from **the** **desk** of the **director**

NCCH Advisory Committee

The NCCH Advisory Committee annual meeting was held at the University of Sydney (main campus) on Tuesday 16 May 2000. The meeting provides an opportunity to review the accomplishments and progress of the NCCH over the last twelve months and to hear what our stakeholders want from our centre. On this occasion it also provided a platform to demonstrate new NCCH software for measuring data quality (Performance Indicators for Coding Quality or PICQ) and the ICD-10-AM database.

ICD-10-AM Second Edition Education Workshops

ICD-10-AM Second Edition workshops are currently in progress around the country in preparation for implementation of the new edition in all states and territories in July this year. A full report of the workshops can be found in the Educational Matters column.

The workshops are almost always booked to capacity. To provide access to the workshop material to those unable to attend, a video package has been developed.

This video package consists of videotape, workbook, exercise answer booklet and feedback form. The video contains the same information as is currently being presented at the face-to-face workshops, covering all the major changes between the first edition and ▶

Second edition workshop in progress

in this issue

second edition of ICD-10-AM. The video will be suitable for rural and isolated clinical coders and any other coders or users of the classification who could not attend the face-to-face workshops.

The video and workbooks are available separately; however, I still strongly recommend the whole package in that it provides a better overall picture of the classification changes.

Health Online/Quality

NCCH has made submissions to the Electronic Health Records Taskforce and to relevant Commonwealth departments concerning the need to develop an Australian Clinical Vocabulary. Such a vocabulary would relate to clinical language as well as to the classification and is regarded one of the essential building blocks for the electronic health record. Assistance from Lai-Mun Balnave, Laeta Pty Ltd,

Lai-Mun Balnave

in the electronic health record submission, is gratefully acknowledged. Lai-Mun has also been working with our Quality 'team' on the ACBA revision (see Quality Concerns).

Strategic Plan

The NCCH Strategic Plan is complete and available on our website, www.cchs.usyd.au/ncch/ For those who cannot access the worldwide web, a summary version of the plan appears in this issue of *Coding Matters*.

NCCH and the Olympics

The NCCH Sydney office is located close to the of the Olympic and Paralympic Games precinct. We expect some disruption to our normal services during the games period 15 September to 29 October 2000. However, we will continue to function during this period with minimal staffing. This means that there may be some delay in the processing and distribution of orders and response to coding queries. We apologise for any inconvenience this may cause and urge our clients to order publications early to avoid delay.

Conference calendar

The NCCH will have exhibition booths at a number of conferences this year. Please look out for them and come and say 'hello' so we can show you our latest publications and demonstrate software.

Mark your diaries for the following important conference dates:

- **Casemix 2000**,
  27-30 August 2000 in Cairns, Queensland.
- **HIC 2000,** organised by HISA,
  3-5 September 2000 in Adelaide, South Australia.
- **International Federation of Health Record Organizations (IFHRO) Congress**,
  organised by the Health Information Association of Australia (HIMAA), 2-6 October 2000 in Melbourne, Victoria.

Specialty books

Latest in the Casemix, DRG and clinical coding book series
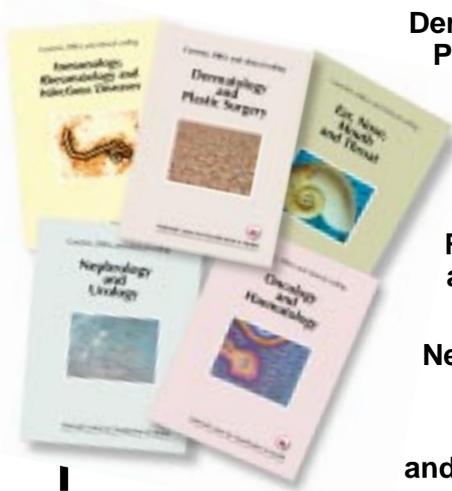
Dermatology and Plastic Surgery

Ear, Nose, Mouth and Throat

Immunology, Rheumatology and Infectious Diseases

Nephrology and Urology

Oncology and Haematology

See order form distributed with Coding Matters or call 02 9351 9461 for further information about these books or other titles in the series.

■ **7th NCCH Conference**,
April 2001 Sydney, New South Wales.
Days and venue are yet to be confirmed.

You can find more information and links to some of the organisers of these and other conferences at the NCCH website:
www.cchs.usyd.edu.au/ncch/conference.html

NCCH visitors

Professor Donna Diers from the Yale University School of Nursing and a Visiting professor at the Faculty of Nursing, Midwifery and Health at the University of Technology, Sydney visited the NCCH on 24 March. Professor Diers is interested in the work being done in health

Donna Diers with Rosemary Roberts and Kerry Innes

classification by the NCCH and the comparative use of casemix classification and funding in Australia and the USA.

At the end of April, Professor Diers and I visited the New Children's Hospital as the guests of Dr Ralph Hanson to discuss Electronic Health Records and use of casemix information.

Staff changes

NCCH Publications and Technology Division has relocated to 'A' block to provide space in 'T' block for the Professional Relativities Study (PRS). Phone numbers and contact details, however, remain the same.

Richard Juckes

Victoria Nansen

Welcome to Richard Juckes, who joins us on secondment from the Medicare Schedule Review Task Force, on the PRS project team.

Also welcome to Victoria Nansen who is providing additional administrative support to the NCCH.

Our gratitude and thanks to Lauren Jones and Margie Luke who have completed their contracts with NCCH.

Judith Hooper and Tiffany Chan are temporarily leaving us for maternity leave – the NCCH is working hard at developing health information specialists for the future!

▶ **Rosemary Roberts**
Director

vital signs

As I write, NCCH Brisbane is in the process of packing up and moving offices to another building on the QUT Kelvin Grove campus. Our staff and student numbers have expanded in the past couple of years and we are delighted to be moving into relatively luxurious surroundings, with four new offices rather than the existing two. We will be physically located in the Nursing building but will still maintain our links with the School of Public Health. Our phone and fax numbers and email addresses will remain unchanged.

Intern from Germany

NCCH Brisbane is continuing its international focus as we are currently hosting Caroline Stahl on a six-month internship. Caroline is from the University of Ulm in Germany and is studying for a postgraduate diploma in medical documentation and health information. This degree is similar to HIM degrees in Australia, although the German qualification has more emphasis on statistics, research methods and data management. Many graduates find employment in pharmaceutical companies and research institutions. Caroline has a nursing background but decided on a change of career to HIM, which she is really enjoying.

While in Brisbane, Caroline is working on analysing some multiple cause mortality data for the Australian Bureau of Statistics and is also preparing a paper comparing various electronic methods of maintaining the ICD. We are hoping that this paper, based on the NCCH database and the database developed by the German Institute for Medical Documentation and

Caroline Stahl

Information (DIMDI), will be presented at the 2000 WHO Heads of Collaborating Centres meeting in Rio de Janeiro.

Caroline also spent a week in the Sydney office of the NCCH in May and hopes to get in a bit of sight-seeing before returning to Germany in early September. The Brisbane staff are delighted to welcome Caroline and are busy teaching her lots of Australian slang to confound her friends when she returns home.

Singapore casemix management

A contract to provide a graduate certificate in casemix management has just been signed with the Singapore Ministry of Health by a consortium consisting of QUT, NCCH Brisbane and the Health Information Management Association of Australia. Included in the training package for public hospital coders are a medical terminology and two clinical classification (introductory and advanced) components. The training will be run by distance education, with a couple of face to face workshops to consolidate the students' learning. In the initial round, approximately 40 students have been enrolled, with just over half beginning with medical terminology and the rest starting introductory clinical classification.

ACBA training for use in Thailand and Sri Lanka

NCCH Brisbane has been asked to conduct a quality assessment project in the area of clinical coding for WHO/SEARO. Eight participants – four from Thailand and four from Sri Lanka – will visit Australia in mid-July to learn how to use the Australian Coding Benchmark Audit. Subsequently the two teams will return to their own countries, apply ACBA on a sample of their own coded medical records and report to NCCH and WHO on the tool's applicability in their own context. NCCH will be most interested in whether ACBA can be applied internationally and the Brisbane office is particularly interested in using the results to gauge the effectiveness of the coder training that we have been conducting in the past few years.

Brisbane staff activity

Many of you may have seen Tahnee Maker out and about on the coder education trail with

Karen Peasley in the last couple of months. Tahnee has really enjoyed assisting with the second edition workshops and particularly thanks everyone for their warm hospitality. As well as running workshops, Tahnee has been busy at the ABS helping with some file validations for a perinatal cause of death encoder that is being developed for the Bureau by some IT students from Griffith University.

Peng has also had his head buried in his computer recently as he has developed three research proposals for which NCCH is applying for funding. The first was submitted to the NH&MRC for a project to assess the quality of death certification practices by comparing hospital records with completed death certificates. The other two projects relate to cancer and heart disease deaths and were submitted to the Queensland Cancer Fund and the National Heart Foundation respectively.

That is all from us in Brisbane for this issue. We hope we will be able to welcome some of you to our new offices over the coming years!

▶ **Sue Walker**
Associate Director, NCCH Brisbane

educational **matters**

With only a few weeks left of June, this means that implementation of the second edition of ICD-10-AM is almost upon us. To prepare the clinical coders of Australia for this task, the forty workshops nationwide from March to June has culminated in approximately 1,300 coders being brought up to date with the second edition revisions.

Second edition workshops

The workshops were ably presented by members of the Coding Educators Network (CEN) in each state and territory, and by myself and my Brisbane based colleague, Tahnee Maker. The workshop sizes varied from 11 people up to 53 people in each workshop and were held in all capital cities and many regional centres. The welcome to the educators was excellent and the support for the changes from the participants was encouraging.

Karen Peasley with workshop presenters Megan Cumerlato, Linda Best and Julie Rust

It is always interesting to travel across Australia to meet new and old faces and to learn of some of the difficulties that some coder's face just to attend these education sessions. The flight from Tennant Creek to Darwin is a little over 2½ hours and Kathy Fry from Tennant Creek Hospital is restricted to a luggage limit due to the plane used for the journey, with the ICD-10-AM books taking up 5+ kg's of that limit! So like any good coder… the books always take precedence.

The use of Powerpoint slides and the inclusion of graphic material to highlight clinical information have helped to improve the workshop content, along with the 'Essential

Clinical coders attending the 2nd Sydney workshop at the Johnson & Johnson Education Institute in North Ryde

Pursuit' quiz. This quiz has proved that some clinical coders have some very inventive minds, as the names of the quiz groups show. Some of the more creative group names used include:

Diabetic Foot in Mouth, Nutcases, Workshop Wallies, Private Parts, Inmates, Space Cadets, Stunned Mullets, Terrorist Liberation

ICD-10-AM
Second Edition
workshop video

The video package comprises a three hour video of the NCCH ICD-10-AM Second Edition workshops. Included in the package is the video, workbook with practical scenario exercises, exercise answer booklet and feedback form.

The content of the video includes all the major revisions to the codes and indexing for the second edition of ICD-10-AM as well as new and revised Australian Coding Standards (ACS).

Topics covered include guidance in the coding of procedural complications, anaesthetic coding, the new place of occurrence and activity codes, the revised Allied Health codes and the revisions to the classification of diabetes mellitus.

Video and workbook also available separately, see the NCCH order form for details.
Further queries about the video can be directed to Karen Peasley, Education Manager, NCCH on (02) 9351 9461 or via email k.peasley@cchs.usyd.edu.au

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Organisation (TLO), *Stuff Nosologists, All Coded Out, Vasoline, Q93.5 Happy Puppets, ICD-7-AM (Invincible Coding Devils-7-All Marvellous), ICD (Irresistible Coding Dynamos)* and finally the *Dead Sparks.*

Diabetes Update video

The Diabetes Update video has also been a success with most workshop participants taking the time to view the video either prior, during or post the workshop. Recognition of the value of the video has also come from the International Diabetes Institute.

ICD-10-AM Second Edition workshop video

The NCCH has also completed a video of an ICD-10-AM Second Edition workshop. This video is approximately 3 hours in length and contains all the topics covered during the face-to-face workshops. The video package includes the videotape, a copy of the workshop booklet, exercise answer booklet and a feedback query form. It is anticipated that this video would be extremely beneficial to those clinical coders who were unable to attend the face-to-face workshops due to distance, time or financial constraints. It would also be useful to those clinical coders who may wish to refresh their memories on the main issues raised at the

workshops. Please refer to the advertisement on this page and the order form for more details on the ICD-10-AM Second Edition Workshop video package.

NCCH educational needs survey

The results from a collation of the evaluations of the workshops will be provided in the next edition of *Coding Matters*. To assist the Education Division in meeting the needs of clinical coders, a feedback survey has been included in this edition of *Coding Matters*. The survey is *your* chance to have *your* say about *your* educational needs for the future. Please take the time to read, complete and return the survey, as the results will be used to plan and organise future NCCH educational events. Results will be reported in a future edition of *Coding Matters*

Mark your diaries… the 7th NCCH Conference will be held in April 2001 in Sydney. The venue is still being finalised and further details will be posted on the NCCH website as they are confirmed. The conference is shaping up to be a big event!

▶ **Karen Peasley**
Education Manager
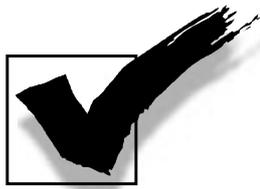
quality
concerns

Performance Indicators for Coding Quality (PICQ)

The Performance Indicators for Coding Quality (PICQ) software product is now in Stage two of development after the launch of the prototype in February 2000 at La Trobe University.

Fourteen hospitals and data collectors participated in PICQ trials earlier this year and their valuable feedback has informed the definition and specification of enhancements to PICQ. These enhancements will produce greater flexibility in report formatting, thus allowing the user to analyse and present PICQ results in the manner which best suits the purpose. The user will notice a major difference in the first release version – there will be an improved data input mechanism.

Many trial sites found that the most difficult part of using PICQ was capturing the dataset needed for analysis, formatting and importing these data into the PICQ program. NCCH and the software developers are addressing the automation of this data capture process, obviating the need for time consuming preliminary data management. PICQ Version One will also have an enhanced user interface, with some cosmetic changes being included to enhance user-friendliness. The first commercial release of PICQ Version One is planned for October 2000.

Australian Coding Benchmark Audit (ACBA)

The Australian Coding Benchmark Audit (ACBA) is also undergoing revision. The existing ACBA methodology is widely used in coding audits and some auditors have submitted their results to NCCH to assist with the benchmarking process. Though these submissions are appreciated, they are not numerous enough to provide rigorous or meaningful benchmarks, and so the benchmarking aspect of ACBA has not been entirely achieved. We are also aware that users who are unfamiliar with performing audits, or are new to the ACBA methodology, sometimes feel confused; we receive many questions about 'how to do an ACBA audit'. So in order to make ACBA easier to use, and to help with the benchmarking of coding quality, NCCH has begun to 'automate' ACBA. The new version will be a software product, and like PICQ, will be written for Microsoft Access and will share similar data capture mechanisms. The ACBA program will present the data coded by Coder A, and input screens will be available for the auditor (Coder B). A separate validation screen will be included should an arbitrator (Coder C) be required to clarify a coding discrepancy. The 'error categories' have been simplified and clarified, making the assignment of coding discrepancies much clearer. Results are compared by the ACBA program and reported by error category.

The results may also be presented graphically. Because the product is electronic, we will be able to receive audit results via e-mail or the web and aggregate them. Having a secure report site and a result aggregation system will ensure that confidential information remains confidential. Only the aggregate results (de-identified) will be used for benchmarking purposes, and a process of 'peer-grouping' will allow these benchmarks to be used appropriately by auditors. Electronic exchange of this information means that there is no need for re-keying of results, increasing efficiency and decreasing the opportunity for keying mistakes.

The new ACBA will also be available in paper format for those auditors who do not have computing equipment. The forms and calculation sheets will be included in the User Documentation and ACBA Manual, and these can be photocopied as needed.

Performing ACBA audits manually however, will not contribute to the benchmarking and peer-grouping analyses, limiting the feedback available to auditors in these circumstances.

The first release of ACBA Version Two will coincide with the PICQ Version One release, so it looks like October will be a busy month for NCCH!

Watch this space for further news…

Donna Truran
Research officer

classification
support & development

Classification Support and Development Division staff have been busy working on a number of projects related to the development of the third edition of ICD-10-AM due for release in July 2002.

Some of these include:

Classification Update Forums (CUFs)

These 2-day workshops are designed to bring together coders and clinicians from the Clinical Coding and Classification Groups (CCCGs) and morbidity data users to discuss areas which require clarification or modification in ICD-10-AM. There will be 8 CUFs run over the next year in the following topic areas:

Neonatology and Paediatrics

This group met on 26 May 2000 and discussed issues such as birth asphyxia, intraventricular haemorrhage, asthma, childhood arthritis, history of prematurity and hypoxic ischaemic encephalopathy to name a few.

Oncology

This group is due to meet in the last week of June and will be discussing issues such as chemotherapy, staging of neoplasms, recurrence of tumours, multiple primary neoplasms, gliomas, familial adenomatous polyposis and ICD-O-3.

In our next edition of *Coding Matters*, Merrilyn Morris our CUF coordinator will provide an update on the outcome of these two workshops.

The remaining CUF workshops will cover: Diabetes Mellitus, Anaesthetics, Mental health, Adverse events, Injury and Cardiovascular diseases

Classification for Early Parenting Centres

We reported in *Coding Matters*, Volume 4, Number 4 that Angela Randall was working on developing a classification for early parenting centres as part of her Masters of Public Health. Angela submitted her completed classification as a public submission in 1999 and the NCCH is now using Angela's work to run a small recoding and mapping study in early parenting centres. This work should result in modifications to ICD-10-AM which will improve the specificity of coding in these centres.

Educational Material for Anaesthetists

You will notice that a one-page 'colour' flyer has been included in this edition of *Coding Matters* relating to the coding of anaesthetics. This major change in coding practice, which is effective from 1 July 2000, will provide essential denominator data on which to build a national database for future statistical evaluation.

As indicated in the ICD-10-AM Second Edition workshops, the NCCH has prepared this material for health information managers and clinical coders to assist with the dissemination of information to anaesthetists in the individual health care institutions. It may be reproduced and distributed in the current format or used as a basis for a more intensive educational program at your particular institution. The NCCH also plans to send similar educational material to the appropriate professional colleges for inclusion in their publications.

The successful implementation of the revised ACS 0031 *Anaesthesia* requires a collaborative effort between clinical coders and anaesthetists. Your cooperation in this educational program is greatly appreciated.

The Public Submission Process

The Year 2000 public submission period has now ended and we have 22 new submissions to consider for inclusion in the third edition of ICD-10-AM. Many thanks to all those who initiated or assisted in these submissions. The NCCH views this process as part of the continual quality improvement of ICD-10-AM and we welcome the feedback that this provides from the various stakeholders in the classification system.

As mentioned in the March edition of *Coding Matters*, this edition contains an example of a public submission which was submitted according to the guidelines available from the NCCH. Those of you who attended the recent ICD-10-AM Second Edition workshops will remember the subject of this submission 'cerebral palsy' as being one of the answers in our Essential Pursuit quiz!

Briefly, we wish to emphasise once again the four acceptable reasons to consider modification of the disease and procedure classification, which are:

■ outdated code assignment due to advances in medical science/classification

■ identification of a new disease or procedure

■ a current code is too general or lacks specificity

■ typographical errors

The public submission on cerebral palsy (see page 11) is a good example in that it identifies outdated medical terminology and lack of specificity in the category G80 *Infantile cerebal palsy* and suggests alternatives to the current code structure.

It is important to note that routine coding queries which relate to correct code assignment should follow the ICD-10-AM query process, not the public submissions process. This requires clinical coders to first seek assistance from their peers/local coding group and if a problem remains, a query should be sent to the state or territory coding advisory committee (CAC). The state/territory CAC will forward unresolved queries to the NCCH.

More detailed information on the public submission process and practical examples may be found on our homepage at http://www.cchs.usyd.edu.au/ncch/

▶ **Kerry Innes**
Associate Director

- -

Change to coding convention for screening – ACS 2111

The principal diagnoses of Z11, Z12 and Z13 *Special screening examination for…* detailed in ACS 2111 *Screening for specific disorders* are listed as unacceptable principal diagnoses in AR-DRG v4.1. The Department of Health and Aged Care intends to remove these codes from the unacceptable PD list in AR-DRG v4.2. As stated at the ICD-10-AM second edition workshops the NCCH policy is to avoid alteration of coding practice for grouping purposes. However, to ensure national consistency of coding and grouping, the NCCH (in collaboration with the Department of Health and Aged Care and state health authorities) has decided to amend ACS 2111 from 1 July 2000.

Replacement for ACS 2111 Screening for specific disorders, effective July 2000

Admission for screening in asymptomatic individuals where the condition screened for is not found, should be coded as follows:

Principal Diagnosis – assign a code for the reason for screening, such as family history (Z80-Z84)

Additional Diagnoses – assign appropriate screening code (Z11-Z13)

other relevant diagnosis codes

Do NOT assign Z11, Z12, or Z13 as the principal diagnosis code.

The following scenarios are unaffected by this change:

■ If the patient has symptoms, code the symptoms instead

■ If the patient is admitted for follow-up of a previously occurring condition, assign the follow up code (Z08-Z09) as principal diagnosis

Example:

Diagnosis: Patient admitted for colonoscopy due to family history of colon cancer. Colonoscopy found no abnormality.

Codes: Z80.0 *Family history of malignant neoplasm of digestive organs*

Z12.1 *Special screening examination for neoplasm of intestinal tract*

32090-00 [905] *Fibreoptic colonoscopy to caecum*

Note that this change affects only a defined group of patients – the patients who present for screening and the condition for which the patient is being screened **is not detected or has never been detected.**

Note also that this change will have a similar effect on ACS 0401 *Diabetes mellitus* (Vol 5, page 92) where a code other than Z13.1 *Special screening examination for diabetes mellitus* should be assigned as the principal diagnosis for cases of screening for diabetes mellitus.

Example of a public submission

PUBLIC SUBMISSION FOR PROPOSED CHANGES FOR SECOND EDITION OF ICD10-AM.
TOPIC: INFANTILE CEREBRAL PALSY (ICD-10-AM code G80)

In the interests of improving the classification of patients with Cerebral Palsy I would like to make the following comments and suggestions. I make these comments and suggestions after consultation with expert clinicians who are dealing with patients with cerebral palsy on a regular basis.

1. The title of this section, 'G80', 'Infantile Cerebral Palsy'.

Cerebral Palsy is a term in its own right. Inherent in the diagnosis of Cerebral Palsy is the fact that it has occurred as the result of a brain insult early in life. The diagnosis once made is a diagnosis for life. The use of the term 'infantile' as part of this diagnosis is unnecessary and complicates the use of this code when applying it to adult patients. We recommend the deletion of the word 'infantile' as part of this heading. We suggest the heading should read 'Cerebral Palsy'.

2. Inclusion Note

The inclusion note for this heading (G80) is Little's Disease. This is a very old term which is never used anymore. In fact doctors today are unsure of what 'Little's Disease' was. It refers to a diagnosis that was made in the late 1800's. We recommend this term be deleted as an inclusion under the heading for G80.

3. The Code Breakdown.

The codes available under G80 have altered from ICD9 with the inclusion of a code, G80.0. Spastic Cerebral Palsy. As approximately 80% of patients with Cerebral Palsy show some degree of spasticity this group is not mutually exclusive from G80.1 Spastic diplegia, G80.2, Infantile hemiplegia and G80.8 Other Infantile Cerebral Palsy which includes Spastic Quadriplegia (as per the index).

We would like to recommend the following:

G80.0 - Spastic Cerebral Palsy

G80.01 - Diplegia
G80.02 - Hemiplegia
G80.03 - Quadriplegia
G80.09 - NOS

The addition of the 5th digit acknowledges the different types of Spastic Cerebral Palsy. It also reintroduces a separate grouping for 'spastic quadriparesis' as was available in ICD9. At RCH we treated 420 patietns with 'spastic quadriparesis' in 1997/98. We believe a specific code for this condition is warranted rather that bundling it with 'Other infantile cerebral palsy'.

G80.1 - Spastic Diplegia

Replace with G80.01 (as above)

G80.2 - Infantile Hemiplegia

Replace with G80.02 (as above)

G80.3 - Dyskinetic Cerebral Palsy

No change.

G80.4 - Ataxic Cerebral Palsy

No change.

G80.8 - Mixed Cerebral Palsy Syndromes

This group represents cases of Cerebral Palsy where there may be both spastic and athetoid or ataxic Cerebral Palsy.

G80.9 - Cerebral Palsy, unspecified

No Change.

Summary

We believe this change would be acceptable to the whole of the Western world as it better reflects the current clinical understanding of the different types of patients with Cerebral Palsy. The purpose of redesigning this section is to make the individual codes independent of each other and to reintroduce a specific code for 'spastic quadriplegia'.

Thank you for considering this issue.

Kathy Wilton
Coding Co-ordinator
Royal Children's Hospital
Melbourne, Victoria.

the 10-AM commandments

This regular section (previously 'Coding Tips') is intended to provide ongoing guidance to coders on commonly asked questions and aims to address those areas of coding which require immediate attention by coders. Any major changes in practice (such as change of principal diagnosis sequencing for certain conditions) which may affect the integrity of state and national morbidity data collections will be flagged and should be introduced from the July following publication. If you find that any advice published in this section significantly changes your current practice, you should not change practice until a suitable time in the collection year (January or July). You may feel it necessary in such circumstances to also seek advice from your state/territory health authority regarding a suitable date for implementation.

Additional diagnoses

At the recent ICD-10-AM workshops, participants were informed that the NCCH would be publishing further information on additional diagnoses, with particular reference to risk factors. A draft of this material was circulated at the recent Coding Standards and Advisory Committee (CSAC) meeting, however it was felt that further refinements are required before general circulation to health information managers and clinical coders. We will keep you informed of further progress on this complex area of clinical classification.

Changes to PICC (Peripherally Inserted Central Catheter) lines coding from July 2000

A central venous catheter can be inserted into either the subclavian, jugular or peripheral veins (arm or upper leg). The catheter may be placed percutaneously (inserted through the skin) or by cut-down (inserted directly into a vein through an incision in the skin). The cephalic and brachial veins (at the elbow) are the peripheral veins usually used. The catheter is guided through the veins of insertion into the right atrium of the heart, the inferior vena cava or the superior vena cava (see figure 1).

ACS 0045 *Drug Delivery Devices* provides guidance on coding of central venous catheterisation, implantable infusion devices and implantable infusion pumps. This standard includes peripheral veins as an access method for central venous catheterisation and replaces ACS 0216 *Vascular access and implantable infusion pumps*.

Some minor changes at block 738 *Venous catheterisation* have been made in the second edition of ICD-10-AM. These changes include a new 'excludes' note at both 13815-01 [738] *Percutaneous central vein catheterisation* and 13815-00 [738] *Central vein catheterisation* as implantable 'device' and 'pump' codes were not previously listed. Also the code titles at this block indicate the access route of central venous catheterisation.

1. Use of Z codes as principal diagnosis

The use of a Z code (*Factors influencing Health Status and Contact with Health Services*) as principal diagnosis is sometimes questioned by health funds as these codes often don't describe a 'disease' state. However, ICD-10-AM Z codes are legitimate principal diagnoses according to the current Australian Coding Standards. There are a few exceptions but these are only unacceptable in relation to DRG grouping and can be referenced in either the

Figure 1

Subclavian vein

Superior vena cava

Catheter (central line)
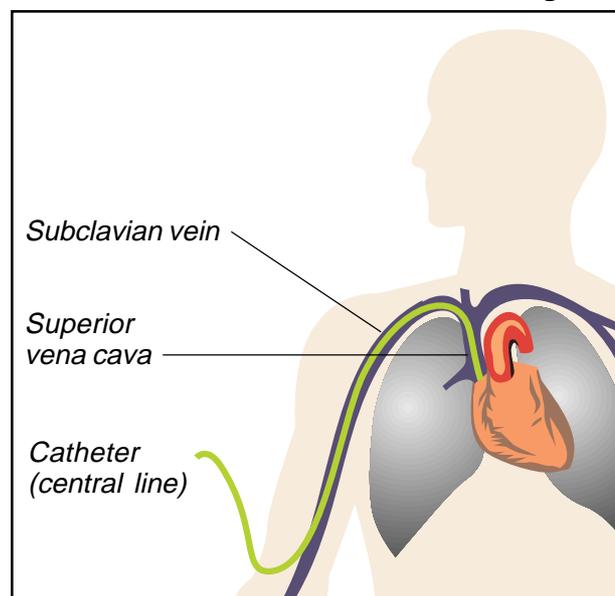
AN-DRG v3.1 or AR-DRG v4.1 definitions manuals. The following information may assist those involved in handling coded data for health funds.

The Australian Coding Standards are effective in all states and territories and are integral to both accreditation of coders and in the development of coder competency standards. Variation in application of such standards creates inaccuracies in national and state morbidity data, affects DRG grouping and consequently funding in some sectors and can have detrimental effects when hospital coding is audited.

The most commonly assigned principal diagnosis Z codes are those for short stay admissions, such as admissions for chemotherapy, endoscopy or dialysis.

2. Reduction of Orbital Fracture

The NCCH has received a number of queries (QID 1196, 1244) regarding the procedure code for reduction of fracture of orbital bone.

The codes for reduction of orbital fractures are located in block 1716 *Reconstruction of orbital cavity*. Currently, there is no index entry to direct coders to this block. The NCCH is considering alterations to the index for the third edition to improve access to reduction of orbital fracture codes.

3. Endoscopic Stapling of Pharyngeal Pouch

A pharyngeal pouch is a mucosal outpouching that arises at the junction of the pharynx and oesophagus. This may be referred to as a pharyngo-oesophageal or Zenker's diverticula.

Endoscopic diverticulotomy (Dohlman's procedure) using electrocautery or laser has been performed for pharyngeal pouch in the past. However, this 'sutureless' method was associated with postoperative complications, particularly mediastinitis.

Endoscopic stapling diverticulotomy for pharyngeal pouch is a recent modification of Dohlman's procedure that uses a linear cutting stapling device. The stapling device divides the common septum between the oesophagus and pouch to create a single lumen while achieving simultaneous sealing of the divided edges of the mucosa and muscle.

Code assignment for endoscopic resection of pharyngeal pouch is based on the procedure performed, not the technology used. Therefore, assign 41773-00 [421] *Endoscopic resection of pharyngeal pouch* for all cases of endoscopic resection of pharyngeal pouch, whether via stapling, electrocautery or laser.

4. Aortic Valve Annuloplasty

The NCCH has received a query (Query ID 1017) regarding coding of aortic valve annuloplasty with/without ring insertion. Currently, ICD-10-AM contains procedure codes for annuloplasty of the mitral valve (block 627) and annuloplasty of the tricuspid valve (block 633), but not annuloplasty of the aortic valve.

The introduction of a new code for the third edition will be investigated. In the interim, please assign 38653-04 [624] *Other intrathoracic procedures on aortic valve with cardiopulmonary bypass* for annuloplasty of the aortic valve.

5. Shoulder Decompression Procedures

Decompression of the subacromial space may be achieved by performing an open acromioplasty, removal of coraco-acromial ligament and excision of distal clavicle.

The index look-ups for these procedures are somewhat confusing and will be improved in the third edition of ICD-10-AM.

The following breakdown of codes is to provide coders with an outline of what each code encompasses.

48903-00 [1400] *Decompression of subacromial space* may be achieved by acromioplasty, excision of the coraco-acromial ligament, excision of the distal clavicle, or a combination of these three procedures.

48906-00 [1404] *Repair of rotator cuff* applies to repair of the rotator including excision of the coraco-acromial ligament or removal of calcium deposits from the rotator cuff, or both of these procedures.

48909-00 [1404] *Repair of rotator cuff with decompression of subacromial space* applies to repair of the rotator cuff in combination with decompression of the subacromial space by acromioplasty, excision of the coraco-acromial ligament or excision of the distal clavicle, or any combination of these.

6. Charcot's Disease/Arthropathy/Joint

Charcot's disease is a chronic progressive degenerative disease of one or more joints. The disease is the result of an underlying neurologic disorder, such as tabes dorsalis from syphilis, diabetic neuropathy, leprosy, or congenital absence or depression of pain sensation. ▶

The ICD-10-AM index defaults Charcot's disease to A52.1† *Symptomatic neurosyphilis* and M14.6* *Neuropathic arthropathy* assuming that neurosyphilis is the cause of the Charcot's disease. ICD-10-AM does not provide a code for when there is no underlying cause of the disease.

The NCCH has received a query on a case where the patient did not have syphilis, diabetes or any other condition which could result in Charcot's disease. Based on advice from WHO, these cases should be assigned G98 *Other disorders of nervous system, not elsewhere classified* with M14.6* *Neuropathic arthropathy*. Changes are being considered for the third edition of ICD-10-AM.

> **Because G98 *Other disorders of nervous system, not elsewhere classified* is not a dagger code, this may cause conflict with specific edits and information systems. Therefore, refer to your state health authority before implementing this advice.**

7. Tophi in Gout

Tophi are collections of uric acid which form lumps in tissue (most commonly in soft tissue, e.g. skin) throughout the body. Tophi can occur in gout due to any cause; idiopathic (primary) or secondary (such as drug-induced). Thus the coding should be based on the underlying type of gout.

Currently, in ICD-10-AM the index directs the coding of tophi in gout to either M10.9-*Gout, unspecified* or M10.0-*Idiopathic gout* depending on which main term is accessed in the index. That is, looking up 'Tophi' leads to M10.0-*Idiopathic gout* and looking up 'Gout' leads to M10.9-*Gout, unspecified*. Changes are being considered for the third edition of ICD-10-AM. Until further notice if the underlying type of gout is not specified and cannot be obtained, assign M10.9-*Gout, unspecified*.

Thanks to Natalie Tawfik (3rd year student, Health Information Management, The University of Sydney) for her contribution in preparing the 10-AM commandments while on placement at the NCCH.

CLINICAL UPDATES

This clinical update has been prepared in conjunction with Mr. Douglas Travis, Urologist and member of the Nephrology/Urology Clinical Coding and Classification Group. Mr Travis is currently Chairman of the Australian and New Zealand Association of Urological Surgeons. Our special thanks to Mr Travis for his enthusiastic contributions to and constant support of the work of the NCCH.

Urinary diversion procedures

Urinary diversion is a general term applied to procedures where an opening is made into the urinary system to divert urine flow, typically following bladder removal or when bypass of a dysfunctional bladder is required to maintain urinary flow. Urinary diversions can be described as incontinent or continent diversions.

Some urinary diversion procedures are similar in concept to the creation of a gastrointestinal stoma; the flow of urine may be diverted through an opening in the abdominal wall (sometimes called a 'cutaneous abdominal stoma'). In recent years, however, improved techniques have now provided some patients with the choice of avoiding a stoma by having a new bladder created (neobladder) which, with

training, can function in a similar manner to a native bladder.

While the terminology associated with these procedures has been clarified, the terms can be used 'loosely'. The following points are simple hints to help distinguish between the various urinary diversion procedures:

1. Look for the construction of a valve. If there is no valve constructed (a collection bag is attached to the skin surrounding the stoma), then an incontinent urinary diversion procedure has been performed. If a valve has been constructed (a catheter is used to drain the pouch), then a continent urinary diversion procedure has been performed.

2. If a pouch has been formed and there is no mention of a stoma, then a 'neobladder' procedure has been performed.

Incontinent urinary diversion

Incontinent urinary diversion procedures are so described because the urine flows continuously and a collection device (bag) is needed.

Ileal or colon/caecal conduits are the most common types of incontinent urinary diversion

procedures (see Figure 1). They are so named because an isolated segment of bowel is removed, refashioned into a pouch (reservoir) and relocated to act as a passageway (conduit) for urine to pass from the kidneys to the outside of the body. These procedures may also be described as Bricker's loop, Wallace anastomosis or loop conduit.

A segment of small or large bowel is isolated and resected, with its mesentery (blood supply) and nerves intact. The remaining bowel is anastomosed to restore bowel continuity. The ureters may then be attached to the isolated loop of bowel at the proximal end, hence closing the proximal end of the ureters (Wallace anastomosis). Alternatively, the ureters may be attached to the anti-mesenteric border near the proximal end of the isolated loop of bowel and the open end of the bowel is closed (Bricker's loop). The distal end of the isolated bowel segment is brought out through the abdominal wall as a cutaneous abdominal stoma. Urine drains continuously and collects in a bag attached to the skin around the stoma.

A cutaneous ureterostomy is another type of incontinent urinary diversion procedure. One or both ureters are divided and brought through the abdominal wall in an end or loop cutaneous ureterostomy. The loop cutaneous ureterostomy is similar in concept to a loop enterostomy; there are two openings – one a functional stoma, the other a non-functional stoma. This procedure is now rarely performed and may only be performed in children as a temporary measure; the hope is that the ureters can be reconnected later.

Classification notes:

A combination of codes is required to identify an ileal or colon conduit:

■ Isolation of intestinal segment, assign as appropriate:

90336-00 [896] *Isolation of segment of small intestine for interposition*

90336-01 [914] *Isolation of segment of large intestine for interposition*

Note that this code includes the anastomosis of the divided bowel to restore bowel continuity.

■ Transplantation of ureter into isolated bowel segment (pouch), assign as appropriate:

36600-00 [1082] *Laparoscopic transplantation of ureter into isolated bowel segment, unilateral*

Figure 1

Urinary diversion by colon conduit, incorporating non-refluxing anastomoses of the ureters into the conduit.

RLQ stoma

Completed pouch

Ureters spatulated and joined to ileum
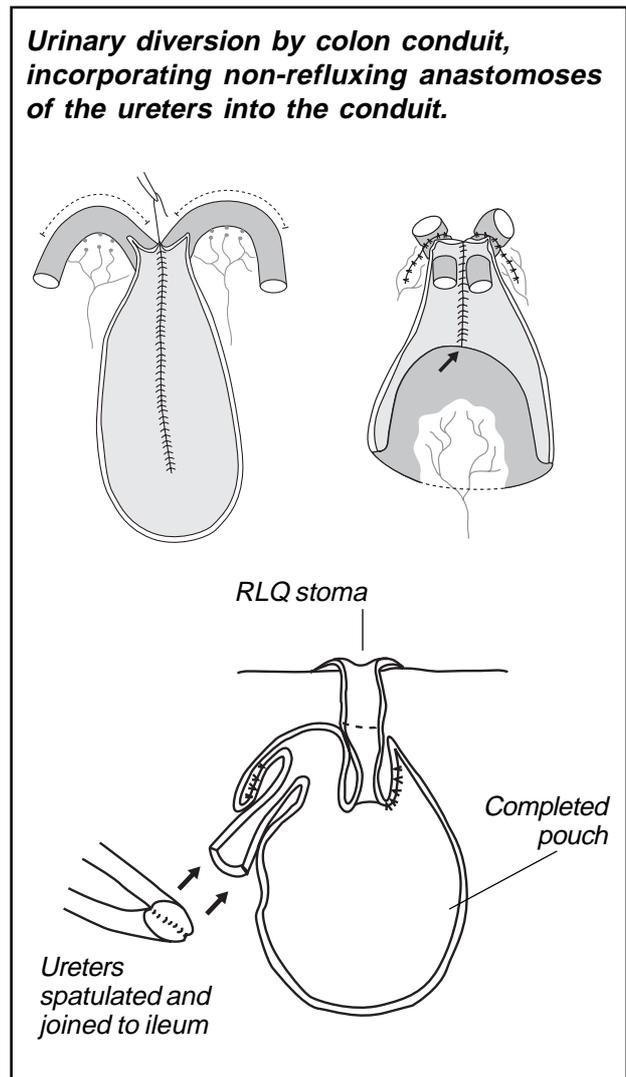
36600-01 [1082] *Transplantation of ureter into isolated bowel segment, unilateral*

36603-00 [1082] *Laparoscopic transplantation of ureter into isolated bowel segment, bilateral*

36603-01 [1082] *Transplantation of ureter into isolated bowel segment, bilateral*

■ Cutaneous abdominal stoma formation, assign as appropriate:

30375-01 [897] *Other enterostomy (for ileostomy)*

30375-04 [915] *Other colostomy*

While the stoma is generally described as a cutaneous abdominal stoma, the stoma is essentially a colostomy or ileostomy, and so the above codes are assigned. It is the purpose, rather than the technique, which differs (one diverts faecal matter, the other diverts urine). ▶

The different purposes will be reflected in the diagnosis and procedure codes assigned with the stoma codes.

If a cystectomy is performed, assign:

37014-00 [1101] *Total excision of bladder*

For cutaneous ureterostomy, assign as appropriate:

36585-00 [1079] *Laparoscopic transplantation of ureter into skin, unilateral*

36585-01 [1079] *Transplantation of ureter into skin, unilateral*

36585-02 [1079] *Laparoscopic transplantation of ureter into skin, bilateral*

36585-03 [1079] *Transplantation of ureter into skin, bilateral*

Continent urinary diversion

Continent urinary diversion procedures are so described because the urine flow can be controlled and a collection device (bag) is not needed. Rather, a continence mechanism is used to control urine flow. There are two types of continence mechanisms:

1. Valve – a cutaneous abdominal stoma is formed and a continence mechanism (such as a nipple valve, intussusception valve, flap valve or ileocaecal valve) is used to control urine flow (see figure 2). A catheter is inserted intermittently to drain the pouch.

2. Neobladder – the pouch is attached to the urethra (neobladder) to enable similar function to that of the native bladder and thereby avoid the need for a stoma.

Continent urinary diversion procedures have a bewildering array of names – ureterosigmoidostomy, Mainz pouch I and II, Tiflis pouch, Gotsadse pouch, Koch (Kock) pouch, Indiana pouch, ileal T pouch, continent urinary stoma, orthoptic neobladder, neobladder.

Ureterosigmoidostomy (ureteroenterostomy) was the first form of continent urinary diversion, but the procedure had high incidences of complications such as recurrent pyelonephritis and loss of renal function and is now rarely performed. The procedure involves anastomosis of the distal end of the ureter(s) to the sigmoid colon or rectum and relies on normal anal continence to keep the urine in the rectum until defaecation.

The Koch (Kock) pouch and the Indiana pouch are the two main continent urinary diversion procedures performed today. In the **Koch pouch procedure,** a pouch (reservoir) is created inside the abdomen with a portion of small bowel (the method is similar to that described for ileal/caecal conduits). The difference is that a nipple valve is constructed at the pouch outlet. The nipple valve holds back the flow of urine and a catheter or tube is inserted several times daily to drain urine from the pouch (see figure 3).

For the **Indiana pouch procedure,** the method is similar to the Koch pouch procedure, except for the segment of bowel resected (the terminal ileum and the caecum) and the valve created (an ileocaecal valve). Normally, the ileocaecal valve is found between the ileum and the caecum and it controls the emptying of waste into the large intestine. In this procedure the ileocaecal valve is relocated to the pouch outlet to provide a continence mechanism for the pouch.

For **neobladder procedures**, the neobladder is fashioned by forming a pouch from a segment of intestine. The ureters are anastomosed to the pouch and the end of the pouch is sutured to the internal urethral meatus. The patient is continent because the external urinary sphincter is preserved. Patients either void spontaneously by using the Valsalva manoeuvre or catheterise the pouch intermittently via the urethra.

Note that the term 'neobladder' usually refers to continent urinary diversion procedures that ***do not*** have a cutaneous abdominal stoma (patients have a new bladder which functions in a similar manner to their native bladder). However, the term is also being used to mean procedures that ***do have*** a cutaneous abdominal stoma, and so, ***caution is needed when assigning codes for procedures described as 'neobladder'***.

Classification notes:

For ureterosigmoidostomy (ureteroenterostomy), assign as appropriate:

36594-00 [1081] *Laparoscopic transplantation of ureter into intestine, unilateral*

36594-01 [1081] *Transplantation of ureter into intestine, unilateral*

36594-02 [1081] *Laparoscopic transplantation of ureter into intestine, bilateral*

Figure 2

Continent urinary diversion using the right colon

15 - 20cm

30 - 40cm   20 - 25cm

Bowel opened

Reimplants done from inside lumen of bowel

To be intussuscepted as nipple

Pouch closed

Nipple (sutured to pouch wall)

Right lower quadrant stoma
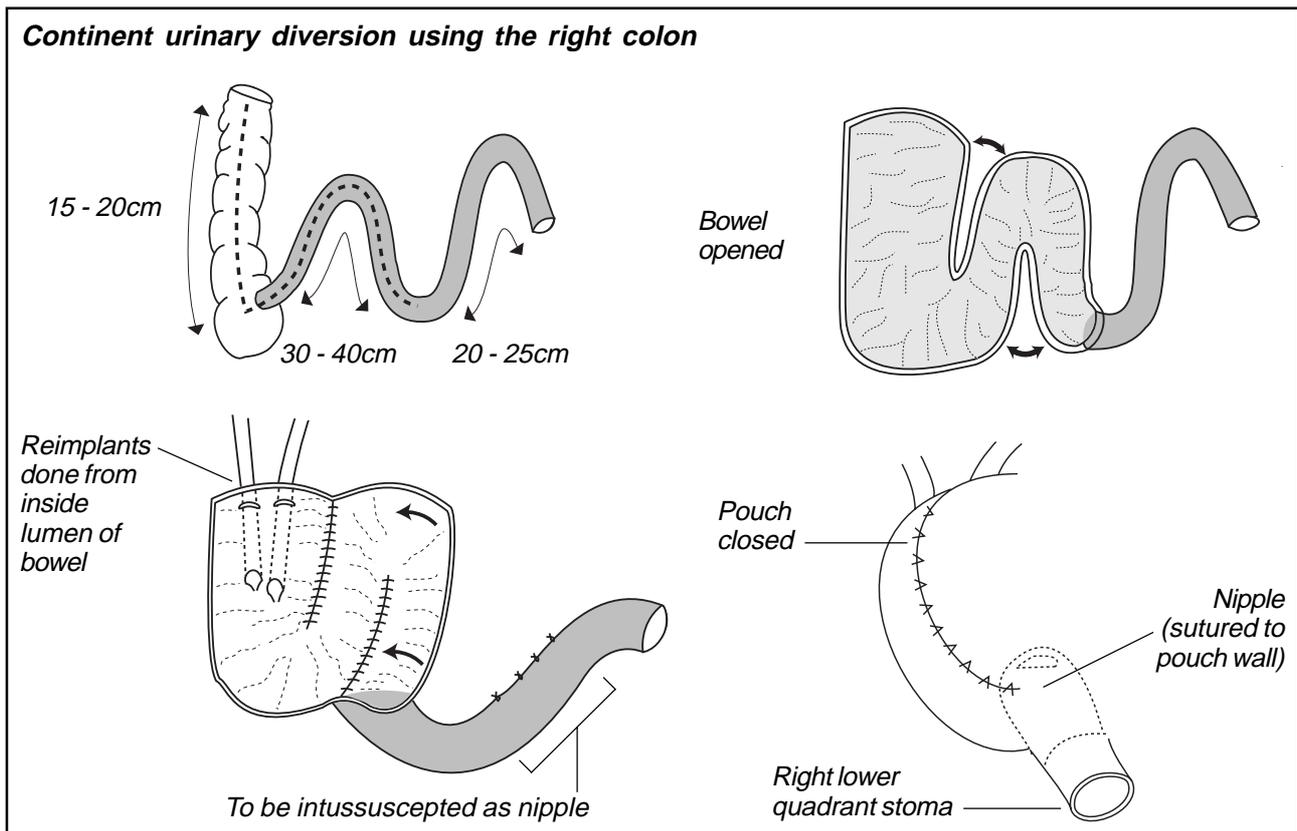
Figure 3

36594-03 [1081] *Transplantation of ureter into intestine, bilateral*

For all other methods of continent urinary diversion, assign:

36606-00 [1085] *Formation of intestinal urinary reservoir*

If the pouch has a cutaneous abdominal stoma, assign as an additional code:

36606-02 [1072] *Cutaneous drainage of intestinal urinary reservoir*

If the pouch is attached to the urethra (neobladder), assign as an additional code:

36606-01 [1072] *Transurethral drainage of intestinal urinary reservoir*

Do not assign 90361-00 [1107] *Formation of neobladder* **as this code will be deleted in the third edition** (the concept of this code overlaps with the codes 36606-00 [1085] and 36606-01 [1072]). Also planned for the third edition, is the refinement of the codes for urinary diversion, so that one code can be assigned to reflect the variations, rather than two or more codes, as is currently the case.

Continent urinary diversion using the Kock pouch

Stoma

Closure of seromuscular layer

Closure of ureter to colon mucosa

Ureter in submucosal tunnel 4-5cm long

Ureter enters tunnel between seromuscular layer and mucosa

End of loop anchored beneath aortic bifurcation
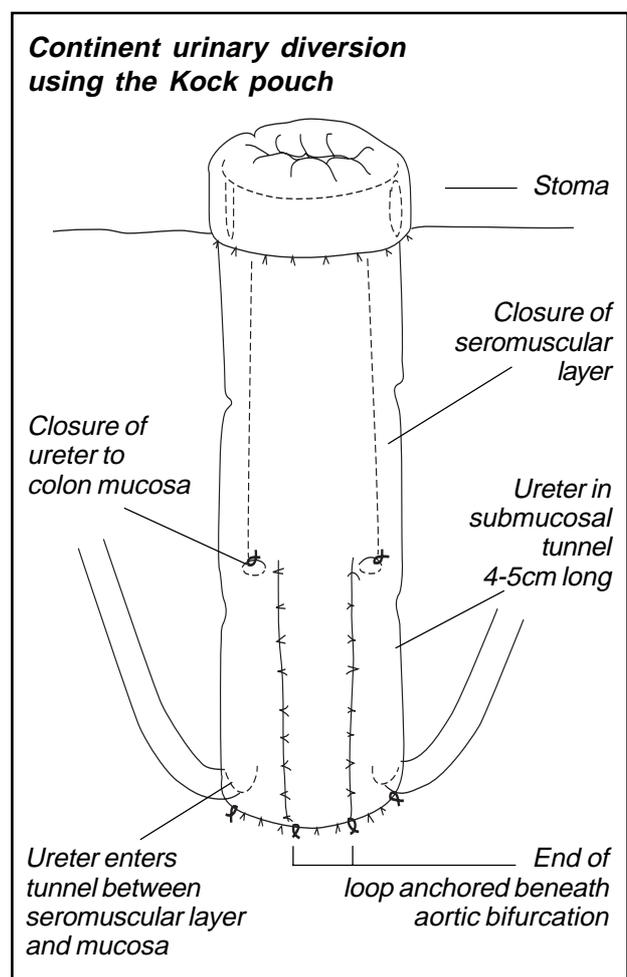
publication
issues

Electronic ICD-10-AM Second Edition

The electronic browser version of ICD-10-AM Second Edition is nearing completion and will be available in late June 2000. The electronic version contains all five volumes of ICD-10-AM linked in a compressed stand alone, yet searchable, format. This means that it can be distributed using either a CD-ROM or by emailing it directly to the purchaser. Imagine, no delay in delivery, ICD-10-AM directly to your desktop.

The electronic version of ICD-10-AM Second Edition incorporates the first errata. Included in the purchase price is the cost of two further errata updated files which will be distributed by email.

You can order the Electronic ICD-10-AM using the order form enclosed with *Coding Matters* or by visiting our website.

New specialty books

The ever-popular *Casemix, DRGs and clinical coding* series of specialty books continue with a burst of titles. The specialty book series provide an informative and useful resource for health information managers, clinicians and clinical coders. Copies will be available early July and can be ordered using the NCCH order form.

The new range of titles is:
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GST and the NCCH

From 1 July, as with all businesses in Australia, the NCCH will be charging a 10% GST on all of its products and services. The order form, sent out with *Coding Matters*, will also serve as the tax invoice. It will include the ABN for the purpose of tax input credits. The NCCH uses the same ABN as the University of Sydney. The University of Sydney ABN is quoted on our order form.

Prices on the order form will be shown inclusive of tax and with the GST component. GST is payable on all goods and services delivered after 1 July 2000.

Coding Matters index and binder

Due to popular demand, this issue of *Coding Matters* has a complete index of all volumes. This will help you find that elusive piece of information you know you saw in *Coding Matters* but can't quite remember which issue.

Publications Division is preparing a useful binder to keep all your copies of *Coding Matters* together and accessible. Pricing and availability of the binder will be in the next issue of *Coding Matters* and up on our website as soon as it is available.

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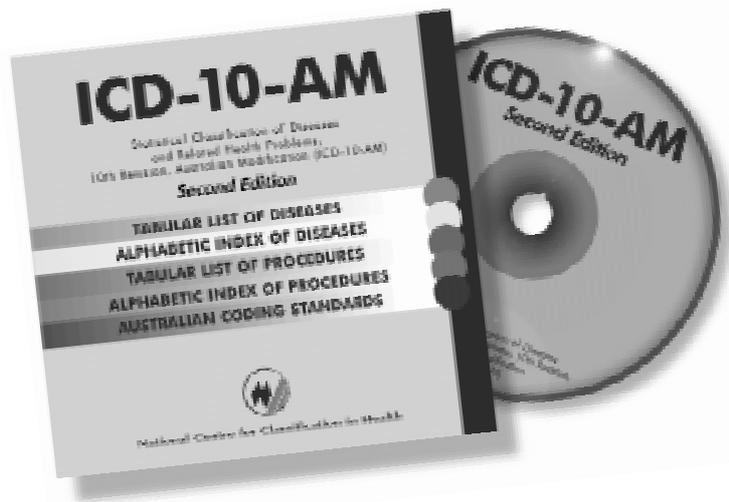
***ICD-10-AM Second Edition, effective from July 2000.
See order form for details.***

Medical Spell check

Publications and Technology Division is currently in the process of producing spell checking software for Australian medical terminology. Initially for use with Microsoft Word, it will provide a valuable tool for anyone working in health information. We hope to make it available for distribution later this year. Please drop me a line if there are features or functions you would like to see in this software or if you interested in purchasing it when it is available.

Errata

This issue of *Coding Matters* will include a copy of the first errata issued for ICD-10-AM Second Edition. You will notice that the format is different from previous errata as it was produced from the ICD-10-AM database. We have provided detailed explanation and illustration to help you keep your volumes up-to-date. The errata can also be downloaded from our website or by calling the Publications and Technology Division for a copy.

Publication timetable

Finally, *Coding Matters* welcomes suggestions for articles that are of interest to all working in the field of clinical coding and health classification. It is an effective advertising medium which reaches clinical coders and health information professionals. Advertising rates will remain the same as pre-GST rates. *Coding Matters* is now published in hard copy, broadcast by email and available from the NCCH website.

The production schedule and distribution dates for the next issues are as follows:

Volume 7 Number 2 – September 2000

Copy Deadline:	4 August 2000
Print Deadline:	1 September 2000
Distribution:	15 September 2000

Volume 7 Number 3 – December 2000

Copy Deadline:	3 November 2000
Print Deadline:	1 December 2000
Distribution:	15 December 2000

Volume 7 Number 4 – March 2001

Copy Deadline:	2 February 2001
Print Deadline:	1 March 2001
Distribution:	15 March 2001

Please call (02) 9351 9478 or send an email to me, r.bernard@cchs.usyd.edu.au, if you would like further information about *Coding Matters* or about advertising rates.

▶ **Rodney Bernard**
 Publications and Technology Manager

Truran's Teaser No.4

ACROSS

1. deep blue pigment, used in painting and dying (8,4)
8. remove moisture from (9)
9. has replaced vinyl records, cassettes and diskettes (2,3)
11. the point of no return (7)
13. red and yellow dessert apple (6)
14. state of annoyance (11)
17. chemical symbol for bismuth (2)
18. material collection or disseminated (13)
19. the highest point (6)
23. Marie-Antoinette's diet recommendation (4)
24. abbreviation for end of working day (1,1,1)
25. professional administration of business concerns (10)
31. substitute person; person replacing another in specific role (9)
32. the art of measuring time; making clocks (8)
34. fully grown, female bovine (3)
36. low, soft felt hat (6)
37. teaching a specified skill by practice (8)
39. official examination of records (5)
40. refinement, subtle of delicate manipulation (7)
42. abbreviation for herpes virus associated with glandular fever (1,1,1)
43. oversee the execution of a task (9)
45. abbreviation for liquid oxygen (3)
46. won at too great a cost (7)
47. to give intellectual instruction

DOWN

1. buttercup plant, bell-shaped purple bloom (6,6)
2. assessment, appraisal (10)
3. carefully sought out, rare (9)
4. land attached to mansion (7)
5. inclination or tendency (10)
6. one's trade, profession, department of activity (6)
7. data quality indicators from NCCH (4)
8. data relating to populations, groups or individuals (12)
10. settle in comfortably (8)
12. correct or conventional spelling (10)
15. moral philosophy; rules of conduct (6)
16. confused or complicated situation (9)
20. scoff, deride (4)
21. fifth month (3)
22. giving an account of (9)
26. playful, fond of joking (6)
27. collection of employees (9)
28. birth rate (8)
29. embezzle money (8)
30. insisting on strict adherence to rules or meaning (8)
32. holder of unorthodox opinion (7)
33. audit tool, available from NCCH (4)
35. mild, kind, gradual (6)
38. Greek white wine (7)
41. person after whom a discovery or invention is named (6)
44. answer, respond (5)
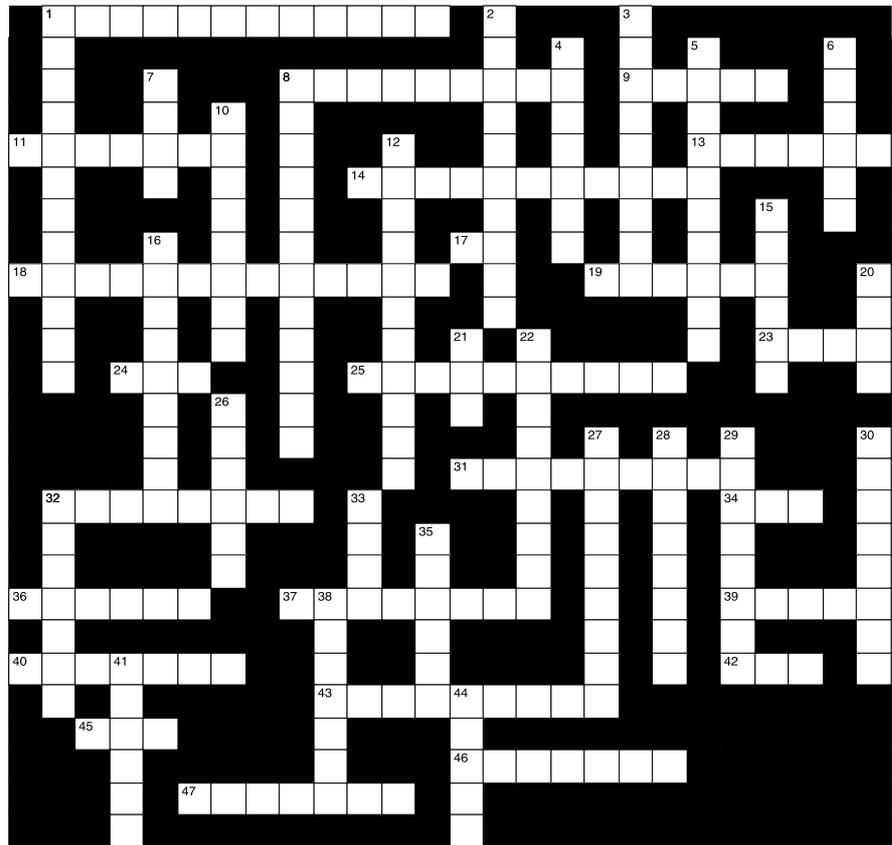
The solution to the crossword will be printed next issue. For those who cannot wait it can be found on our website.
Crossword created by Donna Truran.

Truran's Teaser No.3 – There were two possible solutions					
Bed	**Yellow**	**Blue**	**Red**	**Green**	**White**
Diagnosis	Diabetes	Heart	Appendicitis	Stroke	Asthma
Nurse	Garrett	Lawer	Stanhope	Jones	Hooper
Age	60	45	10	70	35
Doctor	Schmidt	Chan	Peasley	Truran	Bramley
or alternatively…					
Bed	**Blue**	**Yellow**	**Red**	**Green**	**White**
Diagnosis	Diabetes	Asthma	Appendicitis	Stroke	Heart
Nurse	Hooper	Garrett	Stanhope	Jones	Lawer
Age	35	60	45	70	10
Doctor	Truran	Bramley	Chan	Schmidt	Peasley

NCCH
vision and plans
for the future

NCCH vision

The National Centre for Classification in Health (NCCH) believes that health classifications should be in the public domain and part of the national health information stock.
Our vision for health information can best be facilitated by:

- equitable access to classification products and services to provide effective and efficient use of health data
- client focus
- cooperation and collaboration with other players in the Australian health information arena

- scientific approach to classification and product development
- emphasis on coding and data quality
- ethical business practices

NCCH mission

The National Centre for Classification in Health (NCCH) is the Australian centre of excellence in health classification theory and an expert centre in clinical coding systems. The NCCH is dedicated to supporting our clients in their use of health classifications and related products.

CURRENT ACTIVITIES

Information about health and use of health services is a complex resource vital to a diverse range of consumers and providers of health services. Business and public interests in such information must be recognised and clearly specified so that data can be collected, managed and analysed in innovative, skillful and efficient ways. Information about individual and population health should be a by-product of meeting health care needs so that we realise the full benefit from our national information stock. Health classifications can be structured and provided to yield health information of the highest quality to improve health care for all Australians.

The National Centre for Classification in Health (NCCH, 'the Centre') is the Australian centre of expertise in health classification theory, vital to the creation of nationally consistent and comparable data generated by Australia's health systems and industries. The Centre is responsible for classifications of diseases, causes of death and health care interventions.

The Centre is sensitive and responsive to the growing needs of our clients and stakeholders, and to technological innovations. To meet those needs, and to expand the Centre's core

responsibilities, a number of projects and products are maintained or currently being developed.

These include:

- **International Statistical Classification of Diseases and Related Health Problems, Version 10, Australian Modification,** ICD-10-AM Second Edition, effective July 2000 (published February 2000).
The NCCH updates this classification every two years. The third edition will be released in 2002.

■ **Status as an expert centre**, with participation nationally and internationally for NCCH Sydney and Brisbane. Activities through the Centre's Brisbane office demonstrate special commitment to the health classification needs of developing countries in the Pacific and South East Asia regions.

■ **Continuing professional educational opportunities** including:

- a **national conference** conducted biennially

- **Coding Educators Network** (CEN) which assists the Centre's staff in conducting educational programs throughout Australia

- **train-the-trainer** workshops for CEN members

- **coding workshops** which are conducted in metropolitan and rural centres through all states and territories to coincide with the release of editions of ICD-10-AM

- educational material.

■ **Production of electronic and print-based products, services and communications** including:

- *ICD-10-AM Second Edition* in both electronic and print formats

- *Coding Matters*, the quarterly newsletter from the Centre which is mailed to over 4000 subscribers and is available for download by visitors to www.cchs.usyd.edu.au/ncch/

- **ICD-10-AM database** which forms the backbone for future revisions and modifications to ICD-10-AM, derivative publications and software

- **Specialty books for clinicians and clinical coders**, devoted to diseases and procedure coding in a casemix environment

- **Electronic listserver, *Code-L*** which provides a forum for discussion and information

- **www.cchs.usyd.edu.au/ncch/** which provides current information about the Centre's activities. Resources available at the site also include: ICD-10-AM queries, mappings, public submission details and links to related sites

- **UMLS** — The US National Library of Medicine is including ICD-10-AM tabular and index terms in its metathesaurus, the Unified Medical Language System.

■ **Professional Relativities Study (PRS)** is a major study being conducted for the Medicare Schedule Review Board to develop a set of relative value units for the professional work component of items in the Medicare Benefits Schedule.

■ **Quality Division**, based at La Trobe University in Melbourne. Two of the Division's projects are:

- *Performance Indicators for Coding Quality (PICQ),* an electronic application which identifies data quality problems in coded health data sets

- *Australian Coding Benchmark Audit (ACBA)*, is a cost-effective standard audit system for measuring the reliability of disease and procedure coding using ICD and its modifications. ACBA is produced as a kit, and contains materials in both electronic and print formats.

THE CENTRE'S OBJECTIVES

Purpose

Australia's health classification centre

■ To provide scientifically robust health classifications in formats designed to meet users' needs. We consult widely with key stakeholders in the Australian health care system, and internationally with existing and evolving centres of expertise.

Electronic health classification systems

■ To meet emerging demands for new and adapted electronic products for health classifications users. We build electronic health classification products including adaptations of existing hardcopy products and apply new technologies to meet emerging needs.

Participation

Policy development

■ To contribute to the formulation of policies and practices in the collection, interpretation and use of health information. The Centre is also involved in international classification development work through the World Health Organization and the International Organization for Standardization.

Emerging technologies

■ To develop and adapt electronic technologies and other innovations for application in health classification products.

Products and services

User-focussed classifications

■ To create and adapt classifications that support the planning and operation of Australia's health services. We develop electronic applications to provide support at the point of care.

Maintenance and continuing support

■ To provide updates, education and enhanced versions of core products and services.

Industry sensitivity and awareness

■ To create services and products that harmonise with existing and emerging health classifications.

Marketing and promotion

Importance of health classification

■ To promote the significance of health classifications within the national health information strategy framework. Use of classifications enables sharing of standardised and meaningful health information.

An integral component of the national health information landscape

■ To ensure that the Centre and its activities remain intrinsic to the national health information landscape.

Dissemination of information and knowledge

■ To promote and share information and knowledge about health classification development, maintenance and application. Its staff teach clinical coders and users of coded data and host students from national and international education programs.

Communication with health care providers

■ To involve health care providers and users in the creation and use of health classifications.

Progress and planning

Innovation

■ To apply classifications to clinical knowledge and vice versa.

Improvements in health care and health status

■ To advance the use of health classifications to create nationally consistent and comparable data.

Technology efficiency

■ To use technology in the collection of health information and thus contribute to the efficiency of data collection, dissemination and use.

Forge closer links

■ To create meaningful links between health information, medical and clinical vocabularies and classification.

Research

■ To conduct and promote research into classification content and theory as well as use of coded data sets.

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