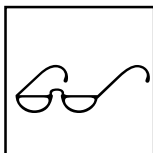


# Coding *Matters*

Newsletter of the  
**National Centre for Classification in Health**

Volume 4 Number 3  
January 1998



## FROM THE DESK OF THE DIRECTOR

### Quality Division

This first issue of *Coding Matters* for 1998 gives me the opportunity to announce the creation of the NCCH Quality Division at La Trobe University. I am delighted to welcome the staff at La Trobe to this new role. Those involved initially will be Dianne Williamson and Irene Kearsey with other staff to be appointed in the near future. Dianne will manage the division, while Irene has been seconded from her position in the Department of Human Services to give the benefit of her expertise to this most important function. The first activity of the Quality Division will be the launch of the *Australian Coding Benchmark Audit* (ACBA) at a special seminar at La Trobe on January 23, 1998 ('Quality Matters: Coding and Data Quality'). Apart from responsibility for the ACBA, functions to be carried out by the division include coding quality indicators, code edits and evaluation of code use in state and national data sets. The existence of the Quality Division is vital to NCCH so that we can evaluate the impact of what we do on coding and data quality. The ACBA will provide a standard method of measuring coding quality so that comparisons can be made over time and between hospitals. This will help NCCH to direct its attention to relevant areas of activity in Coding Services, Education and Publications.

### ICD-10-AM Implementation

You will probably be aware of the recent uncertainty surrounding the date of introduction of ICD-10-AM in Australia. Coopers and Lybrand presented The Final Report on ICD-10-AM Impact Assessment Project to the Department of Health and Family Services in November 1997, including an Analysis of the Dual Coding Study. It recommended that "*On balance, implementation should be proceeded with for July, 1998 so as to capture, as early as possible, the benefits of ICD-10-AM.*" The response from the states and territories to this recommendation was not uniform. The subsequent recommendation from the Commonwealth Department of Health and Family

Services to the Australian Health Ministers' Advisory Council (AHMAC) was that AHMAC:

- Agree that the implementation of ICD-10-AM on a national basis be deferred until 1 July 1999.
- Agree that a project planning process needs to be undertaken which will link in commonwealth, state/territory and private sector requirements and responsibilities and ensure that all activities are identified and managed.
- Note that while all jurisdictions will implement ICD-10-AM by July 1999, some are likely to move in advance of that date, most likely on 1 July 1998.

In an out-of-session meeting, AHMAC decided that uniform implementation would not be possible, rather that all states and territories should implement no later than 1 July 1999. As I write, it appears that NSW, Victoria, ACT and Northern Territory will change to ICD-10-AM in July 1998 and Queensland, Western Australia, South Australia and Tasmania in July 1999.

This staggered implementation creates problems for the NCCH, for clinical coders, and for uniformity of national



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data sets. While the publication of ICD-10-AM is proceeding on schedule, there will have to be changes to our education plan. The Minister for Health, Dr Michael Wooldridge, has been invited to launch ICD-10-AM in February 1998, so there is no doubt that the new publication will be released and ready for use early in the New Year (see Karen Luxford's column on page 18).

### NCCH Conference

The NCCH Conference in Adelaide was a great success, thanks to the hard work of the conference organisers, Karen Peasley and Julie Rust as well as their many helpers from NCCH and from Adelaide. It was fascinating to watch the maturing of input to the conference from clinical coders and the increasingly important profile of coders in Australian health services. The guest speaker, Jenny Peakall, Coding and Medical Record Manager, East Hertfordshire National Health Service (NHS) Trust, provided an insight to ICD-10 implementation in the UK. I'm sure that many of those who attended would

share my opinion that Jenny would qualify for another career in the entertainment industry if she lost interest in coding. For me, the best part of the whole conference was that it was so full of stimulating presentations about clinical coding - and the bright future that lies ahead for clinical coders. It remains for us all to make the future come alive with creative applications of coding systems, electronic versions and education of coders and users of codes.

### A Taste of Ten and other publications

Other NCCH activities since the October issue of *Coding Matters* include the release of 'A Taste of Ten', a series of six booklets containing education material on selected areas of ICD-10-AM. The content of these booklets has been prepared jointly by Julie Rust, Karen Peasley and Megan Cumerlato, with typesetting by Chantel Garrett (NCCH Publications Officer). The Publications Division has been concentrating its efforts on ICD-10-AM production which is now being printed. The Publications Assistant, Jenni Bibaoui, has been preparing the next issue (Orthopaedics) in the series *Casemix, DRGs and Clinical Coding*. Unfortunately, Jenni is leaving the NCCH to start a new life in Queensland. Her desktop publishing skills will be greatly missed, and we wish her well.

### Out and About

The Patient Classification Systems/Europe meeting which I attended in Florence early in October 1997 was most successful and stimulating, with Australian presentations (including mine from NCCH on ICD-10-AM and one from Professor Beth Reid on Policy for Rational Group Development: Technical and Political Issues) on coding, classification and educational issues.

Australia also had a strong presence at the World Health Organization (WHO) Heads of Collaborating Centres on Classification of Diseases held in Copenhagen from 14-20 October 1997. Those attending from Australia were Dr Richard Madden, Director, Australian Institute of Health and Welfare (AIHW) and Head of the Collaborating Centre, Ms Sue Walker and myself. Apart from the usual discussions on use of ICD-10 for mortality and morbidity reporting purposes, the meeting made decisions on an updating process for ICD-10 with a 15 month turnaround from recommendation to implementation. This process is shown in the diagram on page 4. Some recommended updates to ICD-10 had been proposed by a number of countries, including Australia. The Australian recommendations approved at the meeting included codes for Zollinger-Ellison syndrome, hyperplastic polyps of stomach, duodenum and colon, autoimmune hepatitis, liver and heart donors. During the meeting, Dr Madden chaired a Working Party of Centre Heads and produced a paper called "Long Term Strategy for ICD development and implementation:

## Coding Matters



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an essential partnership". This was in response to the WHO Executive Board which had requested that heads of centres develop a strategy for continued development of ICD.

NCCH staff presented papers at the stimulating HIMAA Conference in Canberra at the end of October 1997. Maryanne Wood presented on Mortality Coding in Australia, Erich Schulz discussed The Changing Structure of Health Coding Systems - International Trends, Karen Luxford considered ICD-10-AM Goes Electronic and my paper Linking Health Information through Clinical Codes challenged current definitions of hospital episodes and attached codes.

### Miscellany

*Coding Matters* readers will also be interested to know that the Australian National Subacute and Nonacute Patient Classification (AN-SNAP) and Mental Health Classification and Service Costs Project (MHCASC) have recently been completed for the Commonwealth Department of Health and Family Services. Reports on these projects are available from Peter Gray, Director, Case Payment, Classification and Payments Branch (phone: (02) 6289 7007 or email: peter.gray@health.gov.au).

Clinical coders will be interested in recent correspondence from the AIHW bringing to my attention the Australian Standard Classification of Occupations (ASCO) descriptor for 6199-21 Coding Clerk. I understand that this descriptor was introduced recently and allows for collection of data on occupation through the census. It results from the recommendation to the Australian Bureau of Statistics (ABS) by the Competency Advisory Committee of the National Coder Workforce Issues Project that coders be separately identified in the ASCO classification. Occupation classification is cross classified with workplace to identify coding staff working in hospitals as opposed to those working in areas such as ABS, private market research organisations, Defence Department, etc. The descriptor is as follows:

#### **6199-21 Coding Clerk**

Translates narrative descriptions or numeric information into classification or record systems.

##### *Skill Level:*

The entry requirement for this occupation is an AQF Certificate II or higher qualification or at least 1 years relevant experience

##### *Tasks Include:*

- assigns classification codes according to set procedures
- optimises coding input and quality
- may provide advice to users of data

##### *Specialisations:*

Clinical Coder  
Medical Record Clerk



**Dianne Williamson, NCCH Quality Division Manager**

So do remember to keep this in mind when completing your next census form!

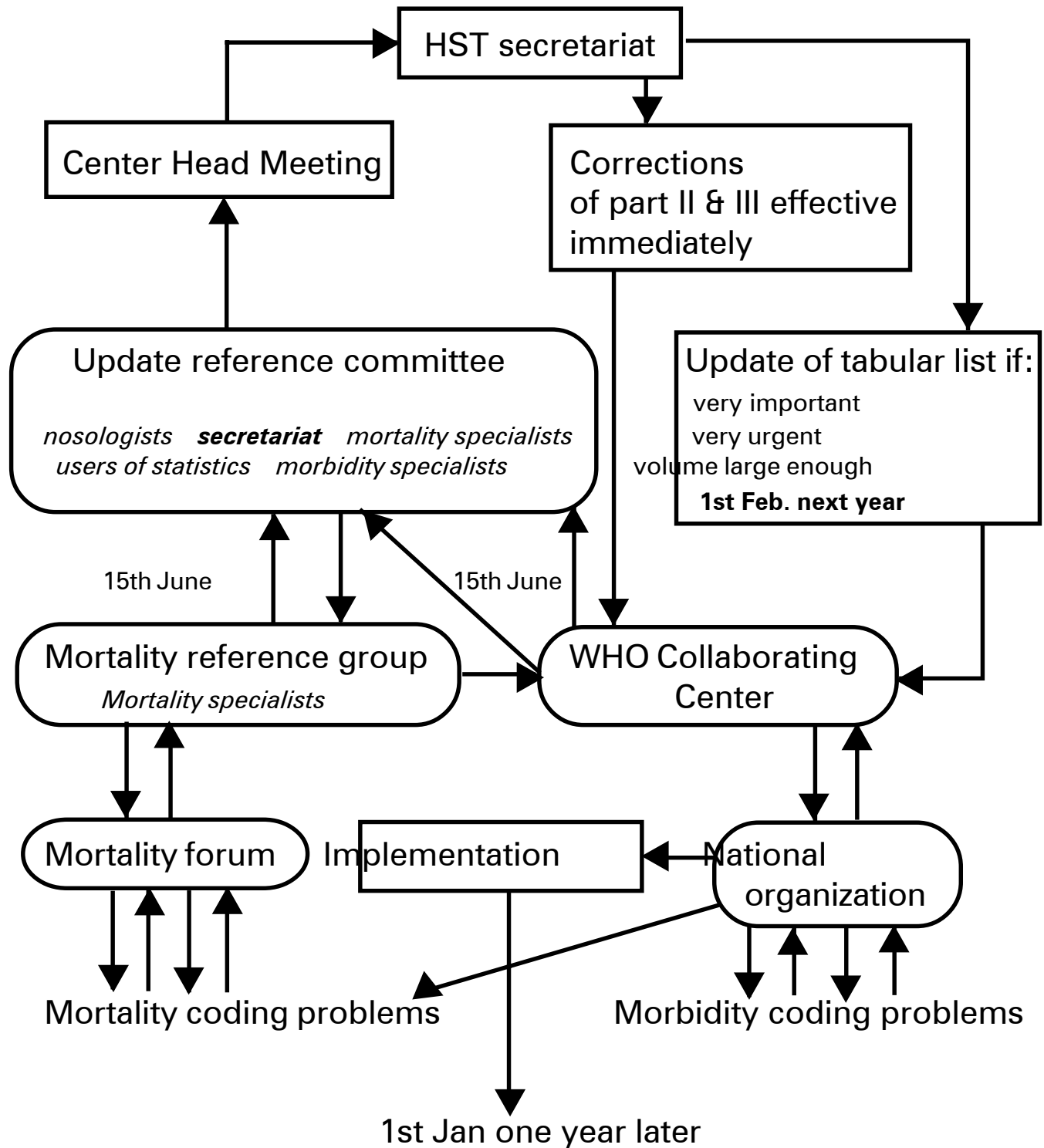
The NCCH is pleased to have two staff members back from secondment. Christine Erratt is back in the office once more following her secondment to the NSW Central Cancer Registry to develop and implement a quality assurance plan for cancer registry data (report on results and experiences being prepared for next issue of *Coding Matters*). Christine is now the NCCH Executive Officer assisting with contracts, budgets, correspondence, reports and much more! Welcome back Christine! Michelle Bramley has also returned from a secondment to NSW Health and involvement in development of a code set for community health services. However, Michelle and other NCCH staff will continue to carry out this work for NSW Health from NCCH.

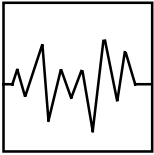
Best wishes from us all at NCCH for an exciting and eventful 1998!

#### ❖ **Rosemary Roberts**

Director

## WHO Update Procedures for ICD-10





## VITAL SIGNS

Hello again from NCCH Brisbane! We are all now back in Australia and preparing for a quiet Christmas. It was great to get to meet so many of you at the NCCH Conference in Glenelg, Adelaide - we hope you enjoyed yourselves as much as we did!

NCCH Brisbane has recently signed another contract with WHO/SEARO, the South East Asia region of the World Health Organization. This contract is for the development of educational materials and the conduct of a train-the-trainer course in medical record practice. Joy Smith, whom many of you will know from the Coding Educators Network, has been employed as Project Manager for the job.

The project involves a visit to Brisbane before Christmas by two or three practising medical record officers from the region, to discuss curriculum development and to help Joy get some perspective on the needs of S-E Asian countries. This will be further reinforced when Joy visits Myanmar and Sri Lanka early in 1998 to see first hand the medical record departments of several hospitals, and to talk with local people in the health industry about their requirements. Joy will then spend the rest of the first half of 1998 developing the course components, which will include educational materials for ICD-10.

In the middle of the year, a further ten S-E Asian medical record people will come to Queensland University of Technology (QUT) for three or four weeks. During this time, the course outline and substance will be presented and we will be training attendees to teach others, using our materials as the basis. The course will be modular in design, so that each country can determine the most relevant parts for their own local situations and can add or subtract modules to suit.

Apart from this exciting project, Sue Walker is about to embark on a major review of the Australian Bureau of Statistics (ABS) cause of death data.

**NCCH Brisbane staff Sue Walker, Associate Director (far right), and Erich Schulz, Research Fellow (centre), discuss classification issues with Stuart McAlister (Classification & Payments Branch, DHFS) at the 1997 NCCH Conference**

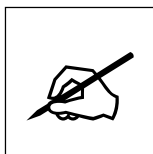


This review aims to compare the underlying cause of death codes assigned by human coders (ABS staff) with those assigned by the Automated Cause of Death (ACOD) computer system. The output from these coding processes forms the basis for all published reports on mortality in Australia and is extensively utilised in public health and medical research and as the basis for financial decisions in the health sector. It is, therefore, vital that the ABS has confidence in the quality of the codes assigned by the software, and is able to identify any artefactual effect on mortality statistics caused by the change in the system of coding. If changes in disease patterns are shown to arise as a result of the software implementation, these will be quantified so that the influence of the software can be isolated from true changes in disease incidence.

The review will encompass the dual coding of three months of mortality data and then comparing the two data sets. Around 32,000 deaths will be examined. The plan is to statistically analyse the data, identify significant differences, and then work out why the differences have occurred. We have hypothesised that differences may be due to different coding rules being used by the coders and the software, incorrect manual code selection, incorrect interpretation of causes of death or WHO rules, or US versus Australian variations. We'll keep you posted on the results!

The Brisbane office wishes everyone a happy and safe new year for 1998.

❖ **Sue Walker, Maryann Wood, Erich Schulz & Joy Smith**



## EDUCATIONAL MATTERS

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A new year and the countdown is on! The NCCH Annual Conference held in Adelaide in November 1997 was a great success with many interesting discussions ensuing regarding the future of coding. Planning has already commenced for our 1998 conference! In the meantime, Education Services is preparing more education booklets for ICD-10-AM, planning workshops and training sessions and assisting with the launch of the ACBA.

### Farewell Janelle Craig

The Education Services Division farewells the Education Manager, Janelle Craig, who was on maternity leave in 1997. Janelle established high standards for the education functions of the NCCH and her cheery nature will be sorely missed by the NCCH staff. Janelle is the current President of the Health Information Management Association of Australia (HIMAA) and will also be lecturing at the University of Sydney School of HIM during 1998 whilst remaining a full time mum! Good luck to Janelle in all her future endeavours.

I will be the Acting Manager of the Education Services Division in a full time capacity, whilst Julie Rust will be spending two days a week with the Coding Services Division, and maintaining links with Education Services.

### ICD-10-AM Education Booklets

The majority of clinical coders would now have been able to purchase the first set of educational booklets, '*A Taste of Ten*' and become progressively more attuned to the changes that the introduction of ICD-10-AM will bring.

The next phase of education commenced in early January 1998, with the development of an exercise workbook to be used in conjunction with the ICD-10-AM coding books. The '*Mastering Ten*' ICD-10-AM Exercise Workbook will contain a mixture of simple and more difficult scenario exercises, covering all major clinical specialities. It is envisaged that any major queries or issues arising from these exercises will be returned to the NCCH for clarification and then be discussed at the face-to-face workshops in April/May 1998. These booklets can be ordered now (see page 13 & order form in this issue), however, they will not be available until early March 1998.

The remaining planned education booklet is aimed at clinicians, allied health and nursing professionals, epidemiologists and researchers. This booklet will be an introduction to all major areas of ICD-10-AM with content tailored to the specific needs of these health professionals.

### ICD-10-AM Education Workshops

The allocation of trainers to selected workshops, hiring of venues and organisation of travel and accommodation has commenced and registrations for the ICD-10-AM Education Workshops will be distributed in late March 1998. At the present time, the 1998 workshops will be held over a two day period in major metropolitan and rural centres in NSW, Victoria, ACT and Northern Territory only.

Also scheduled for March will be a refresher training course in ICD-10-AM for the Coding Educators Network (CEN). In a central venue in Sydney, the NCCH will hold a session to revise information presented in the previous May. This training will be similar to the face-to-face workshops so that the trainers may become familiar with the content and layout of the workshops.

### Australian Coding Benchmark Audit

In conjunction with the newly formed NCCH Quality Division, the Education Services Division has been involved in the launch of the *Australian Coding Benchmark Audit* (ACBA) at a Quality Seminar entitled 'Quality Matters' held on the 23rd January 1998 at La Trobe University in Melbourne, Victoria. This half day seminar was by invitation and included speakers who detailed the history of the ACBA, as well as a representative from a pilot study site and the users of the data. A report on the outcome of this seminar will be provided in the April edition of *Coding Matters*.

### NZ Education

The Education Division is also putting together train-the-trainer sessions for New Zealand to be held in 1998. These sessions, instigated at the request of the New Zealand Health Information Service, a division of the NZ Ministry of Health, are to train various auditors who will then be responsible for the training of clinical coders within New Zealand in preparation for their introduction of ICD-10-AM from 1 January 1999.

And so the education juggernaut steams ahead! With education such an important part of the change to a new classification, it is imperative that clinical coders continue to become involved in the education sessions that the NCCH provides, along with material produced, and most importantly that we all recognise the need for self education and communication.

❖ **Karen Peasley**  
Acting Manager  
Education Services

**Congratulations to Karen Peasley (left)  
for organising such a successful  
conference! Karen is seen here with  
guest speaker Jenny Peakall.**



## REPORT ON THE NCCH FOURTH ANNUAL CONFERENCE

For those of you who joined us by the seaside in November 1997 in the luxurious surrounds of the Stamford Grand Hotel, Glenelg, the South Australian sunsets were a sight to behold!

With a bumper attendance of 271 delegates to the conference, we had representatives from all Australian states and territories and also Hong Kong and New Zealand. Due to the unexpected interest in the conference this year, there were a few disappointed people who had to be turned away from the conference due to seating restrictions. For those people, I would like to remind them that the abstracts of proceedings are currently available and that the increased attendance numbers in 1997 will be taken into consideration for planning of the 1998 conference.

With almost perfect weather across the three days, at the close of each day a must for all delegates was a walk along the Glenelg jetty, followed by a cocktail in the Horizons Bar as you watched the sun setting across the Southern Ocean and contemplated your role in the future of coding.

The conference theme, "The Future of Coding", proved to be one for thought provoking discussion as delegates were exposed to not only the prospect of working with a new classification in ICD-10-AM but also other alternative classifications and technologies.

The conference commenced with the ICD-10-AM workshop on the Wednesday afternoon, during which the 80 delegates were provided an overview of the introduction of ICD-10-AM from Julie Rust and then proceeded to plow through some hands-on exercises utilising the set of seven draft coding books. The majority of delegates noted that being able to use the draft books and actually see what the ICD-10-AM codes looked like was a highlight.

That evening approximately 210 delegates and guests enjoyed the balmy weather, ocean views, excellent food, champagne and conversation at the Welcome Cocktail Party. The conference commenced its full and varied programme on the Thursday morning with a variety of perspectives on the future of coding. Madame Roberts showed us all another of her many talents, that of crystal ball reading, while Shannon Watts proved that technology has travelled to the rural areas as we saw a clinical coder and her laptop reclining on a hay barrel and mixing it with the hens in the chook yard!

There was great interest in the reports from the Dual Coding Study and the ICD-10-AM Impact Assessment Project and in particular Jennie Shephard's paper which provided the coders' perspective on using ICD-10-AM. The second days session was very interesting and informative as Dr Erich Schulz and Maryann Wood moved away from the traditional ICD realm of coding and provided some information on alternative classifications.

*Continued on page 9...*



**Evening on the verandah of the Stamford Grand Hotel, overlooking the ocean. Attendees meet for the Cocktail Party at the 1997 NCCH Conference**

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**From left, Julie Rust (Acting Education Manager, NCCH), Barbara Levings (Clinical Coding Services, Ashford Community Hospital, SA) and Janet Boston (Clinical Coder/Casemix Officer, Naracoorte Health Service, SA)**

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**Mingling and discussion of coding (what else??) continued into the night**

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## NCCH Conference Report *Con't*

Selected highlights from the programme included:

- Dr Peter Whan's paper on palliative care classification was very relevant, interesting and entertaining in the session on "A whole new world of coding", however, Dr Whan (Redcliffe Hospital, Qld) also revealed he has a tendency for kleptomania as he declared that he was the culprit who had 'borrowed' one of the speciality booklets from the NCCH display table to provide him with important information necessary for his talk!
- Dr John Hokin (Plastic Surgery CCCG) and Barbara Levings (Ashford Community Hospital, SA) provided coders with a very graphic but extremely interesting and informative clinical and coding update in the field of plastic surgery.
- The NCCH guest international speaker, Ms Jenny Peakall (National Health Service (NHS) Trust, UK), proved to be the star of the conference. Jenny's dual presentations were delivered in a very entertaining and witty manner while still providing a very helpful insight into the introduction of ICD-10 in the United Kingdom. Jenny's honesty and understanding of the 'lowlights' and highlights of the introduction of a new classification were gratefully accepted. Jenny's vibrant personality also shone through and she proved to be a popular figure at the morning, lunch and afternoon breaks!

The Clinical Coders' Society of Australia (CCSA) once more held its Annual General Meeting during the conference and they provided a topical guest speaker in Mr Rod Felmingham from the Community and Public Sector Union, who spoke on Industrial Issues for Coders.

Jenny Peakall proved to be the star of the conference...  
Congratulations Jenny!!

I would like to thank all delegates who took the time to complete the evaluation forms and the majority of comments were very positive, with some informative criticisms, all of which will be considered for future conference organisation. I would also like to extend thanks to all speakers who contributed to an extremely relevant, stimulating and entertaining programme. I believe that with the greatly valued assistance of the audio visual technicians from Staging Connections at the Stamford Grand Hotel, the smooth organisation of travel and accommodation from Sydney Business Travel and the never ending support from the rest of the NCCH staff (both on site in Adelaide and back in the office in Sydney) all combined to make a worthwhile and successful conference.

It was extremely rewarding for the NCCH staff to see the increased interest in the conference this year, proving that the enthusiasm and support from members of coding communities around Australia still continues, particularly in these times of change. As planning begins on a joint NCCH and CCSA Conference, I look forward to seeing even more of you at Alice Springs in the Northern Territory in September 1998.

❖ **Karen Peasley**  
Acting Manager  
Education Services

*P.S. see page 11 for Conference & Workshop feedback plus information on abstracts & workshop booklets.*



During her presentation, Shannon Watts (Regional Medical Record Advisor, Barossa Area Health Service, SA) provided us with a look at rural coding today (right) and.....

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....rural coding in the future!!  
Shannon's talk provoked much thought  
on coding in remote areas

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From left, Maree Carolan (Health Information Manager, Macquarie Area Health Service, Dubbo, NSW), Megan Cumerlato (Clinical Coder, Westmead Hospital, NSW) and Julie Rust (Acting Education Manager, NCCH). Why is it that the NCCH staff member needs two drinks?!! Conference organising stress syndrome perhaps?

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## NCCH Conference Feedback

### Pre-conference ICD-10-AM Workshop

Of the 80 workshop participants, 59% returned evaluation forms and these are their ratings:

Theoretical material = 80% rated as 'excellent-to-good'; Exercises = 87% rated as 'excellent-to-good'.

Comments included: "Good cross section of examples"; "Varied exercises highlighted differences"; "Introduction not as daunting now!"; "More time required to look up exercises that were incorrect"; "Practical experience gained"; "ICD-10-AM not so scary after all!"; and "Can't wait to get started!".

### NCCH Conference

Of the 275 attendees, 65% returned evaluation forms. This is what you had to say:

Venue location = 96% rated as 'excellent-to-good'; Venue facilities = 66.5% rated as 'excellent-to-good'.

Registration process = 75% rated as 'very good-to-good'.

Programme ratings: All streams rated very highly, with 'Towards the Perfect 10' being the most favoured session, with 90% rating this stream as 'excellent-to-good' (could Jenny Peakall have been in this session?).

Comments on the conference included: "Great networking opportunity. An enjoyable and educational experience"; "I enjoyed the conference a lot. The speakers were excellent and kept me intrigued the whole time. The venue location was very relaxing"; "Excellent programme - extremely relevant and interesting"; "Jenny Peakall, international guest, what a great speaker, informative and humorous" (Jenny received so many favourable comments that we would need a separate edition of *Coding Matters* just to list them!) and "Thank you for an excellent conference, I look forward to next year".

- And so do we!! Thank you for all your support and wonderful feedback on the 1997 NCCH Conference. See you all in September 1998 in the Northern Territory!!

Would you like to be able to see into the future of coding? Would you like an overview of the introduction of ICD-10-AM? Were you unable to attend the 4th Annual NCCH Conference in November 1997? If so...then these two products are for you!

#### ● Abstracts of Proceedings

Abstracts of Proceedings of the NCCH 4th Annual Conference "The Future of Coding" held at the Stamford Grand Hotel in Glenelg, Adelaide, South Australia on the 20-21 November 1997 are now available.

##### *Highlights:*

- Reports on the Dual Coding Study and the Impact Assessment Project
- United Kingdom report on the introduction of ICD-10
- A variety of perspectives on the Future of Coding
- The use of alternative classifications

**Only \$7.00** (including postage within Australia)



#### ● ICD-10-AM Workshop Booklet

The ICD-10-AM workshop, held on the 19th November 1997 prior to the commencement of the main conference, proved to be a very popular choice with many delegates. As the workshop was limited in attendance numbers, the theoretical session from the workshop has been produced as a booklet. The content of the booklet provides an overview of the development and introduction of ICD-10-AM, explains why we are moving to this classification and discusses some of the important issues which need to be considered prior to its implementation. The booklet aims to keep clinical coders up to date with the introduction of ICD-10-AM.

**Only \$5.00** (including postage within Australia)

***Both Products Are Now Available From The NCCH - See Order Form in this issue of Coding Matters***

## *Profiles of Coding Educators Network (CEN) members*

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### Jennie Shephard (Vic)

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My career in coding began in 1989 when I returned to work at the Royal Melbourne Hospital 'post family'.

By the time casemix was introduced in Victoria in 1993, I had acquired an acceptable competency in coding. I was fortunate to be given the opportunity to work on the Nephrology and Urology Clinical Coding and Classification Group (CCCG). This, along with



membership of the Victorian Coding Committee, greatly enhanced my coding skills. This involvement also increased my understanding of coding issues generally.

In 1996, I was appointed Coordinator of Clinical Coding Services at the Royal Melbourne Hospital. In this role, I have responsibility, among other things, for the ongoing education of clinical coders. This has proved to be a challenging and interesting part of my job. Challenging because tight deadlines and staffing levels make it very difficult to find time for education, and interesting because we are often on the cutting edge of new technology which coding books do not always deal with.

It has become increasingly obvious to me that a detailed knowledge of medical science and a professional approach to the use of coding books are the hallmarks of a good clinical coder. Like many other clinical coders, I have learnt these lessons through painful, and sometimes embarrassing, experience.

With the introduction of ICD-10-AM imminent, I felt it

was a good time to join the Coding Educators Network and have a ride on my 'education' bandwagon.

While 1998 promises to be extremely busy, I am looking forward to working on the Coding Educators Network and meeting more clinical coders along the way.

### Denise Crowe (ACT)

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My main motivation for joining the NCCH Coding Educators Network was to become an active member of a team of talented individuals confronting an exciting and challenging time for clinical coders across Australia. The introduction of ICD-10-AM will necessitate clinical coders returning to some of their 'grass roots' skills, such as using the Index and following conventions. Unfortunately, gone are the days (at least for a while) of having a memory bank of codes stored in our brains or tabular browsing. However, through my experience with ICD-10-AM at the Train-the-Trainer session and the NCCH Conference ICD-10-AM workshop, I believe these temporary inconveniences will be offset by the major benefits of an Australian made, modern classification system reflective of current Australian clinical practice.

After completing my Bachelor of Medical Record Administration in 1993, I worked for 3 years as a clinical coder at the Alfred Hospital in Melbourne. Being in a major teaching hospital, my coding experience broadened to include trauma, burns, plastics, general medicine and surgery specialities. Several locum and



part time coding positions have also enabled me to gain experience in rehabilitation, private and community hospital settings. Twelve months ago I migrated north to Canberra, where I now work as Deputy Director of Medical Record Services at Calvary Hospital. One of my major responsibilities is managing a dedicated, fantastic team of clinical coders.

I guess that brings me back to my original motivation. In the face of changing to ICD-10-AM, TEAMWORK, whether its the NCCH, State Coding Committees, the CEN, CCSA or workmates, can make the transition more tolerable. Finally, I'd like to share a quote, stuck on my notice board at work: "Energy multiplies when you set a desired goal and resolve to work towards that goal". This quote will be staying on my notice board until well after July 1998.



### Shannon Watts (SA)

In 1994, I graduated from La Trobe University, Melbourne, Victoria, with a Bachelor of Medical Record Administration. I commenced employment as a Regional Health Information Manager (MRA) at the South Australian (SA) Health Commission in 1995, forming part of the Regional Health Information Advisory Service.

Based at the Angaston campus of Barossa Area Health Services Inc., I am responsible for providing a service to 20 hospitals within the Wakefield and Mid North Regions of country South Australia. The scope of my advice includes: health information systems and services, medical record management, coding, casemix, accreditation and data quality.

The coding function in country SA is somewhat unique in terms of the coder workforce and provision of coding services, therefore, the provision of continuing education is an integral role of my Service. In view of this, I felt that it was necessary to play an active role in the implementation of ICD-10-AM, hence, I recently joined the Coding Educators Network. In May 1997, I attended the ICD-10-AM Train-the-Trainer II workshops in Adelaide which is where I first gained exposure to the new classification! In June 1997, I presented various components of this workshop to rural coders as an 'introduction to ICD-10-AM'.

In 1996, I was also elected as an executive member of the HIMAA Ltd - SA Branch and became an instructor for the HIMAA Education Services' Medical Terminology and Coding Courses.

In becoming a member of the CEN, it is my intention to provide ICD-10-AM education sessions at country locations which will allow for more timely and appropriate education for rural coders. ■

## MASTERING TEN: ICD-10-AM Exercise Workbook

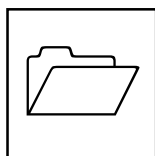
During recent consultation with clinical coders and Health Information Managers (HIM) across Australia in regards to educational strategies for the introduction of ICD-10-AM, the need for a 'hands-on' approach to training was identified. The first phase of this 'hands-on' approach resulted in the production of the 'Taste of Ten' booklets and now the NCCH would like to announce the birth of 'Mastering Ten: ICD-10-AM Exercise Workbook'.

The content of the workbook, covering both diseases and procedures, will be divided by body system. Brief theoretical points will be provided with a reference to the relevant Australian Coding Standard, along with scenario type exercises and answers. The workbook

is to be used as a practical self learning tool in conjunction with the ICD-10-AM coding books. The workbook is highly recommended to clinical coders and HIMs as an introduction to the ICD-10-AM education workshops in April/May 1998.

The workbook is reasonably priced at A\$10.00 and will be available for purchase in early March 1998. Pre-orders can be made using the order form included in this issue of *Coding Matters*.





## CODING SERVICES

This Coding Tips segment contains everything you ever wanted to know about hepatitis (A–D) and more.....

### Coding tips

#### Hepatitis - 0104

The following amended standard clarifies the coding of viral hepatitis and viral hepatitis carrier status. Codes are provided here in ICD-9-CM.

##### Viral hepatitis and viral hepatitis carrier status

###### Definition

Viral hepatitis is an inflammatory and necrotic disease of liver cells. Viruses A, B, C, D, and E may result in acute viral hepatitis. Acute viral hepatitis infections with viruses B, C and D may progress to chronic viral hepatitis.<sup>1</sup>

Viral hepatitis that lasts for more than 6 months is generally defined as ‘chronic’, however, this definition is arbitrary.<sup>2</sup> Chronic viral hepatitis is an unresolving disease that is traditionally characterised into two types: *chronic active* and *chronic persistent*. Chronic active viral hepatitis is a variably progressive disease that ultimately results in cirrhosis and hepatic failure. Chronic persistent viral hepatitis, on the other hand, seldom progresses, even though hepatic cell necrosis may occur for decades. The distinction between the two forms of chronic viral hepatitis can only be determined following a liver biopsy.<sup>3</sup>

Patients with chronic viral hepatitis often have abnormal liver function tests. An indication of chronic viral hepatitis is a raised level of alanine transaminase, although this may also be due to other causes such as alcohol. Generally, patients with chronic viral hepatitis are followed up biannually with blood tests. Neonates of mothers who have chronic hepatitis B or are hepatitis B carriers are at risk of transmission and should be immunised soon after birth (within 24 hours). Neonates of mothers who have chronic hepatitis C or are hepatitis C carriers have a less than 5% risk of infection.

Generally, after an infection with a pathogenic organism, a person will develop antibodies to the pathogenic

organism. Antibodies to certain infectious diseases can also be produced by vaccination. In these people, future blood tests demonstrating the antibodies will indicate past infection or immunisation. Such people are *not* regarded as “carriers”. A carrier is a person who does not manifest symptoms but harbours the organism and may infect others.<sup>4</sup> It is important to understand the distinction between a person who is a carrier of an infectious disease (an infection risk) and a person whose antibody results indicate past infection or immunisation to an infectious disease (not an infection risk). The role of antibody tests in distinguishing between carrier status and past infection varies depending on the infection.<sup>5</sup>

##### Hepatitis A

###### Definition

Hepatitis A is a disease that is quite contagious and is transmitted enterically (faeco-oral route). Transmission within families is common. In developing countries, the usual source of infection is faecal contamination of drinking water.

The hepatitis A virus (HAV) is detected by two antibody tests<sup>5,6</sup>:

1. IgM antibody: positive result indicates recent infection.
2. IgG antibody (anti-HA): positive result indicates past infection (previous exposure to HAV) or immunity through vaccination.

HAV is *never* a chronic infection. There is no known carrier state and HAV plays no role in chronic active



hepatitis or cirrhosis<sup>2</sup>.

### Classification

In ICD-9-CM, hepatitis A is coded as:

070.0 *Viral hepatitis A with hepatic coma*

or

070.1 *Viral hepatitis A without mention of hepatic coma*

For obstetric patients, assign 647.6x *Other viral diseases* where hepatitis A complicates the pregnancy, childbirth or puerperium.

### Hepatitis B

#### Definition

Hepatitis B manifests as an acute illness but may progress to a chronic infection. The hepatitis B virus (HBV) is transmitted by infected body secretions: blood and blood products, saliva, urine, semen and cervical secretions. Generally, following an acute infection with HBV, the majority of patients will recover: they will *not develop* chronic viral hepatitis *or* become asymptomatic carriers of the virus. However, in up to 10% of cases following on from the acute infection, patients will become asymptomatic carriers of HBV or develop chronic active viral hepatitis (5%).<sup>2,5</sup>

There are many tests used to detect and determine the status of HBV<sup>2,5,6</sup>:

1. HBV surface antigen (HBsAG) indicates current HBV infection. Chronic hepatitis B infection is diagnosed when a patient is HBsAG positive for greater than six months. Chronic active hepatitis is diagnosed when a patient has abnormal liver function tests for greater than six months.
2. Serum antibodies to HBsAG (anti-HBs antibodies) indicates past HBV infection or vaccination (relative future protection).
3. Serum antibodies to HBV core antigen (anti-HBc antibodies) indicates either current HBV infection or past HBV infection. Vaccination does not result in antibodies to HB<sub>c</sub>AG (HBV core antigen).
4. HBV e antigen (HBeAG) is found only in HBsAG positive serum and tends to parallel the production of DNA polymerase by the virus. Its presence indicates active viral replication and is generally associated with greater infectivity of the blood.
5. HBV viral DNA indicates detectable virus in the blood.

### Classification

In ICD-9-CM, acute or chronic hepatitis B (chronic active hepatitis B, chronic persistent hepatitis B) is coded as:

070.2x *Viral hepatitis B with hepatic coma*

or

070.3x *Viral hepatitis B without hepatic coma*

Carrier status (when the patient is hepatitis B surface antigen positive [HBsAG +] and asymptomatic) is coded as:

V02.61 *Viral hepatitis B carrier*

For obstetric patients, assign 647.6x *Other viral diseases* where acute or chronic hepatitis B complicates the pregnancy, childbirth or puerperium. Coders should note that this code is **not** assigned when the obstetric patient is a carrier.

When an ambiguous term such as “past history of hepatitis B” is documented, clinical coders should check with the clinician to determine if the patient is actually a carrier. A code for carrier status should *never* be assigned on ambiguous documentation.

### Hepatitis C

#### Definition

Hepatitis C manifests as an acute illness but may progress to a chronic infection. The hepatitis C virus (HCV) is transmitted parenterally (e.g. transfusions, injections, drug abuse, occupational exposure to blood or blood products).<sup>3</sup> Recovery rates from hepatitis C viral (HCV) infection are much lower than in hepatitis B viral infection. Generally, it is known that 50% of patients will progress to a chronic infection, however, varying reports have placed this figure as high as 90%.<sup>1,3,6</sup>

A positive hepatitis C antibody test indicates hepatitis C infection. A polymerase chain reaction (PCR) assay can also be conducted: a positive result supports the diagnosis of chronic hepatitis C infection. However, a negative PCR result does not necessarily mean that there is no chronic infection, as the virus may still be present in small amounts and not detected in the blood sample.<sup>5,6</sup>

#### Classification

In ICD-9-CM, acute hepatitis C is coded as:

070.41 *Acute or unspecified hepatitis C with hepatic coma*

or

070.51 *Acute or unspecified hepatitis C without mention of hepatic coma*



Chronic hepatitis C (chronic active hepatitis C, chronic persistent hepatitis C) is coded as:

070.44 *Chronic hepatitis C with hepatic coma*

or

070.54 *Chronic hepatitis C without mention of hepatic coma*

Carrier status (when the patient is hepatitis C positive and asymptomatic) is coded as:

V02.62 *Viral hepatitis C carrier*

For obstetric patients, assign 647.6x *Other viral diseases* where acute or chronic hepatitis C complicates the pregnancy, childbirth or puerperium. Coders should note that this code is **not** assigned when the obstetric patient is a carrier.

When an ambiguous term such as “past history of hepatitis C” is documented, coders should check with the clinician to determine if the patient is actually a carrier. A code for carrier status should *never* be assigned on ambiguous documentation.

Similarly when “Hepatitis C” is recorded, clinical coders should check with the clinician to determine if the disease is at the acute or chronic stage. Where consultation is not possible, assign the appropriate code for chronic hepatitis C (070.44, 070.54).

## Hepatitis D

### Definition

The hepatitis D virus (HDV) can only replicate in the presence of HBV, never alone. It occurs as either a co-infection with acute hepatitis B or a superinfection in established chronic hepatitis B.<sup>2</sup>

### Classification

In ICD-9-CM, hepatitis D with acute hepatitis B infection is coded as:

070.21 *Viral hepatitis B with hepatic coma, acute or unspecified, with hepatitis delta*

or

070.31 *Viral hepatitis B without hepatic coma, acute or unspecified, with hepatitis delta*

Hepatitis D with chronic hepatitis B infection is coded as:

070.23 *Viral hepatitis B with hepatic coma, chronic, with hepatitis delta*

or

070.33 *Viral hepatitis B without hepatic coma, chronic, with hepatitis delta*

Hepatitis D where there is *NO* sign of active hepatitis B disease (hepatitis B carrier state) is coded as:

070.42 *Hepatitis delta without mention of active hepatitis B disease with hepatic coma*

or

070.52 *Hepatitis delta without mention of active hepatitis B disease or hepatic coma*

### References:

1. Weatherall, D., Ledingham, J., & Warrell, D. (Eds.). (1996). *Oxford Textbook of Medicine*. (3rd ed.). Oxford: Oxford Medical Publications. (page 2061).
2. Berkow, R., & Fletcher, A. (Eds.). (1992). *The Merck Manual of Diagnosis and Therapy*. (16th ed.). New Jersey: Merck & Co., Inc. (pages 897–906).
3. Rubenstein, E., & Federman, D. (Eds.). (1994). *Scientific American Medicine*. New York: Scientific American, Inc. (Chapter 4, VII, pages 1–11, Chapter 4, VIII, pages 1–8).
4. Koenigsberg, R. (Ed.). (1989). *Churchill's Illustrated Medical Dictionary*. New York: Churchill Livingstone.
5. Dr Philip Jones, Prince Henry Hospital – Member of Infectious and Immunology Clinical Coding & Classification Group (personal communication).
6. Dr Dale Fisher, Royal Darwin Hospital – Member of Infectious and Immunology Clinical Coding & Classification Group (personal communication).

## Apheresis and donation of stem cells

A number of queries have been received on the coding of stem cell procurement and the use of the apheresis code V58.6 and the stem cell donation code V59.02. The following guidelines provide clarity on previously published guidelines (*Coding Guidelines* 1994; *Australian Coding Standards* 0243 and 0301; *Coding Matters* Vol 3, No. 1, 1996):

### Stem cell procurement and transplantation

For information about the technique of stem cell procurement and transplantation, please see ACS 0301. Note that ‘apheresis’ may also be documented in the clinical record as “peripheral blood stem cell collection” or “stem cell harvest” or similar.

Stem cells may be procured from:

1. A patient with a known malignancy, for therapeutic purposes (i.e. autologous donation), or
2. A healthy donor (nonautologous donation).



The relevant ICD-9-CM codes for this standard are:

V59.02 *Donors, blood, stem cells*

V58.6 *Apheresis*

#### Classification

#### Same day patients

##### ● *autologous donation*

Same day patients (i.e. admitted and separated on the same date) undergoing autologous donation of stem cells should have a principal diagnosis code of V58.6 *Apheresis*. An additional code(s) should be assigned to indicate the condition/malignancy being treated. Clinical coders should note that this standard overrules the exclusion note relating to self-donation of organ or tissue under V59 *Donors*.

Assign the appropriate procedure code, depending on whether the stem cells are frozen (cryopreservation):

99.75 *Procurement of stem cells with cryopreservation*

99.79 *Other therapeutic apheresis*

##### ● *nonautologous donation*

Same day patients admitted as a donor for procurement of stem cells should have a principal diagnosis code of V59.02 *Donor, blood, stem cells*.

Assign the appropriate procedure code, depending on whether the stem cells are frozen (cryopreservation):

99.75 *Procurement of stem cells with cryopreservation*

99.79 *Other therapeutic apheresis*

#### Multiday patients

##### ● *autologous*

Multiday patients should have a principal diagnosis code of the condition/malignancy being treated and the appropriate procedure codes as mentioned above. Assignment of V58.6 *Apheresis* as an additional diagnosis code is unnecessary.

#### 'Biliblanket'

##### Definition

'Biliblanket' is a trade name for a phototherapy system. The 'Biliblanket' consists of a lightweight and compact light source and pad that delivers therapeutic light for the treatment of neonatal jaundice. A tightly woven mat of over 2400 fibre optic strands floods the blanket with uniform, concentrated high intensity light. UV and infrared radiation are filtered from the light, reducing the risk of skin and eye damage as well as the hazards

of hyperthermia and dehydration. The 'Biliblanket' lowers the infant's bilirubin while enabling the infant to be held by the parents.

#### Classification

Treatment using a 'Biliblanket' should be coded in line with the phototherapy guidelines:

ICD-9-CM: ACS 1601 and *Coding Matters* Vol 3, No. 1, July 1996.

ICD-10-AM: ACS 1605 **Phototherapy**.

#### Learning more about ICD-10-AM: Codes that look the same in ICD-9-CM and ICD-10-AM

With ICD-9-CM using numeric codes and ICD-10-AM using alphanumeric codes, you would expect that the codes would look entirely different in each case. However, both classifications have a 'V' section, resulting in some codes being identical but with different meanings:

'V' in ICD-9-CM is used for codes relating to the "Supplementary classification of factors influencing health status and contact with health services". In ICD-10-AM, these codes are incorporated into the main classification and are no longer supplementary.

'V' in ICD-10-AM is used for codes relating to "Transport Accidents" in the external causes of morbidity and mortality chapter.

For example, code **V10.41** means:

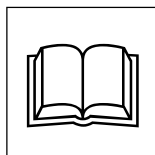
ICD-9-CM: *Personal history of malignant neoplasm of the cervix uteri*

ICD-10-AM: *Driver of pedal cycle injured in collision with pedestrian or animal, while engaged in leisure activity*.

Here is a full list of the codes that look the same in both ICD-9-CM and ICD-10-AM. Just remember that their meanings are different!

V09.90, V09.91, V10.00, V10.01, V10.02, V10.03, V10.04, V10.09, V10.11, V10.12, V10.20, V10.21, V10.22, V10.29, V10.40, V10.41, V10.42, V10.43, V10.44, V10.49, V10.50, V10.51, V10.52, V10.59, V12.00, V12.01, V12.02, V12.03, V12.09, V12.50, V12.51, V12.52, V12.59, V13.00, V13.01, V13.09, V24.01, V24.02, V24.03, V24.09, V25.01, V25.02, V25.09, V25.40, V25.41, V25.42, V25.43, V25.49, V30.00, V30.01, V31.00, V31.01, V32.00, V32.01, V33.00, V33.01, V34.00, V34.01, V35.00, V35.01, V36.00, V36.01, V37.00, V37.01, V39.00, V39.01, V43.60, V43.61, V43.62, V43.63, V43.64, V43.69, V45.00, V45.01, V45.02, V45.09, V45.51, V45.52, V45.59, V49.60, V49.61, V49.62, V49.63, V49.64, V49.68, V50.41, V50.42, V50.49, V53.31, V53.32, V53.39, V57.21, V57.22, V58.11, V58.12, V58.13, V58.14, V58.41, V58.49, V59.01, V59.02, V59.09, V61.20, V61.21, V61.29, V61.41, V61.49, V65.40, V65.41, V65.42, V65.43, V65.44, V65.49, V67.51, V67.59, V71.01, V71.02, V71.09, V73.98, V73.99, V76.41, V76.42, V76.43, V76.49.

❖ Kerry Innes, Associate Director (Sydney)



## PUBLICATION ISSUES

It's an exciting time of year for the Publications Division as we look forward to the launch of the new ICD-10-AM books! Other publications that have been keeping us on our toes are the ACBA, the Cumulative Errata & Coding Tips (affectionately known as 'Every Errata & Total Tips') as well as new ASCII updates and more Specialty Booklets....

### ICD-10-AM book sets

The presses are running hot with the printing of ICD-10-AM and by the time this newsletter reaches you, book sets should be commencing to be distributed across Australia. The final content of the ICD-10-AM set is as follows:

Volume 1: Tabular List of Diseases

Volume 2: Alphabetic Index of Diseases

Volume 3: Tabular List of Procedures (MBS-Extended)

Volume 4: Alphabetic Index of Procedures (MBS-Extended)

Volume 5: Australian Coding Standards

During production, the NCCH investigated having the books wire bound, however, some of the volumes were too large to enable the use of this binding method. Hence, the books will be bound in the same manner as the 1996 *Australian Version of ICD-9-CM* with slightly more flexibility.

Most of you will already be aware that the 5 volume ICD-10-AM book set is available from the NCCH (Sydney) for \$250 (including postage within Australia) and that this time round you can buy any one volume for \$60 each (*see* Order Form this issue). Orders have been flooding in (the fax is in 'meltdown' mode) and Damian Hanrahan is processing them with his usual speed, efficiency and friendly manner.

Despite the staggered implementation approach being adopted in Australia, the NCCH will continue to accept ICD-10-AM orders irrespective of which state or territory the order originated in, because university students, academics and other educators, health authority staff and individuals in states/territories not implementing in 1998 are still intending to purchase ICD-10-AM. To assist you with your decision to order, please follow the information provided by your relevant state/territory health authority.

The 1998 ICD-10-AM Errata is currently being prepared and will be released prior to July. When you receive your ICD-10-AM books, you will notice that we have

left a couple of blank pages at the end of each chapter in Volume 5 *Australian Coding Standards*. These have been left blank intentionally as the 1998 Errata will contain additional standards information not available at the time of press.

Your ICD-10-AM book set will also include a complimentary bookmark listing the annotations that are used in the volumes and other useful information (*see* back cover of this newsletter for a list of annotation characters used in ICD-10-AM).

### Cumulative Errata and Coding Tips

Chantel Garrett (NCCH Publications Officer) has prepared a handy new product which contains all the Errata for the 1996 *Australian Version of ICD-9-CM* and all Coding Tips released by the NCC/NCCH in one convenient document. This publication has been compiled from the current and previous issues of *Coding Matters*. We had intended to send out complimentary copies of this product to all previous 1996 book purchasers, however, the completed document is much larger than we had anticipated! Hence, the *Cumulative Errata and Coding Tips* product can now be ordered from the NCCH for a nominal charge to cover costs (*see* order form this issue). A complimentary copy will be provided in future to new purchasers of the 1996 *Australian Version of ICD-9-CM*.

### ICD-10-AM ASCII Code List – now Abbreviated and Full Descriptors

In December 1997, the NCCH updated the ICD-10-AM ASCII Code List to include new fields for abbreviated code descriptors and age and sex edits. This product was reissued free of charge to current ASCII List customers. The new fields are now included in the updated product for no extra charge (*see* order form).

Abbreviated descriptors used in the new list are a maximum of 40 characters. A dictionary file explaining the abbreviations is also included. Several new fields have been added for the age and sex edits to indicate edit (e.g. 'male' or 'female'), edit type (e.g. 'fatal' or 'warning') and age ranges. The updated file also includes new codes and some corrections.

## Australian Coding Benchmark Audit (ACBA)

The Publications Division has also been preparing the *Australian Coding Benchmark Audit* (ACBA) kit, due to be launched at the NCCH 'Quality Matters' Seminar to be held on the 23rd January 1998 at La Trobe University in Melbourne, Victoria. The ACBA kit is a user friendly guide to conducting coding quality audits and aims to standardise the methodology used across Australia. Feedback will then enable the NCCH to establish national benchmarks for coding quality.

## Specialty Booklets

Four new booklets are in preparation in the *Casemix, DRGs and Clinical Coding* booklet series covering the topics of Orthopaedics, Injury and General Medicine and General Surgery respectively. Each new booklet will contain coding information in both ICD-9-CM and ICD-10-AM.

Jenni Bibaoui (NCCH Publications Assistant responsible for booklet preparation) has recently resigned to travel north to hotter climes. Consequently, for the preparation of the four upcoming booklets, we have enlisted the assistance of NCCH staff Christine Erratt and Sue Walker, plus Carmel Cheney (NSW) and Paula Hallang and Andrea Groom (Vic). Subject to response from clinical and coding experts approached, we aim to have these four booklets available by mid-1998.

## Health Online

Recently a report was released on the *Health Information Management and Telemedicine* Commonwealth Parliamentary Inquiry held in 1997.

Amongst other organisations, the NCCH submitted information to this inquiry regarding classification and coding. Several of the recommendations of the Inquiry Committee are of interest to clinical coders and Health Information Managers, including:

- the introduction of an electronic health card (which has the potential to allow people to own and hold their own medical record and to use it across a network of integrated services)
- the allocation of a unique patient identifier
- support of the introduction of electronic medical records (the Committee found that paper-based records posed a greater potential risk to confidentiality, privacy and security than did electronic formats)
- support of the use of the internet as the primary means of communication of health information
- the provision of financial support to general practitioners for purchase of technology – GPs were recognised as being essential to the successful

streamlining of the healthcare system

- supports the need to adopt national and international standards for data formats, interfaces and terminology.

With regard to health information coding, the Report states: "It is important that a standardised system of coding and classifying of health data is adopted within Australia to ensure the adequate planning for the future of health information interchange within Australia. If Australia is to become an international player, it is more important that it adopts internationally based codes and classifications on which it can build and subsequently market....The development and maintenance of codes and classifications in Australia is costly, as is the purchase of a licence from one being developed in another country".

This statement refers to **all** types of health information, not just that generated in acute, inpatient settings and currently coded using ICD systems. To this end, the Committee recommended that "the National Office for Information Economy undertake a feasibility study in order to determine which option should be followed by Australia".

The systems that the Committee recommends should be considered for national application across healthcare settings are: Read Codes, SNOMED, Australia's ICD versions and ICPC, and a framework using hypertext markup language. The findings of such an investigation will then be presented to Parliament. The Committee has rightly noted that the efforts of software developers have been frustrated to date by the lack of national consistency within (e.g. general practice) and between (e.g. general practice and acute inpatient) healthcare settings. So, we shall eagerly await the outcome of these future investigations. Stay-tuned!!

## ❖ Karen Luxford

Publications Manager

For a list of the recommendations contained in the Coopers and Lybrand "*Final Report on the ICD-10-AM Impact Assessment Project*" see the "What's New?" section of the NCCH Homepage.

<http://www.cchs.usyd.edu.au/NCCH/ncch.html>

## Evaluation of Accredited Clinical Coder Program

## CALL FOR SUBMISSIONS

Submissions are invited from stakeholders and other interested parties to contribute to an evaluation of the Accredited Clinical Coder (ACC) program which is conducted by the Health Information Management Association of Australia Ltd (HIMAA).

HIMAA, with support from the Commonwealth Department of Health and Family Services, developed the ACC program to recognise individuals with high level clinical coding skills. The key component of the coder accreditation program is the ACC examination. This is a national, voluntary, standardised, competency-based examination. It is designed to provide:

- an external measure of coding skill not dependent on the work environment, supervisor, background, training or experience of the coder;
- an opportunity for coders to compare their knowledge and skill against a national standard;
- a measure of coding competence which is relevant in any coding situation across Australia.

Three ACC examinations based on ICD-9-CM have been held (September 1996, April 1997 and October 1997). ACC examinations based on ICD-10-AM will begin in 1999. Findings from the evaluation will be used to inform any changes which may be made to the ICD-10-AM coder accreditation process.

**The evaluation is to determine:**

- the extent and location of the coding issues being addressed by the ACC program;
- whether the ACC program is suitable to address those issues;
- whether the ACC program is operating in conformity with its objectives and design;
- whether the ACC program is reaching its specified target population;
- the impact, costs and benefits for participants and other stakeholders.

**Submissions**

Submissions addressing any or all of these points should be sent by 31 March 1997 to:

The Secretary  
HIMAA Education Services Advisory Committee  
Locked Bag 2045  
North Ryde NSW 2113

**Annotations used in ICD-10-AM Books (1998)**

- † denotes a code describing the aetiology or underlying cause of a disease.
- \* denotes a code describing the manifestation of a disease.
- ▼ denotes that an Australian Coding Standard (Volume 5) applies to a particular code or group of codes (category or block).
- ⊛ denotes an Australian code.

**A08**

a black reverse text box indicates a code which is NOT VALID and CANNOT be assigned because the code requires an additional character(s).

**A08**

a box outline indicates a three character level code which is VALID.