



# Coding *Matters*

Newsletter of the National Coding Centre

Volume 1 No. 1 June 1994

## FROM THE DESK OF THE DIRECTOR



This first issue of the Australian coding newsletter, ***Coding Matters*** is a landmark event for those concerned with morbidity coding in hospitals and health services. In the current casemix environment it is an understatement to say that coding matters: it is the very foundation on which the casemix high-rise is built. Coding matters now far more than it ever did in my student days when we used the Standard Nomenclature of Diseases and Operations, and cross indexed by hand on cards. What a long way we have come in thirty years! Today, coders are using the *International Classification of Diseases - 9th Revision - Clinical Modification* (ICD-9-CM), in book and encoder formats. Technology is available to code automatically from text entry, to see the grouping implications of codes, and to transmit the chosen codes to hospital or state morbidity collections. Progress is being made at such a rate that we can look forward to a time when codes will be constructed automatically from clinical terms plucked out of text descriptions in discharge summaries, operation reports, progress notes and diagnostic results.

To use these technologies to best effect we must improve the quality of documentation from which these codes are decided, allocating the correct codes in the correct sequence. Coding books and coding standards have to be good enough and appropriate enough for Australian current clinical practice to capture the cooperation of clinical staff and allow proper translation of diseases and procedures to the language of code. Coders have to be properly trained and remunerated, and given some say in their professional status and destiny. They must be provided with continuing education and avenues made available for communication with clinical

staff to clarify terminology and codes. Completion of records is a major issue. Not only is the code required soon after discharge for billing, claims and budget management, but also for clinician involvement in casemix and coding issues. From the coder's point of view, interaction with clinicians makes the job more vital, and provides more impetus for clinical unit heads to generate interest from resident staff in completing front sheets. So the process becomes circular, a continuous quality improvement not only of the codes and resulting casemix profiles, but of the medical record itself.

The logo of the NCC is a circle too, and all the efforts of staff at the National Coding Centre are devoted towards improving the quality of the circular process of interaction between clinicians, coders, medical record administrators and hospital or area management. We need to reach out to coders and create minicircles there too. This newsletter is a manifestation of that minicircle. It is for us to talk to you and you to us about **coding matters**.

❖ ***Rosemary Roberts***

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## NCC STAFF

### □ **DIRECTOR**

*- Rosemary Roberts.*

Rosemary is responsible to the Management Committee of the NCC for the overall management of the Centre. This includes policy and strategic issues, as well as financial and staff management. Liaison with individuals and organisations at international, national and state levels is an important part of the role, especially dominant in this establishment phase of the NCC. Rosemary represents the Centre on a number of committees including the Technical Reference Group of the Department of Human Services and Health and the Australian National Diagnosis Related Groups (AN-DRG) User Group, initiated by that department, as well as having observer status on the National Reference Centre for Classification in Health. One of her current tasks is the preparation of an options paper for the Commonwealth on the future use of ICD-9-CM in Australia.

### □ **CODING SERVICES MANAGER**

*- Kerry Innes.*

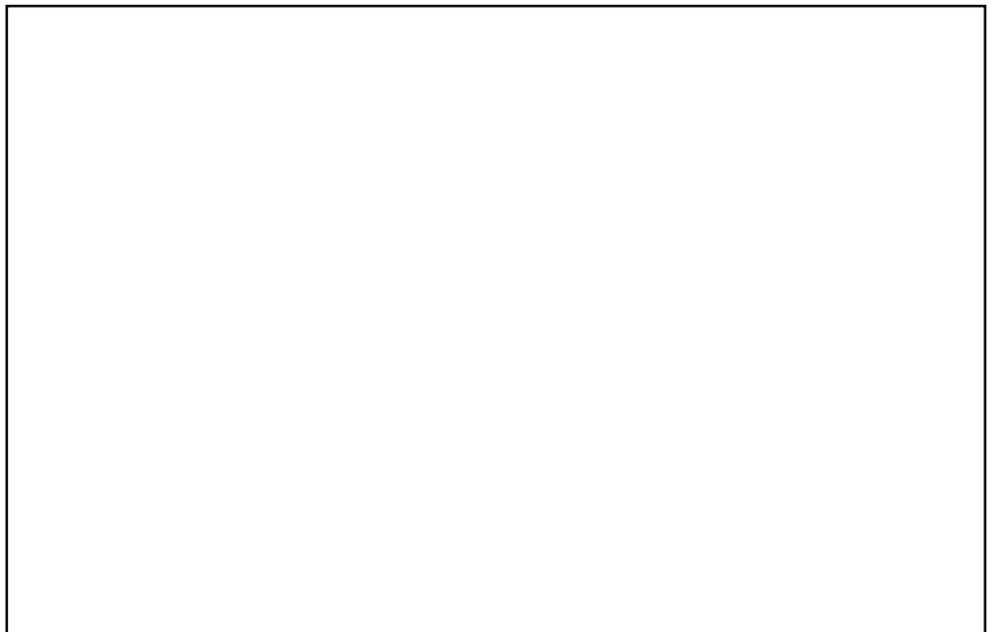
Kerry has a wide brief which covers responsibility for codes and coding standards. Her job involves close collaboration with expert coders, clinicians and clinical groups from all states. A procedure has been established for the NCC to relate to state coding committees, with frequent communication and use of a common query form for states to notify NCC of problems not soluble within existing guidelines. Kerry is working with state representatives to produce the second version of the National Coding Standards. The Centre is fortunate indeed to have the co-author of the Eagar and Innes Report (1992) so closely involved with the

standards. Kerry represents an important link with the work which provided the genesis for the NCC.

### □ **CODING QUALITY MANAGER**

*- Lee-Anne Clavarino.*

Lee-Anne joined the staff of the NCC in April, 1994. She is responsible for all issues of data quality monitoring - particularly in relation to accuracy of codes and sequence but also pertaining to quality of documentation for coders to extract diagnoses and procedures codable to a sufficiently specific level. Lee-Anne will consult with relevant groups on the edits to be built into encoding and grouping software at hospital, state and national levels. Collaborative work will be carried out with state coding committees and hospital Medical Record Administrators (MRAs) on coding quality studies, as well as with authorities such as the Australian Institute of Health and Welfare whose interest is in data quality for epidemiological, planning and statistical purposes. Policies and strategies are currently being developed in consultation with state health authorities, and use of indicators of coding quality is foreshadowed as one measure of coding quality for comparative purposes.



***Pictured with the NCC logo on the night of the Centre's launch are, from the left: Lee-Anne Clavarino, Kay Males, Rosemary Roberts, Kerry Innes and Karen Luxford.***

## ❑ PUBLICATIONS MANAGER

*-Karen Luxford*

Karen's sphere includes publication of this newsletter and other communications from the Centre requiring close liaison with other NCC staff producing codes, standards and responses to state coding queries. **Coding Matters** will also be the medium for informing coders and managers about relevant coding education and accreditation matters as they arise. A major task is the publication and distribution of an Australian ICD-9-CM. This involves not only a transition from the publication produced by the Tasmanian Department of Community and Health Services but the preparation of a new book from electronically formatted text, so that future updating for the NCC and for book users can be done as efficiently as possible. Publication of the NCC book edition of ICD-9-CM is planned for January, 1995. Karen is also responsible for marketing the Centre and ensuring its visibility in other communications for Australian hospitals and health services.

## ❑ CODING EDUCATION MANAGER

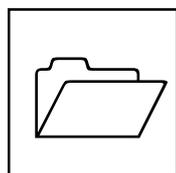
*- Yet to be appointed.*

## ❑ ADMINISTRATIVE ASSISTANT

*- Kay Males.*

Kay comes to us from the Department of Geography at the University of Sydney. It is only coincidence that her sister is an MRA, so at least the field was not completely new to her. Kay is responsible for managing the office, ordering equipment and supplies and maintaining mailing lists and other data bases within the Centre.

## CODING CORNER



The Coding Services section has dealt with numerous issues during the establishment phase of the NCC, including the analysis of the Australian Casemix Clinical Committee (ACCC) recommendations for

Version 2.1 and Version 3.0 of AN-DRG. This issue of **Coding Matters** provides an insight into some of the processes that have been underway at the NCC.

## ❑ NEW AUSTRALIAN ICD-9-CM CODES

A series of new codes of significant clinical and coding importance have been approved for use from 1 July 1994. The ACCC recommended a number of new codes in its report of December 1993, and the codes listed below are those that the NCC's Coding Standards Advisory Committee (CSAC) rated as priority one. Preparation of the addendum and guidelines for the new Australian ICD-9-CM codes is underway. These will be circulated through state health authorities prior to 1 July 1994. **NOTE: Your state health authority will advise you on the implementation of these new codes.** These codes will be incorporated into Version 2.1 of AN-DRG.

### NEW AUSTRALIAN ICD-9-CM CODES CSAC Priority 1 Recommendations

1. Microvascular technique  
**39.50** Microvascular tissue transfer or microvascular reattachment/replantation
2. Organ transplants  
**33.51** Bilateral sequential single lung transplant (BSSLT)  
**33.59** Other lung transplantation
3. Spinal disorders and injuries  
**344.01** Chronic quadriplegia  
**344.02** Acute quadriplegia  
**344.11** Chronic paraplegia  
**344.12** Acute paraplegia
4. Admission for plasmapheresis  
**V58.6** Admission for plasmapheresis

*Continued on the next page....*

## New Australian Codes Continued.....

5. Transvascular percutaneous cardiac intervention
- 35.74** Percutaneous closure cardiac septal defect
  - 35.85** Percutaneous closure cardiac collateral vessels
  - 35.86** Balloon dilatation coarctation aorta
  - 35.87** Percutaneous closure patent ductus arteriosus
  - 36.06** Percutaneous intracoronary stent implant
  - 39.90** Dilatation/stenting major great vessels
6. Cardiac revision procedures
- V58.7** Aftercare cardiac procedure, admitted for revision
7. Normal delivery
- 650** Single spontaneous vaginal delivery (*change of text only, this is not a new code*)
8. Admit for chemotherapy
- V5811** Chemotherapy, NOS
  - V5812** Cytotoxic agent, one, intravenous, single day
  - V5813** Cytotoxic agent, two or more, intravenous, single day
  - V5814** Cytotoxic agent intravenous/arterial, 1-3 days, not necessarily consecutive days
  - V5815** Cytotoxic, intravenous/arterial, 4-7 days, not necessarily consecutive days
  - V5816** Cytotoxic, intravenous/arterial, >7 days, not necessarily consecutive days

Other code recommendations by the ACCC are ranked as priority 2 and 3. Some of these may be approved for implementation in July 1995 (Version 3.0 AN-DRG). As **Coding Matters** goes to press, the NCC is making decisions

about which of these priority 2 and 3 recommendations can be incorporated into the NCC publication of ICD-9-CM in January 1995, the second edition of the National Coding Standards, and subsequently for use in July 1995.

Some of the issues under consideration are:

- \* Mechanical ventilation and non-operative intubation
- \* Limb lengthening procedures
- \* Cranio-facial, maxillo-facial and major head and neck surgery
- \* Stress incontinence repair procedures

### □ CODING STANDARDS ADVISORY COMMITTEE

This committee has met twice to date and the following topics have been covered:

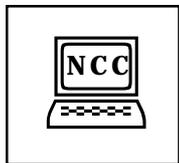
- \* ACCC recommendations on new Australian codes
- \* Structure of the second edition of the National Coding Standards document
- \* "Nationalisation" of the NSW Health Department E code changes
- \* Complications of pregnancy
- \* Extracorporeal shock wave lithotripsy (ESWL)
- \* Prolonged monitoring for complex epilepsy
- \* Manifestation codes sequenced as principal diagnosis - not approved
- \* Specialty reference groups - establishment of these groups is underway with the intention of providing the NCC with coding advice on specific clinical

areas. It is anticipated that these groups will consist of three to four specialist clinicians, health information managers and coding experts.

## ❑ **CODING STANDARDS DEVELOPMENT COMMITTEE**

This committee held its first meeting on 11 April 1994 and will be working towards completion of the second edition of the National Coding Standards by January 1995. The committee has a representative from each state and territory who is experienced and skilled in coding. Areas identified at this meeting which need urgent attention include:

- \* definition of the "primary" period of care in oncology
- \* redrafting of the secondary diagnoses reporting section
- \* non-operative codes not to be coded



The committee will oversee the compilation of a database of state standards which will be undertaken by Vicki Bennett, for the NCC. Once completed, it will be possible to reconcile the standards for similar issues.

## ❑ **PROSTHESES CODES**

The Commonwealth Department of Human Services and Health has recommended a coding system for prostheses which was developed by the Department of Health and Community Services, Victoria. Its purpose is to provide hospitals and health insurance funds with the fees relating to prostheses. The codes are not related to ICD-9-CM and would not be used for morbidity coding, but are extremely useful for hospitals using operating theatre data for clinical costing systems. Enquiries should be directed to Joe Cagliarini of the Department of Health and Community Services on Fax: (03) 616 7629.

## **DO YOU NEED** *Help* **WITH A CODING PROBLEM ?**

Your queries should go to your respective state/territory coding advisory body for a decision. The NCC will not be accepting queries directly from coders. An address list of the state/territory coding committees is included below. Most states have a standard "query form" which can be sent with any other supporting documentation for a decision by the state committee. This committee will send an NCC query form to us if they need our advice. We will correspond with the state/territory committees directly by phone or fax if the query is urgent, or otherwise, through the mail. Your state/territory committee will advise you of the answer. If appropriate, the NCC will publish questions and answers in *Coding Matters*.

### **STATE/TERRITORY CODING COMMITTEES**

- ☐ ACT HEALTH INFORMATION MANAGEMENT GROUP  
PO Box 316  
Jamison Centre  
**ACT** 2614
- ☐ QUEENSLAND CODING AUTHORITY  
Convenor (Sue Walker)  
Epidemiology and Health Information Branch  
State Health Building  
GPO Box 48  
Brisbane **QLD** 4001
- ☐ NSW CODING ADVISORY SUBCOMMITTEE  
Convenor  
NSW Medical Record Association  
PO Box 4119  
Sydney **NSW** 2001

- ☰ SA CODING COMMITTEE  
Chairperson (Lorraine Van Gemert)  
Statistics and Computing Services  
South Australian Health Commission  
PO Box 65  
Rundle Mall SA 5000
  
- ☰ TASMANIAN CODING ADVISORY COMMITTEE  
c/- Julie Gofton  
Health Information Manager  
Northern Regional Hosital  
GPO Box 1963  
Launceston TAS 7250
  
- ☰ ICD CODING COMMITTEE  
The Secretary  
Victorian Inpatient Minimum  
Database Section  
17th Floor  
GPO Box 4057  
Melbourne VIC 3001
  
- ☰ WA CODING COMMITTEE  
Chairperson (Barbara Campbell)  
Epidemiology and Health Statistics,  
1st Floor, 'C' Block,  
East Perth Government Offices  
189 Royal Street  
East Perth WA 6004

## DO YOU NEED *Help* WITH GROUPING OF CODES USING AN-DRG?

The main task of coders is to reflect clinical characteristics of the patient through the allocation of codes. **Coders should not assume that coding practice should necessarily change to accommodate the grouping process.** However, we must recognise that grouping problems can be used as a marker for the future improvement of coding quality. **Irregularities in grouping may indicate a problem with coding practice or with the grouping mechanism.**

Some states have subgroups of state health information management association commit-

tees who discuss issues arising from grouping of data using AN-DRG software. If your state has such a group then your queries should be directed to it. Issues in grouping which may be directly related to coding practice should be handled as you would a coding query. The NCC will not make decisions about the way data groups if the coding practice underlying the assigned codes is sound - this role is fulfilled by the Commonwealth Casemix Development Unit in Canberra.

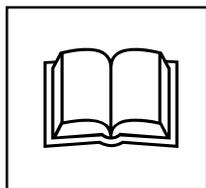
***“Irregularities in grouping may indicate a problem with coding practice or with the grouping mechanism”***

For example, in Version 1.0 of AN-DRG, the code 69.09 “other dilation and curettage” sequenced after a principal procedure of an endoscopic sterilisation procedure 66.21, 66.22, 66.29 would group to DRG 646 “D & C, conisation, vagina, cervix and vulva procedures”. The grouper was incorrectly assigning these to DRG 646 when the correct DRG was 648 “endoscopic tubal interruption”. In Version 2.0 the name of DRG 646 was changed to “conisation, vagina, cervix and vulva procedures” and code 69.09 removed from that DRG. It would have been premature and incorrect to assume that the coding should be changed to ensure that the record was grouped to DRG 648 rather than DRG 646.

The Commonwealth Casemix Development Unit has established an AN-DRG User Group which held it's first meeting in Melbourne on 22 April 1994. The meeting provided a forum for users of AN-DRG grouping software to exchange knowledge, discuss applications and suggest improvements. Proceedings are being compiled by the organiser, Ruth Mills (Casemix Information Technology Project), and further meetings are being planned based on the results of a questionnaire distributed at the meeting.

❖ **Kerry Innes**

## PUBLICATION ISSUES



With the NCC being a newly-formed centre, the selection of an identifiable logo became an important task at an early stage. The logo is based on a design concept by NCC staff and was graphically designed by Production Services of the University of Sydney's Lidcombe Campus. The circle at the perimeter of the logo encompasses the whole of Australia, as do the coding concerns of the NCC. The diagonal lines on the right-hand side of the logo graphically represent the stacked files of a medical record department. Some have suggested that this image has conjured up ideas of the NCC helping to "piece it all together", and this indeed is one of our aims!



As some of you will already know, the NCC was officially launched on 11 April 1994, by Professor Susan Dorsch, the Acting Vice-Chancellor of the University of Sydney. The evening was a great success with guests attending from all corners of the country. The launch also offered an opportunity for those attending the Management Committee and Coding Standards Development Committee meetings during the day to converse in a less formal environment. All in all, it was a highly productive day for those concerned.

On the publication front, a brochure will soon be available from the Centre explaining what the NCC is all about, detailing our mission and objectives.

This current issue marks the first of many **Coding Matters**. Forthcoming issues of the NCC newsletter are scheduled for October 1994 and January, April, July and October of 1995. These future issues will contain clinical information and coding guidelines on specific issues. Much effort has gone into compiling an extensive mailing list for this newsletter, and thanks are due to those individuals and organisations who assisted in making the list as comprehensive as possible to date.



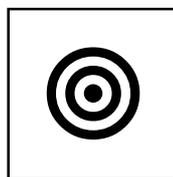
## NCC PUBLICATION OF ICD-9-CM

Among the major objectives of the NCC is the **publication of an Australian version of ICD-9-CM, including new Australian codes**. The NCC intends to have this **book** available for purchase in **January 1995**, with the publication being for use from 1 July 1995. The NCC has investigated available production avenues and will soon be tendering for the printing of this publication. The NCC publication will include annotations in line with AN-DRG Version 3.0, along with the official US government addenda up to and including October 1994. The format of the book will be loose-leaf to ensure for ease of updating in the future. The NCC will then provide annual updates for these books early in each calendar year and continue to supply books to new users as required.

The NCC also aims to supply the above-mentioned Australian version of ICD-9-CM in an electronic format at a future date. Once the book publication is underway, we will be looking into developing and making available an electronic publication. We shall keep you posted!

❖ **Karen Luxford**

## QUALITY CONCERNS



The quality philosophy of the NCC will lean towards the approach of Total Quality Management (TQM), or Continuous Quality Improvement (CQI), where the focus is on examining the coding process as a whole, rather than solely on the inspection of individual coder output. The NCC will also focus on coding as a product of the medical record service, produced for a variety of different customers, often with different needs. Communication with customers will be encouraged, to ensure that their needs are understood and, as far as possible, satisfied by the provision of accurately coded data.

During the months of May and June, the NCC will be developing a strategy for improving data quality in conjunction with the various state health authorities and practitioners who have expertise or interest in this area.

**“Data monitoring results will assist in determining the direction of continuing education programs for coders”**

A set of standards is being developed for coding sections or services which addresses the structural components such as training, supervision, resources etc. which need to be in place as initial building blocks to accurate coding. Compliance with these standards will ensure that coders have the tools they require for quality coding. The first draft will be distributed for comment at the beginning of June. Standards adopted by the NCC will enlarge on those of the Australian Council on Healthcare Standards (ACHS) in the areas of Medical Record Service, Medical Record Content and Quality Activities.

We plan to establish techniques for assessing and monitoring the quality of coding and to develop coding quality indicators. This will be undertaken with representatives from state health

authorities and the private sector, including health insurers. A questionnaire, regarding indicators of coding quality, is being prepared for distribution to hospitals and health authorities in June. Data monitoring results will assist in determining the direction of continuing education programs for coders.

*The Journal of the American Health Information Management Association (AHIMA) of July 1993, included AHIMA's position statement on National Coding Quality. It contains some points which are also applicable here in Australia. "There are multiple sources of coding error, including poor quality of documentation in the source document, lack of standard terminology used by caregivers, complexity and the dynamic nature of medical science, as well as pure 'human errors' ". The National Coding Centre will be addressing each of these factors and more in its quest for quality coding and in turn quality healthcare information.*

You can contact me Wednesday through Friday at the NCC and I would welcome suggestions from readers who are interested in or have undertaken data quality studies, or who have particular data quality concerns.

❖ **Lee-Anne Clavarino**

## *Medical Record Managers*

**Coding Matters** contains information that is important to all coders. Therefore, could you please ensure that this newsletter is circulated to the coders in your section so that they may also keep up to date with national coding issues. ❖



If you know of an organisation which did not receive a copy of **Coding Matters** but would like to be on our mailing list, please have them write to *The Editor* at the NCC. Also if your organisation wishes to have additional copies of **Coding Matters** sent out in future, please write and inform us. ❖

## **Coding Matters**

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