Reference Committee) on issues of ICD-10 convention
9. Circulating and discussing the query at the Classification Support Division (CSD) query meeting
10. Preparing a response based on information gained through the previous steps
11. Returning the answer to the coding committee
12. Adding the query and answer to the query database
13. Acknowledging any future work plan for the query

Queries and decisions may be viewed or downloaded from the NCCH website [www.fhs.usyd.edu.au/ncchwww/site/4.3.htm](http://www.fhs.usyd.edu.au/ncchwww/site/4.3.htm). The NCCH also includes selected decisions to state/territory coding committee queries in the NCCH newsletter *Coding Matters*.

## Grouping issues

Queries about AR-DRG grouping should be forwarded directly to the Acute Care Division, Commonwealth Department of Health and Ageing ([www.health.gov.au](http://www.health.gov.au)).

When a query sent to the NCCH involves both coding and grouping issues, the NCCH will address the coding issue and then liaise with Acute Care Division, Commonwealth Department of Health and Ageing.

# ICD-10-AM/ACHI

## Fifth Edition education program

From 1 July 2006 ICD-10-AM/ACHI Fifth Edition will be implemented nationally. In order to familiarise clinical coders with the changes to the classification an education program will be offered throughout Australia from March to June 2006.

All the changes that have been made to ICD-10-AM Fourth Edition to create the Fifth Edition will be offered free of charge from the NCCH website via a PDF document which will contain links to the major and minor changes, exercises and answers. This will allow coders to work through the education material and exercises at their own pace. Three options will be offered:

1. Register to download the PDF file (free)
2. Order a CD-ROM (\$55\*)
3. Order a hard copy of the PDF file (\$55\*)

\* All costs include GST

### Fifth Edition workshops

Optional face-to-face workshops will be offered between April and June 2006 in all state and territory capital cities, as well as major regional areas. Completion of the education material is **mandatory** for coders attending the workshops.

Educators will reinforce some of the major changes that have occurred to the classification and there will also be the opportunity to complete coding exercises to further highlight these changes.

Attendance at workshops is optional, but provides an opportunity for coders to consolidate their learning and to also network with other ICD-10-AM/ACHI users. A fee will be charged for attending the workshops.

### More information...

Dates, locations and costs will be published at [www.fhs.usyd.edu.au/ncch](http://www.fhs.usyd.edu.au/ncch), via Code-L, in the March edition of *Coding Matters*.

## Second annual ICD-10 course

In June, NCCH Brisbane conducted its second annual ICD-10 course in Brisbane. This year's course was attended by four students from South Africa (Brenda Hofsta and Brenda Gous from health insurance company Medihelp, and Elaine Sauls and Lynet Clarke from Discovery Health), five from the Marshall Islands (Kumi Hanerg, Hermon Schmidt, Joemur Abon, Jessio Latrick, Daniel Hone – all from the Ministry of Health), one from Tonga ('Ofa Mafi from the government-run Vaiola Hospital), one from Germany (our current intern, Gabriele Redlinger from the University of Applied Sciences in Flensburg) and Young Tjoa from NCCH in Sydney came for the first three days. The program was conducted by Sue Walker and Garry Waller, with invaluable tutoring assistance from Margaret Campbell.

The course consisted of ten days of instruction in coding for the participants, with plenty of coding exercises and group work. In addition, the participants visited the Royal Brisbane Hospital, where they were most interested in the 3M Codefinder software; the Causes of Death Unit at the Australian Bureau of Statistics, where the Mortality Medical Data system was demonstrated, and the Queensland Health Data Services Unit to

review the various routine data collections in place. A weekend visit to Lone Pine Koala Sanctuary was a highlight for all of us, especially for the participants who had the opportunity to feed kangaroos, cuddle koalas and have lorikeets fly down to sit on their heads and arms.

As a result of the training course, we have recently been requested to undertake a mission to the Marshall Islands for further coding training for the Ministry of Health. Garry Waller will be responsible for this work in early 2006. We have also been following the activities in South Africa, where in January 2004 a national task team was established to progress the introduction of ICD-10 coding in that country. From 1 July 2005, codes must be submitted on all claims to insurance companies ('medical schemes') for health services rendered under the Prescribed Minimum Benefits scheme. During the initial phase, codes will be required only from 'diagnosing providers' in the hospital and primary care sectors but clinical support groups, allied health professionals and pharmacists will also be required to submit ICD-10 codes from January 2006.

# 2005 ICD-10-AM Fourth Edition

## Post Implementation Coding Workshops Report

The NCCH conference held in March 2005 once again presented an opportunity for participants to attend an ICD-10-AM coding tutorial. Feedback from the tutorial was very positive therefore expressions of interest were sent out nationally to see if clinical coders who were unable to attend the conference coding tutorial would like to attend a similar workshop. Their response was highly favourable and 19 workshops for 638 participants were offered nationally during August–November 2005.

### Workshop data

State/territory	workshops	participants
NSW	7	246
Victoria	3	128
Queensland	4	124
Western Australia	1	42
South Australia	1	23
Tasmania	1	24
ACT	1	39
Northern Territory	1	12
TOTAL	19	638

The material for the workshops was based on issues that were highlighted from the ICD-10-AM Fourth Edition education program. Topics included biventricular pacemakers, trauma in pregnancy, pain management, diabetes, drug withdrawal, obstetrics, injuries, complications and transport accidents.

The workshop was designed to allow participants to complete a workbook containing 12 case scenarios and 6 clinical record abstracts prior to attending. This therefore optimized time for discussion of answers and review of the cases during the actual workshop.

Participants' feedback indicated that the opportunity for coders to complete exercises prior to attending provided the most benefit and allowed for greater

discussion of answers. There was also a strong request for more education opportunities to be made available to coders. It was also suggested that this type of workshop be streamlined to reflect the differing needs of city and regional coders.

Some further comments about the workshops from participants include:

- *Excellent presentation, the informal nature of the sessions, allows for relaxation and reinforcement of coding issues.*
- *Hold workshops following the implementation of each new edition, e.g. March–June of the next year.*
- *Enjoyed the workshop even though I am from a smaller district – most scenarios were a challenge which was great.*
- *The workshop provided an excellent opportunity to increase my coding knowledge.*
- *The workshop was very informative. It's nice to look at areas that I don't usually code at work, e.g. mental health, trauma.*
- *It was much more beneficial to complete the case studies and records prior to the workshop.*
- *Please include list of participants and place of employment – easier to identify for us older coders with R41.3!*
- *These workshops are much better than on-line tutorials. We leave workplace and all interruptions behind and can concentrate on the activities.*
- *Post-implementation workshops are valuable in consolidating coding knowledge and any issues/changes that have occurred in the interim.*
- *Feel a bit intimidated by the environment in terms of asking questions for fear of raising an issue/question that was missed in past Coding Matters, workshops, etc.*

## PICQ 2004

Performance Indicators for Coding Quality (PICQ) is an electronic application that provides a series of indicators to analyse admitted patient morbidity data coded with ICD-10-AM. It is based on Australian Coding Standards (ACS) and coding conventions

**For further information and to order: NCCH Sydney Phone: + 61 2 9351 9461 Email: [ncchsales@fhs.usyd.edu.au](mailto:ncchsales@fhs.usyd.edu.au)**

PICQ 2004 contains a number of enhancements:

- 111 new indicators
- Upgraded internal data specifications for some indicators in PICQ for ICD-10-AM Third Edition
- Indicators to check code edits, completeness, redundancy, specificity and sequencing
- New and improved PICQ user guide

# International

## Coding and medical records in Samoa

For a little over two weeks from 26 May–11 June 2005, Sue Walker worked with the Samoa Health Project team in the provision of medical terminology and coding training in that country. The assignment, conducted under contract to JTAI Ltd, a management consultancy company in Brisbane, was funded by AusAID. The terms of reference for the work were to:

- Conduct training in clinical classification of diseases utilising the International Statistical Classification of Diseases and Health Related Problems, Tenth Revision (ICD-10) Second Edition (2004) – this encompassed coding of morbidity (hospital discharge) data and mortality (death certificate) data;
- Conduct training in clinical classification of procedures and operations utilising the Australian Classification of Health Interventions (2004);
- Review the coding environment and coding process and provide advice regarding opportunities for improvements in coding practice;
- Conduct a needs assessment for further training to continue to enhance the skills of medical record clerks to assist with future improvements in capture of coded data;
- Establish a coding audit protocol and assist the senior coder with conduct of the first coding audit;
- Review data extraction and analysis approaches.

The majority of the work was conducted at the Tupua Tamasese Meaole (TTM) Hospital, the main hospital on the island of Upolu. The consultancy included the opportunity to address meetings of the nursing and senior medical staff on issues relating to medical records and documentation. An interesting session with an American Peace Corps epidemiologist resulted in a list of conditions and codes to be included in a process for surveillance of notifiable and reportable diseases.

The training itself encompassed four full days, three relating to morbidity coding, half day for medical terminology and half day for mortality coding. The training was attended by 16 participants – and we really had our skates on to get through the materials!

We had some interesting discussions about current difficulties experienced by coders in Samoa, including a lack of status of coders, difficulties in asking questions of clinical staff because of status issues and little confidence, ways to encourage interaction between clinical staff and coders, problems with training to become a coder, difficulties associated with inadequate and incomplete medical record documentation and problems with the current Health Information System which was somewhat cumbersome and did not facilitate

the process of capturing coded data. An updated version of the software is being obtained from Fiji and it is hoped that it will be more user-friendly than the current system. Unfortunately, although a copy of the software was available during my final few days in Apia, it did not have any code reference tables or patient data loaded and it was not possible to test it properly.

Following the formal training, I spent several days sitting with the inpatient and outpatient coders as they worked, which enabled me to provide advice and assistance on real issues as they arose. I am full of admiration for the coders, considering the poor quality of the source documentation that they are faced with – issues we are all familiar with, such as incompleteness, use of non-standard abbreviations, illegible hand-writing and a lack of identification on all medical record forms.

In addition, they cope with scrappy pieces of paper which may or may not be attached properly to the medical record (it is a common problem for there to be a lack of the proper forms for medical record documentation, so records are written on whatever paper is available, regardless of its size, colour, thickness and whatever else is printed on it!). I also had the opportunity to view how the medical record department operates. The staff were feeling very happy because they had moved from their old department into a bright new office the week prior to my visit – and it was air conditioned! However, even the incentive of relief from the pervasive heat and humidity was not helping with getting doctors to complete their medical records and we had many discussions about strategies to address the problem of incomplete charts.

I completed the consultancy by developing a form of coding audit methodology, based loosely on ACBA. I tested it myself on a limited number of medical records that had been coded during the previous month and then taught the two senior coders to audit each other's coded records. It would be great to see the results of any future audits used by the Medical Record Manager to provide evidence of the difficulties his coders face due to inadequate source documents.

The Samoan community were warmly hospitable and exceptionally friendly and I loved the opportunity to work with the coders and medical record staff. It was a relaxing place to be, despite the fact that there was a lot of work and long hours were needed to get through all the activities and also the writing of a comprehensive report and recommendations. Serendipitously, my visit coincided with celebrations for Independence Day on 1 June and I was able to see the traditional long boat races, marching displays, wonderful Pacific singing and dancing, as well as fire knife dancing shows and local craft demonstrations.

# International

## Coding and medical terminology Jordan

**Brisbane team member, Garry Waller, recently completed a three-week consultancy in the Hashemite Kingdom of Jordan on behalf of the US CDC Jordanian Surveillance Project and the Jordanian Ministry of Health.**

The Hashemite Kingdom of Jordan is a small Arab country with a total land area of 92,300 sq km and a population of 5,759,732 (July 2005 est.). Being mostly arid desert Jordan's geography consists of a desert plateau in the east, highland area in the west and the Great Rift Valley separates the East and West Banks of the Jordan River. It has borders with Iraq, Israel, Saudi Arabia, Syria, and the West Bank.

The purpose of the consultancy was to conduct training in introductory medical terminology and clinical classification for 21 Ministry of Health public hospital clerical and medical records staff and coders from the Ministry of Health Information Directorate.

Participants came to the training with varying degrees of prior knowledge and experience of medical terminology, ranging from those of qualified physicians to hospital clerical staff. At the completion of the training all participants had a basic understanding of the structure and origins of medical terminology, common word roots, prefixes, suffixes and combining forms specific to each body system. They also received instruction in the use of a medical dictionary and how to utilise other anatomy and physiology resources and develop their own resources for use in the workplace.

The participants in the coding workshop were very enthusiastic and appeared to greatly enjoy the program. The coding workshop included a session to discuss documentation, medical record practice, continuing education and quality assurance issues; and how these could enhance the quality of coded data.

Awards were presented to participants who demonstrated a high level of coding ability, contributed to the learning sessions and provide support and encouragement to their colleagues. These were presented to Raja' M S Abuawad from the Information Directorate and Saleh S Hammouri from the Jordan University Hospital.

The Hashemite Kingdom of Jordan will implement the ICD-10 for coding of public hospital discharges in the near future. The provision of ongoing training for clinical coders, the development of policy, procedures and standards based around sound medical record practice will facilitate the continued development of Ministry of Health public hospital medical record services and the quality of coded data they produce. While there remains much to be done, there is a great deal of enthusiasm within the Information Directorate, Ministry of Health and the participants.

The people of Jordan are extremely friendly and treat visitors as honoured guests. During my time in Jordan I had the opportunity to visit some amazing places such as the Nabataean city of Petra and Roman ruins of Jerash, Um Quays and Amman. I snorkelled the Red Sea, floated on the Dead Sea, stood on Mt Nebo where Moses saw the promised land, and wandered the banks of the river Jordan where Jesus was baptised.

The generosity of my hosts from the Ministry of Health is gratefully acknowledged. Particular thanks to Dr Faris Dababneh, Dr Majed Asad, the team at ICS Technologies, Mr Marwan Aiasrah and Mr Elias Masarweh.

### References:

<http://www.cia.gov/cia/publications/factbook/geos/jo.html>  
<http://www.see-jordan.com/ad.html>



Garry Waller, NCCCH Brisbane with training course participants

# CONFERENCES 2006

Feb 6-7 2006	ICMCC Conference on Standardization and Interoperability	The Hague, Netherlands	<a href="http://www.icmcstandards.org">www.icmcstandards.org</a>
12-16 Feb 2006	HIMSS (Health Information and Management Systems Society)	San Diego, California, USA	<a href="http://www.himss.org/">www.himss.org/</a>
5 April 2006	Health-e-Nation	Melbourne, VIC	<a href="http://www.health-e-nation.com.au/">www.health-e-nation.com.au/</a>
May 20-24 2006	22nd Annual TEPR (Towards the Electronic Patient Record) Conference & Exhibition	Baltimore, MD USA	<a href="http://www.medrecinst.com/conferences/tepr/2006/index.asp">www.medrecinst.com/conferences/tepr/2006/index.asp</a>
20-22 March 2006	Healthcare Computing Conference	Harrogate, North Yorkshire, UK	<a href="http://www.healthcare-computing.co.uk/index.html">www.healthcare-computing.co.uk/index.html</a>
20-22 August 2006	HIC 2006	Sydney, NSW	<a href="http://www.hisa.org.au/">www.hisa.org.au/</a>
21-23 August 2006	4th Australasian Conference on Safety and Quality in Health Care	Melbourne, VIC	<a href="http://www.aaqhc.org.au/">www.aaqhc.org.au/</a>
13-16 Sept 2006	National SARRAH (Services for Australian Rural and Remote Allied Health) Conference	Albury, NSW	<a href="http://www.ruralhealth.org.au/conferences/sarrah2006/home.htm">www.ruralhealth.org.au/conferences/sarrah2006/home.htm</a>
25-27 Sept 2006	37th Public Health Association of Australia Annual Conference	Sydney, NSW	<a href="http://www.phaa.net.au/">www.phaa.net.au/</a>
5-8 Oct 2006	RACGP 49th Annual Scientific Convention 2006	Brisbane, QLD	<a href="http://www.racgp.org.au/asc2006/">www.racgp.org.au/asc2006/</a>
9-10 Oct 2006	26th Annual APHA National Congress	Gold Coast, QLD	<a href="http://www.apha.org.au/media_files/2378040505">www.apha.org.au/media_files/2378040505</a>
11-14 Oct 2006	PCS/E Singapore	Singapore	<a href="http://www.pcse.org/">www.pcse.org/.</a>
13-15 Oct 2006	3rd International Conference on Healthy Ageing and Longevity	Melbourne, VIC	<a href="http://www.longevity-international.com/">www.longevity-international.com/</a>
14-16 Nov 2006	A Measure of Hospital Health: The Biennial Health Conference 2006	Sydney, NSW	<a href="http://www.health.gov.au/casemix">www.health.gov.au/casemix</a>
22-28 Oct 2006	WHO-FIC meeting	Tunis, Tunisia	<a href="http://www.who.int/classifications/en/">www.who.int/classifications/en/</a>

Conference information is also published at the NCCH web site <http://www3.fhs.usyd.edu.au/ncch/2.4.htm>

## Abbreviated Injury Scale User Group – Discussion List

The National Centre for Classification in Health (NCCH) in Brisbane is administrating the Abbreviated Injury Scale User group (AISUG) Discussion List. The Abbreviated Injury Scale User Group (AISUG) discussion list provides an opportunity to communicate with all list subscribers about issues relating to the collection, coding, collation, dissemination and use of injury data. It also encourages establishment of one-to-one contact with colleagues to address specific questions or topic areas.

To subscribe to the AISUG discussion list send an e-mail containing 'Subscribe AISUG' in the subject line, and in the body of the message your First name, Surname, Organisation and E-mail address to: [aisuser.admin@qut.edu.au](mailto:aisuser.admin@qut.edu.au)

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# International

## WHO Mortality Reference Group & Education meetings Washington

In May 2005, Sue Walker visited Bethesda, in the suburbs of Washington DC, for a series of meetings of the WHO-FIC Mortality Reference Group (MRG) and Education Committee and also a meeting of the planning committee of the ICE (International Collaborative Effort) on Automating Mortality Statistics.

The MRG met for two days, continuing its deliberations on coding queries and issues with ICD coding of causes of death. Although in the past, the MRG has met by teleconference, the difficulties in choosing an appropriate time with representatives from all around the world and the problems associated with discussing very technical issues over the phone, have persuaded us that face-to-face meetings are preferable. We have two very productive meetings annually which result in finalisation of proposals to be forwarded to the WHO-FIC Update Reference Committee.

The following meeting of the ICE planning committee was aimed at developing plans for the next international gathering at which use of the Mortality Medical Data System (MMDS) software is promoted and standardisation with other computerised coding systems enhanced. It is hoped to hold this meeting in the Caribbean region, most likely at the Caribbean Epidemiology Centre in Trinidad and Tobago ([www.carec.org/](http://www.carec.org/)). The ICE on Automating Mortality is one of several international activities sponsored by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS).

The purpose of this ICE is to:

- Share knowledge and experience of automated systems for coding mortality information
- To develop and improve existing automated systems through collaboration
- To facilitate the transition to ICD-10 for mortality
- To establish mechanisms for technical support for automated systems.

The Joint WHO-FIC – International Federation of Health Record Organizations (IFHRO) Committee held a working meeting on May 9–10, 2005.

The purpose of the meeting was to progress work on the international training and credentialing strategy for ICD-10 coders, with the goal of improving the quality of mortality and morbidity data and the status of ICD coders. Sue Walker, representing the WHO-FIC Education Committee, and Margaret Skurka, representing IFHRO, co-chaired the meeting. Work in progress includes:

- Assessment of the results from the call for submission of ICD-10 training materials – materials have so far been submitted by Australia, the US, the United Kingdom, Japan, Sri Lanka, Canada, Germany, Brazil and South Korea. We hope that others who offer training programs will also submit their materials in the future (contact Sue Walker on [s.walker@qut.edu.au](mailto:s.walker@qut.edu.au) for more information if you are interested in this)
- Definition of a process for evaluation of coder training materials to ensure they meet the benchmarks set by the Joint Committee for a comprehensive training package
- Definition of requirements for trainer qualifications and a process for trainer approval
- Discussion regarding a suitable method to assess practising coders.

Ultimately, it is hoped to be able to issue international certificates to newly trained coders who supply evidence of completion of a course run by qualified trainers using certified materials. A process for assessment of practising coders is more problematic and the committee is having ongoing discussions about how such individuals might be assessed. At this time, it seems that a form of self-assessment using death certificates and/or coding scenarios might be appropriate. The Joint Committee is keen to be able to award the first certificates in 2007, coinciding with the next IFHRO congress in Seoul, Korea.

Sue's travel to Washington was partly sponsored by the National Center for Health Statistics and grateful thanks are extended to them for their assistance.

*ICD-10-AM Fourth Edition Post Implementation*

# Coding Workbook

Did you miss the ICD-10-AM Fourth Edition Post Implementation Coding workshops?

The workbook is now available with answer book. The workbook features de-identified case studies designed to highlight some of the changes in ICD-10-AM Fourth Edition.

Topics covered in the workbook include:

- Anaesthesia
- Cardiology
- Diabetes
- Injuries
- Obstetrics
- AICDs
- Biventricular pacemaker
- Pain management
- Pressure ulcers

The ICD-10-AM Fourth Edition Post Implementation Coding Workbook can be ordered using the enclosed order form for a limited time only.

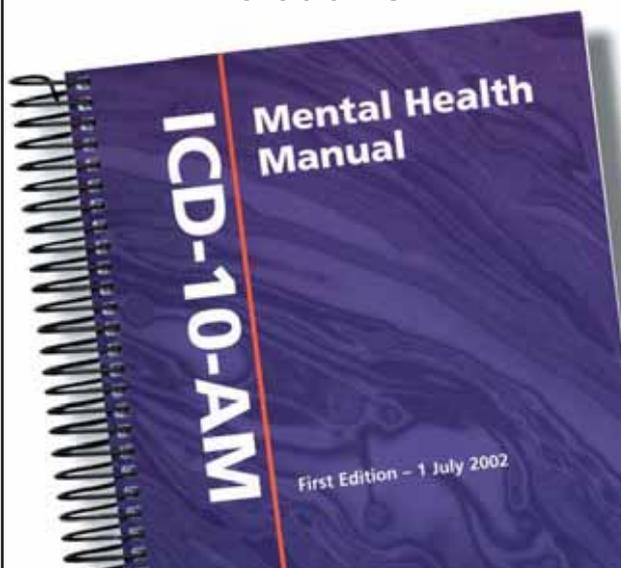


## ICD-10-AM Mental Health Manual

The ICD-10-AM Mental Health Manual is a classification of mental and behavioural disorders with glossary descriptions and diagnostic guidelines based on ICD-10-AM Third Edition and includes Fourth Edition updates.

The Manual is a diagnostic and coding tool that offers a common morbidity data language between the acute and community health sectors.

Available **NOW**



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National Centre for Classification in Health

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The University of Sydney  
National Centre for Classification in Health



## Call for Submissions Modifications to ICD-10-AM / ACHI / ACS

The National Centre for Classification in Health (NCCH) invites written submissions from interested members of the public and representatives of relevant agencies or organisations for modifications to the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), the Australian Classification of Health Interventions (ACHI) and the Australian Coding Standards (ACS).

ICD-10-AM is a classification of diseases based upon the World Health Organization's statistical classification ICD-10. ACHI is an Australian clinical intervention classification based on the Medicare Benefits Schedule. The ACS are guidelines designed to be used in conjunction with ICD-10-AM and ACHI.

The main objectives of the public submission process are to ensure that ICD-10-AM and ACHI:

- meet users' needs
- continue to be comprehensive and clinically meaningful classifications.

Guidelines for making modification submissions are published at the NCCH website <http://www.fhs.usyd.edu.au/ncch/4.7.1.htm> and are available from NCCH (Sydney):

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PO Box 170, Lidcombe NSW 1825  
Phone: 02 9351 9461  
fax: 02 9351 9603  
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**Submissions must be lodged between 1 March 2006 and 31 May 2006**

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