

Coding *Matters*

Newsletter of the National Coding Centre

Volume 1 No. 2 October 1994

FROM THE DESK OF THE DIRECTOR



This second issue of Coding Matters reflects the progress of the National Coding Centre (NCC) since its launch in April 1994. It is well and truly off the slipway and is "full steam ahead" towards the open sea. When I speak of the Centre, I include not only our own staff, who are doing a magnificent job, but the many health professionals who have contributed towards the work of the Centre in the last six months. Not the least of these have been the expert clinicians and coders who make up the Specialty Reference Groups* (SRG) advising the Centre on coding standards and codes for the first edition of the NCC Australian ICD-9-CM. The groups have been formed in conjunction with the Australian Casemix Clinical Committee (ACCC) to ensure consistency of NCC decisions on new codes with the deliberations of ACCC on recommendations for Version 3.0 of the AN-DRG Grouper and to set the stage for post-Version 3.0 developments. We are indebted to the commitment of these group members to improving the tools for coding which in turn will allow greater precision and reliability of coding decisions.

Others to whom we owe thanks are the members of the Coding Standards Advisory Committee (CSAC) who are from the state health authorities, Health Information Management Association of Australia (HIMAA), National Reference Centre for Classification in Health (NRCCH), Australian Institute of Health and Welfare (AIHW), ACCC and the Casemix Branch, Department of Human Services and Health (DHS). The Committee has met several times since April, and at its last meeting in Hobart dealt with recommendations from the SRG on new codes and standards.

*Under a joint NCC-ACCC agreement, these groups will now be known as Coding and Classification Clinical Groups (CCCG).

"expert clinicians and coders...make up the Specialty Reference Groups (SRG) advising the Centre on coding standards and codes for the first edition of the NCC Australian ICD-9-CM."

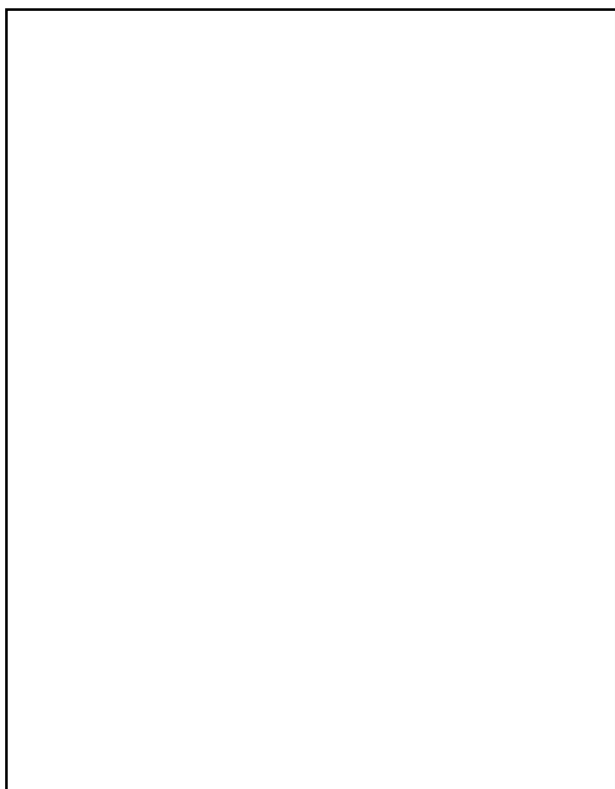
The process for determining the Australian additions to ICD-9-CM and the updated National Coding Standards has been accelerated in this first year. This schedule, however, still allows for the inclusion of the USA October 1994 updates in the Australian ICD-9-CM publication. In future, we plan an 18 month timetable for approval of new codes starting with recommendations to the NCC in December, discussion by specialty groups for confirmation by CSAC in May, detailed work on entries in the tabular lists, indexes and standards in time for publication in January and implementation the following July.

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Congratulations to Sue Walker on her appointment as Director, NRCCH, Queensland University of Technology. Close relations with this Centre are extremely important to the NCC, and cross membership of respective Management Committees formalises the many communications between the two Centres. This is particularly important in the light of recommendations made by the NCC to the DSHS in an Options Paper on the future use of ICD-9-CM in Australia. The main recommendation is that Australia should proceed to the use of ICD-10 for morbidity coding in acute care hospitals by 1997. Because



Janelle Craig, the NCC's Coding Education Manager, already hard at work.

of the role of NRCCH as World Health Organization (WHO) Collaborating Centre for Classification of Diseases and in providing support to the Australian Bureau of Statistics and the AIHW in relation to mortality and morbidity statistics, it is vital that the two Centres work together on decisions concerning ICD-10 and its implementation. Links already established may need to be reinforced once the timetable for ICD-10 introduction for mortality and morbidity coding has been finalised. Further work on testing procedure classifications for use in conjunction with ICD-10 must be done so that recommendations can be made for both disease

and procedure components of the AN-DRG classification. Candidates for a procedure classification include the Commonwealth Medicare Benefits Schedule (CMBS), the UK Office of Population, Censuses and Surveys (OPCS4) classification, and the 3M Health Information Systems proposed classification (to be called the ICD-10 Procedure Coding System). The Casemix Branch, DSHS has distributed the NCC Options Paper to relevant organizations seeking response by October, 1994. These responses will be incorporated into a revised proposal to be discussed at a meeting of stakeholders in February 1995, which will ensure a consensus position on the direction to be taken. As a result of this meeting, a submission will be made to the Australian Health Ministers' Advisory Council in May 1995. The move to ICD-10 has already been endorsed by the ACCC, and recommendations presented to the Casemix Implementation Project Board and to those attending the Sixth National Casemix Conference in Hobart in August, 1994.

The NCC is delighted to welcome Janelle Craig as **Coding Education Manager**. Janelle joined the staff in August and is preparing a strategy for coder education which includes identification of needs and planning of education programs at various levels. One of our major tasks is education of coders in the intricacies of the new National Coding Standards, and courses will be planned in conjunction with coding educators from HIMAA, Schools of Health Information Management (HIM) and state health authorities. Janelle will be working closely with the HIMAA National Coder Workforce Issues Project (NCWIP), also funded by the Casemix Development Program, DSHS. That project is now working towards introduction of coder accreditation in 1996 and HIMAA has undertaken a project to form a society for clinical coders with a variety of training backgrounds. Leanne Holmes, Project Manager, NCWIP, is a frequent visitor to the NCC and ongoing contact is ensured with NCC representation on the NCWIP Steering Committee. Contact is also maintained with Joy Smith and other staff involved in the Distance Education Program (DEP) of HIMAA. The NCC is represented on the National Coder Education and Training Committee which will oversee

related projects supported by the DSHS including the training of private sector coders.

Work is proceeding on strategies for monitoring data quality as outlined in Lee-Anne Clavarino's column in this issue. The NCC has been involved in two Australian Council on Healthcare Standards workshops on Casemix and Data Quality, held in Canberra and Adelaide, and one run by the Hunter Area Health Service in Newcastle.

Relationships between the NCC and HIM professional associations and training programs are constantly reinforced by HIM contribution to the work of the Centre and NCC input to HIM continuing education programs. The NCC was included in a NSW Medical Record Association Seminar regarding computers and health information on 17 June 1994. Earlier this year, I was pleased to accept an invitation from the School of HIM, Faculty of Health Sciences, University of Sydney to welcome new graduates.

Apart from interstate travel to attend SRG meetings, I have met with coders, educators, health information managers and staff from the Health Department of Western Australia to discuss avenues for the pooling of coding expertise in that state, as well as coder education and participation in NCC functions. My appearance in WA coincided with a major power failure on the first visit and a wild and destructive thunderstorm on the second, so I will not be surprised if any subsequent visit is viewed with some trepidation! The jinx must be well and truly removed before the 16th National HIMAA Conference to be held in Perth in late 1995.

Other seminars and conferences where the NCC has been represented are the Health Informatics Society of Australia on the Gold Coast, the Private Hospitals Casemix Conference in Adelaide, the Coding in General Practice meeting in Melbourne, AIHW National Health Information Forum in Sydney and educational sessions of HIMAA, Public Health Association, Australian College of Health Service Executives and Private Hospitals Association of NSW. The NCC now has a coding adviser representative on the ACCC and has attended meetings of the Technical Reference Group, DSHS.

Visitors to the Centre not already mentioned include Lynda Powell, Marion Mulhall and Kerry Bennett from the Ambulatory Care Branch, DSHS; Barbara Steinbeck (3M, USA), Richard Averill (3M, USA) and Leon Paff from 3M Health Information Systems; Gail de Boer, New Zealand Ministry of Health; Marie Colwell, Michael Sacerdoti and Cyril Snow from Auckland Healthcare Services; Peter Treseder, Standards Australia; and Gwyneth Peterson, of Gwyneth Peterson & Associates, Canberra.

Congratulations to Phyllis Watson of the School of HIM, University of Sydney (seen here with Rosemary Roberts, NCC Director) for her personal appointment as the first Professor of the School

Staff from the Centre attended a demonstration of the Read Codes on 13 July 1994 and contact has been established with the General Practice Branch, DSHS and the Family Practice Research Unit of the University of Sydney. Talks have also been given by NCC staff at a Management Skills Workshop for residents and medical students of the Northern Clinical School of the University of Sydney and at a continuing education meeting of the Mosman District and Local General Practice Group.

Production of the NCC Australian ICD-9-CM is covered elsewhere in this issue by Karen Luxford, and will be an exciting and major task in the months to come.

Deborah Bell is a new and welcome member of the NCC team as **Administrative Assistant**. Her temporary appointment has been extended and her presence adds much to the humour and harmony of the working atmosphere at the NCC. A major change in our surroundings has given the Centre much welcomed extra space. We are now located in A block of the Cumberland Campus, and are indebted to Professor Judith Kinnear, Dean of Health Sciences, University of Sydney, for her support in this move. Our contact address, telephone and fax numbers remain the same. While we are no longer adjacent to the School of HIM, constant contact is maintained with staff of the School and communication is being formalised in the creation of a joint local area network for computing and through regular meetings.

In all, it has been an extremely busy and satisfying few months. Much remains to be done, but the goodwill and cooperation that have characterised our early life to date should stand us in good stead for the tasks ahead. I look forward to working with all my colleagues in responding to your expectations of the NCC as our work develops.

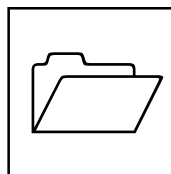
❖ *Rosemary Roberts*

NCC staff, from the left, Lee-Anne Clavarino, Vicki Bennett and Kerry Innes preparing the upcoming edition of the National Coding Standards



CODING CORNER

❑ SPECIALTY REFERENCE GROUPS



A series of 18 Specialty Reference Group (SRG) meetings have commenced since the June issue of *Coding Matters*. Each group consists of expert clinicians and coders from various states and territories and two NCC representatives. The aim of these sessions is to resolve some longstanding coding problems and also those issues which were prioritised 2 & 3 by the ACCC report (see *Coding Matters* Vol. 1, No 1). Recommendations for new codes have been made at the meetings held so far and some of these will be implemented from 1 July 1995, the remainder being effective from July 1996. New codes which will be implemented from 1 July 1995 are listed on **page 7** under the heading "New Australian Codes". As *Coding Matters* goes to press, the following SRG meetings have already been held:

- * Ophthalmology
- * Oncology
- * Cardiovascular
- * Obstetrics & Gynaecology
- * Paediatrics
- * Infectious and Immunology
- * Orthopaedics & Rheumatology
- * ENMT & Plastic Surgery
- * Endocrinology
- * Gastroenterology & Hepatobiliary
- * Nephrology & Urology
- * Geriatrics & Rehabilitation

Upcoming SRG meetings are listed in the NCC Calendar on **page 14**. The decisions of the Oncology, Obstetrics and Gynaecology and Cardiovascular meetings were discussed by CSAC at a meeting in Hobart on 29 August 1994.

Some of the decisions from the SRG meetings held to date, which have been ratified by CSAC are detailed on pages 5-6 **and can be implemented immediately.**

Coding Tips

1. CHEMOTHERAPY

All chemotherapy other than that administered orally is regarded as “parenteral”. Intrathecal chemotherapy was not included in the original guidelines released in June by the NCC and has therefore been included in the revised guidelines included in this *Coding Matters* issue as inserts. **The original page should be replaced with the one enclosed.** It should be noted that although the text has changed, the application of the codes has not.

It has been decided that the V58.xx codes can only be used as the principal diagnosis for patients admitted and discharged on the same date. Therefore, only codes V58.12 and V58.13 are allowable as the principal diagnosis in same day cases. This does not include overnight stays where the stay equals one day (discharge date minus admission date).

For all other patients, the principal diagnosis will be the malignancy code or complication with the appropriate V58.1x code (V58.14, V58.15, V58.16) as secondary diagnosis and chemotherapy procedure code 99.25.

2. WIDE EXCISION OF MELANOMA SITE

Admissions for wide excision of a previously excised melanoma should be coded to the code for the melanoma even if there is no residual malignancy on histopathology.

3. PROCEDURES WHICH CAN BE USED WITH 650:

Any or all of the following procedure codes can be assigned on a record with a principal diagnosis of 650:

03.91 **Injection of anaesthetic into spinal canal for analgesia**

66.29 **Other bilateral endoscopic destruction or occlusion of fallopian tubes**

73.09 **Other artificial rupture of membranes**
73.59 **Other manually assisted delivery**
73.6 **Episiotomy**
75.32 **Foetal EKG (scalp)**
75.34 **Foetal monitoring, NOS**

4. DELAY IN SECOND STAGE WITH EPIDURAL

Epidurals can delay second stage but 668.8x (**Other complications of anaesthesia or other sedation in labour and delivery**) should not be coded on the basis of an epidural being performed and the criteria for delay second stage (>1.5hrs) being met. The effect of the epidural should be clinically documented before code 668.8x is assigned.

5. CODING FINDINGS ON ECHOCARDIOGRAPHY REPORTS

Findings on these reports should only be coded if the abnormalities are clinically significant - i.e., if the condition is documented by the clinician as requiring observation or treatment.

6. ACUTE PULMONARY OEDEMA

Acute pulmonary oedema is synonymous with left heart failure and should be coded to 428.1 **Left heart failure** unless a respiratory condition is documented as the underlying cause.

7. BACK STRAIN

If this is a longstanding injury and recorded as “back strain”, the index look-up will lead to a current strain code. This is not the intention in the statement of “back strain”. These should be coded as “back pain” with a late effect of injury code and late effect E code if applicable.

8. SUBMUCOUS DIATHERMY

When this phrase is used without qualification, it refers to turbinates NOT septum and should be coded to 21.61 **Turbinectomy by diathermy or cryosurgery**.

Continued on page 6.....

9. *PREPARATION FOR CONTINUOUS
AMBULATORY PERITONEAL
DIALYSIS (CAPD)*

A patient with chronic renal failure is admitted for purposes of inserting a Tenckhoff catheter which enables the administration of peritoneal dialysis on an ambulatory basis. CAPD is an important aspect of treatment of chronic renal failure in terms of clinical management and cost.

Insertion of Tenckhoff catheter should always be coded.

The code is:

54.93 Creation of cutaneoperitoneal fistula.

Insertion of Tenckhoff catheter is not indexed in all current publications of ICD-9-CM, so coders should check their coding books and if there is no entry add into the index:

**Insertion
Tenckhoff catheter 54.93**

This entry will appear in the Index of the NCC Australian ICD-9-CM.

**POSTSCRIPT TO THE ADDENDUM FOR
NEW AUSTRALIAN ICD-9-CM CODES,
EFFECTIVE 1 JULY 1994**

Mechanical Ventilation

The change to the text for code 96.71 which appeared in the addendum for implementation from 1 July 1994, means that this code should be used for ventilation for periods 24 - 96 hours. Ventilation for less than 24 hours should not be coded.

**NOTES ON TEXT ADDITIONS
TO THE GUIDELINES FOR NEW
AUSTRALIAN ICD-9-CM CODES,
EFFECTIVE 1 JULY 1994**

The bold text in the list below (excluding the headings) highlights the new, additional text - the entire page of the respective guideline is enclosed as an insert in this issue so that the original can be replaced with the new pages. **Note that these additions do not alter the coding rule.**

❑ **DIAGNOSES (see insert)**

New Chemotherapy guidelines to replace page 4 (Diagnoses, Point 3) of original guidelines document effective from 1 July 1994. Note the simplification of code descriptors for Chemotherapy: these text changes do not alter the meaning of the codes.

❑ **PROCEDURES (see insert)**

New Microvascular guidelines to replace pages 8 & 9 (Procedures, Point 3) of original guidelines document effective from 1 July 1994.

**39.50 Microvascular tissue transfer or
microvascular reattachment/
replantation**

Procedures requiring the inclusion of code 39.50 which have text additions are as follows:

➔ 04.5, 78.0, 82.5, 85.7, and 86.7 all now read:

“**free** vascularized...”

➔ 83.7 and 83.8 now read:

“...**if surgeon specifies “free
vascularized”**”.

(N.B.: * As listed on the Microvascular insert, refers to the more common procedures which involve microvascular tissue transfer and should appear in the guidelines on codes: 27.5, 29.4, 64.45, 78.0, 83.7, 84.2, 86.51, 85.7).

**NEW AUSTRALIAN CODES
EFFECTIVE 1 JULY 1995 -
VERSION 3.0 AN-DRG.**

NOTE: Guidelines for the application of these codes are yet to be written. These codes are NOT for use prior to 1 July 1995.

MEDICAL INDUCTION

73.41	Syntocinon induction
73.42	Prostaglandin induction
73.49	Other medical induction

CRANIOFACIAL CODES

1. Diagnosis Codes

170.01	Malignant neoplasm craniofacial bones
170.02	Malignant neoplasm maxillofacial bones
213.01	Benign neoplasm craniofacial bones
213.02	Benign neoplasm maxillofacial bones
733.93	Fibrous dysplasia (monostotic)

2. Procedure Codes

01.71	Excision lesion skull base with reconstruction.
01.72	Excision lesion skull base without reconstruction.
01.79	Excision lesion skull base, unspecified.
01.8	Total repositioning of orbit(s).
02.08	Total repositioning of craniofacial bones

DURATION OF PREGNANCY

V23.61	<5 completed weeks
V23.62	5 - 13 completed weeks
V23.63	14 - 19 completed weeks
V23.64	20 - 25 completed weeks
V23.65	26 - 33 completed weeks
V23.66	34 - 36 completed weeks
V23.69	Unspecified duration of pregnancy

QUADRIPLEGIA

(344.01 and 344.02 were introduced from 1 July 1994 but will have new text from 1 July 1995).

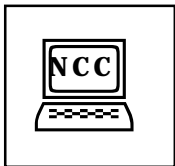
344.00	Quadriplegia, unspecified
344.01	Quadriplegia, C1 - C4, complete, chronic
344.02	Quadriplegia, C1 - C4, incomplete, acute
344.03	Quadriplegia, C5 - C7, complete, chronic
344.04	Quadriplegia, C5 - C7, incomplete, acute
344.05	Quadriplegia, C1 - C4, complete, acute
344.06	Quadriplegia, C1 - C4, incomplete, chronic
344.07	Quadriplegia, C5 - C7, complete, acute
344.08	Quadriplegia, C5 - C7, incomplete, chronic
344.09	Other quadriplegia

❑ CODING STANDARDS DEVELOPMENT COMMITTEE

The Committee met for two days at the end of September to discuss the draft National Coding Standards, 2nd Edition, for inclusion in final form as Volume 4 of the NCC Australian ICD-9-CM. Work is progressing steadily on the database of all the state standards for comparative purposes and most of the standards from each state are being discussed by the relevant SRG.

❖ *Kerry Innes*

❑ NATIONAL CODING STANDARDS DATABASE



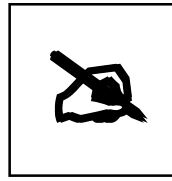
NCC staff have been attending numerous SRG meetings, consulting with specialists and coders to obtain clarification on standards. These decisions will form the basis of the 2nd Edition of the National Coding Standards. To facilitate the ongoing use and revision of these standards, a database has been developed for their storage. Each standard will have a unique number to aid in the identification of the standards, which comprise large blocks of text. These numbers are not a hierarchical numbering system, and may not appear in serial order, as new numbers will be allocated sequentially as a standard arises.

The standards will be grouped by specialty, and within this they will be listed alphabetically. A comprehensive index will also facilitate the swift location of the appropriate standard. The database makes all this possible in the simplest and most effective way by sorting, and by indexing by “key terms”.

Over the next few weeks we will be entering the remaining standards into the database for inclusion in the Australian ICD-9-CM. Busy days ahead!

❖ *Vicki Bennett*

EDUCATIONAL MATTERS



Since commencing work with the NCC in August, 1994 as the Coding Education Manager, I have been busy developing a National Coding Education Strategy to meet the range of needs of coders throughout Australia. This strategy has recently been tabled at the NCC Management Committee Meeting in September and an overview of issues that the NCC will be addressing in its educational role is presented here.

First, and foremost, is the requirement to educate coders. This broad group, however, has quite distinct and diverse needs, being influenced by the coder's experience, their previous education and training and their ability to keep up to date with changing clinical and coding practices. Thus, what needs to be provided varies enormously from base line courses for first time coders, to special programs for coders in teaching hospitals, country settings and specialist facilities, through to regular and ongoing educational sessions in relation to the National Coding Standards.

Over and above courses focusing on coding/classification will be the development of a range of courses aimed at addressing supplementary issues. These include coverage of topics such as casemix for coders, training in encoder and grouper software, not to mention sessions for coders aimed at developing communication skills and self esteem, all designed to help you realise your full worth and potential (remember nobody is “JUST A CODER”!!).

While the main target audience of the NCC is the Australian coding population, we believe another link in the change process lies with the education of the wider community of health care professionals. Be these medical officers, nurses, allied health professionals or hospital administrators/executives, a greater understanding on their part of the coding process, classification system(s) employed, the uses of coded data and the role of coders will help to emphasize the importance of coders and coding as an integral part of the overall health care system.

Similarly, the introduction of casemix-based payment in the private sector highlights the educational and training needs of yet another target group. It would appear that this group consists not only of coders in private hospitals/facilities, but also clerks and other administrative personnel employed with health insurers and related private health agencies, who now need to know more about the coded data submitted to them.

“distinct and diverse needs...influenced by the coder's experience, their previous education...and their ability to keep up to date with changing ...practices.”

In order to conduct the range of programs the NCC believes essential to meet coder's educational needs, a pool of trained coding instructors will be developed in order to assist with conducting courses throughout Australia. These instructors will be drawn from each state and territory and will help to conduct coding workshops in their respective state/territory (see page 14).

In addition to the development and conduct of the abovementioned courses, the NCC also believes it has an important role in the development of standards relating to coding education programs. Just as standards have been developed by the NCC to guide coding practices, coding quality and ethics in coding, so too will the Centre be pursuing the development of standards for coding education programs (whether these be components of undergraduate programs, courses organised through HIMAA and its branches/groups, or courses conducted by state and territory health authorities) in order to ensure the consistency and quality of such programs on a national level.

The final issue to raise at this time, as part of the NCC's educational strategy, is the importance placed upon relationships with other organisations, such as state/territory Health Authorities, HIMAA and its state branches and groups, the NCWIP, the HIMAA Distance Education Program (DEP) and the University Schools of HIM. We realise the NCC can not undertake such an extensive educational program on our own, nor would we want to ignore the expertise that these groups have accumulated.

Rather, the NCC hopes to work cooperatively with these groups to develop and conduct programs that best meet the needs of coders.

If readers would like to discuss the NCC's educational strategy further or if you have suggestions as to courses you would like to see conducted, please contact me at the Centre on (02) 646 6345. I'd gladly welcome your feedback. For the next edition of *Coding Matters* and for all editions thereafter, a full calendar of workshops, seminars and educational activities will be published for your information.

❖ Janelle Craig

Guest Appearance: NCWIP...

WHAT IS THE NATIONAL CODER WORKFORCE ISSUES PROJECT?

The National Coder Workforce Issues Project (NCWIP), funded by the Casemix Development Program DSHS, commenced in May 1994 following my appointment as Project Manager. A Steering Committee was established with a diverse

membership comprising representatives from HIMAA, NCC and the Commonwealth DSHS. This committee meets regularly to assist in setting goals and objectives for the project as well as offering great support and assistance to me.

Initially, I have established modest office accommodation in the World Trade Centre Serviced Suites, Brisbane. Extra office space will become necessary when additional staff assistance is sought.

The main initiatives of the NCWIP are:

To investigate options to advance **coder competency** and to work towards the introduction of a system of **coder accreditation** in Australia.

The project will examine the following key areas:

- * The coder workforce in Australia
- * Assessment and recognition of coder competence
- * Workforce and industrial issues for coders
- * Education and training for coders
- * International perspectives of coder accreditation
- * How to introduce a system of coder accreditation in Australia

Progress to date:

In an attempt to gain more information about the coder workforce in Australia, an NCWIP questionnaire has been developed. This questionnaire, which targets responses from Managers/Supervisors of Medical Record Services and coders, will assist in the identification of important information such as:

- ➔ who does the coding in the majority of hospitals?
- ➔ what type of training have they received to gain their competency?
- ➔ what ongoing training/examination process exists to ensure coders maintain their competency?

This questionnaire will be distributed to all ICD-9-CM coders in late October 1994. Special thanks are extended to Tracey Kemp, Fiona Carine, Jennifer Mitchell and the NCC for assistance in developing the questionnaire. Sincere thanks are also due to Joanne Callen, Johanna Westbrook, Gerard Sullivan and Rob Heard (all from the Faculty of Health Sciences, University of Sydney) for invaluable suggestions in the design and evaluation of the early drafts, and finally to the coders and Managers/Supervisors in the ten hospitals across Australia who piloted the questionnaire.

During August, I undertook a trip to the USA, England and Canada. This trip afforded me the opportunity to observe international trends towards coder competency. It was interesting to note that both the USA and the United Kingdom offer an examination process for clinical coders. In both countries, exams are offered on a voluntary basis to coders.

In the USA, the process is well developed with coding exam preparation being offered either as workshops or resource materials. It is recommended that coders study all aspects of the relevant classification systems prior to sitting the US exam. Whilst ICD-9-CM is widely used in America, many health facilities use a procedural classification system called Current Procedural Terminology (CPT). Coders should be proficient at all coding skills if they wish to earn the US coder credential.

To gain coder accreditation in the USA, the coder is required to sit and successfully pass a six hour examination. It is recommended that only experienced coders should sit the exam. I was permitted to view the exam after the national examination day and agree it was a very difficult paper.

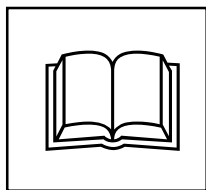
In Australia, we can learn from the international approaches to coder competency to assist us in determining the best approach for ensuring coding competency now and into the future. As the NCWIP proceeds, I will report regularly to *Coding Matters* to help keep you up to date with our progress.

For further information contact:

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ph: (07) 831 5155
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❖ **Leanne Holmes**

PUBLICATION ISSUES



As editor of *Coding Matters*, I would like to welcome readers to the "Bumper Issue" (or is this simply a sign of things to come??).

The response from readers to the first issue of *Coding Matters* in July 1994 was marvellous. We would like to take this opportunity to thank you for your words of congratulations! The NCC appreciates your interest in national coding issues and we are pleased to have established a worthwhile avenue of communication for people concerned with coding. Several overseas organisations also received *Coding Matters*, and words of praise were forthcoming from this quarter as well, indicating a keen interest in the developments afoot in coding "Down Under". International channels of communication have now been established by the NCC, in which the flow of information is definitely two-way and an Australian perspective and input is eagerly sort.

As of early November 1994, *Coding Matters* will also be reproduced in full on the DSHS's *HealthROM*, a comprehensive, electronic reference source for health information.

Interest in receiving future issues of *Coding Matters* has come from a diverse range of groups associated with a variety of health service areas. We do apologise to those who missed out on the first issue and we hope that with the assimilation of updated information we now have an improved mailing list. The HIMAA survey respondents have now also been added to the list.

In recent months, the NCC has received ubiquitous press coverage in journal and newsletter articles, accompanied by a photo of NCC staff. So now you should all know who we are, where you can contact us and, for that matter, what we look like!

Since the first issue of *Coding Matters*, the NCC has produced a brochure detailing the background, mission statement and objectives of the Centre. This brochure was mailed out in mid-July to numerous committees and associations concerned with coding and casemix issues, state health authorities, the

DSHS, private hospital associations, health insurance associations, professional organisations, colleges, universities and overseas groups.

NCC staff members recently attended the Sixth National Casemix Conference in Hobart and presentations were delivered by Rosemary Roberts and Lee-Anne Clavarino. The NCC also participated in a display stall with HIMAA, DEP and NCWIP. The NCC displayed posters highlighting the objectives of the Centre, samples of our brochure and *Coding Matters*. A flier was available notifying people of the new ICD-9-CM publication and there was an opportunity to add your name to our ever expanding newsletter mailing list.

The NCC Australian ICD-9-CM publication is now well underway! In early July, the NCC went to tender for the production of a looseleaf, 4 volume set. Following a gruelling selection process, the Victorian-based *Australian Print Group* proved to be the successful applicant for the job. Each of the 4 volumes of the NCC publication will consist of light-weight, sturdy polypropylene covers with 3 metal pins comprising the screwpost binding mechanism enabling annual updating. Each volume will also contain colour coded tab dividers. The NCC has considered the range of currently available American publications, selected the best features of each and then combined them to give you a quality publication at a reasonable price. The NCC aims to have the new ICD-9-CM **available for purchase as a set in January 1995**, being for use from 1 July 1995.

What are the features of the NCC Australian ICD-9-CM?



A set is comprised of the following:-

- Volume 1: Diseases, Tabular List.
- Volume 2: Diseases, Index.
- Volume 3: Procedures, Tabular List & Index.
- Volume 4: National Coding Standards, Standards for Coding Services & Standards for Ethical Coding.

The addition of the National Standards is one of many unique features of this ICD-9-CM publication and will enable coders to have not only the relevant National Coding Standards at their fingertips but also the NCC Standards for Coding Services practice and Ethical Coding. The inclusion of these Standards as Volume 4 of this set is a reflection of the importance that we place on the adherence to National Standards. Copies of Volume 4 (National Standards) will be available for sale separately, for those who wish to purchase additional copies of the Standards or those who have an interest in the Standards alone. As described in previous pages, the National Coding Standards have been developed in consultation with the SRG, CSAC and Coding Standards Development Committee (CSDC).

What else is new?

Other unique features of the NCC publication include:-

- * New Australian Codes
- * AN-DRG Version 3.0 Annotations
- * Australian-English Spelling
- * Index Enhancements
- * New entries in the Table of Drugs & Chemicals

In consultation with State Coding Committees and other relevant groups, such as the Adverse Drug Reactions Advisory Committee, DSHS, the NCC is currently investigating a list potential additions to the ICD-9-CM Table of Drugs and Chemicals. The objective is to include some of the agents currently absent from the table in the first edition of the NCC ICD-9-CM publication and update the Table on an annual basis in the future.

It is hoped that all the additions as produced in the NCC Australian ICD-9-CM will help to improve current coding practice until the anticipated introduction of an improved classification system.

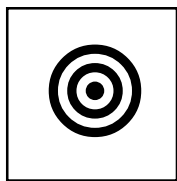


The cost of the 4 Volume Australian ICD-9-CM set (including the National Standards) is \$200, postage included. For those who wish to purchase an individual copy of the National Standards (Volume 4), the cost will be \$60. The NCC will be the sole supplier of the NCC Australian ICD-9-CM. An extensive mail-out of Order Forms, detailing the ordering procedure for this new publication, will be conducted in December 1994 and advertisements in various journals, newsletters and bulletins will also keep you up to date with purchasing details. In the following years, when you purchase updates for your NCC Australian ICD-9-CM, you will be keeping up to date with new Australian codes and new Standards.

The NCC has received many inquiries regarding the possibility of obtaining ICD-9-CM codes in an electronic format. As stated in the first issue of this newsletter, this is indeed one of our aims. Subsequently, the question has arisen as to what would be the most useful format for such a product? Nearly all of the organisations with whom I have communicated to date have indicated a keen interest in a clean, ASCII text file, purely containing a list of codes and their respective text descriptors, without any other text enhancements. These groups believe such a format would best suit their needs. I anticipate that I will be able to give the electronic format project my serious attention in December 1994 (additional Australian codes and other Australian information would then also be available in the proposed electronic format). If this is the news you've been waiting for and you have a preferred format in mind and wish to have some input concerning the final adopted electronic format, please contact me on (02) 646 6478.

❖ *Karen Luxford*

QUALITY CONCERNS



Following up issues addressed in the first *Coding Matters*, the Standards for Coding Services have been circulated and revised in light of comments received. They were

examined by the NCC Management Committee at its September meeting and will now become the first of the NCC's policy statements. Standards such as these are designed to give services goals to be aimed for and achieved, not just to reflect current common practice. Revision of the service standards will be a continuous process, especially in areas such as timeliness, where it can be expected that the NCC's draft standard, which recommends fourteen days between patient discharge and coding, will be gradually decreased in future editions (Don't say we didn't warn you!!).

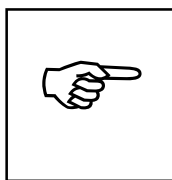
Another draft document which was recently reviewed by the CSAC is the Standards for Ethical Coding. The American Health Information Management Association's (AHIMA) position paper has been used as a basis for developing the Australian Standards in conjunction with CSAC recommendations. Some coders are already beginning to feel pressure, both overt and covert from their employers in relation to maximisation of reimbursement. The NCC hopes that the dissemination of the Standards for Ethical Coding later this year will provide support to coders placed in difficult positions over code selection and demonstrate to clinicians, administrators and health insurance providers the professional responsibilities of coders.

The development of National Coding Quality Indicators commenced with a brainstorming session which yielded more than 60 possible indicators. Each of these was examined more closely for its suitability as a coding quality indicator, and a final list of 33 was agreed upon for further development. Many of those rejected for further development may be used as the basis for more stringent data edits. The NCC intends to develop and trial the indicators in conjunction with selected hospitals.

Once Coding Service Standards, Ethics Statements and Quality Indicators are in place, work can commence on refining coding throughput targets. I have been informed that there are studies already underway in this area and would be pleased to hear from those of you with information. I can be contacted Wednesday-Friday on (02) 646 6449.

❖ *Lee-Anne Clavarino*

THE "REFRESHING" CORNER



From this issue on, Refreshing Corner will appear as a regular column for all those coders who may feel they need a "refresher" on the basic rules and conventions of ICD-9-CM. The

topic in this issue is an area which impacts on coding practice on a regular basis and so is very important for attaining consistency of coding practice.

❑ EXCLUSION NOTES

There are ***THREE*** meanings which may be attributed to an exclusion note, the most common meaning being the first listed here:

1. Code cannot be assigned if the associated condition specified in the exclusion note is present.

For example: see 575.0 **Acute cholecystitis**. This exclusion note means that 575.0 cannot be assigned if cholelithiasis is also present. Code 574.0 **Calculus of gallbladder with acute cholecystitis** should be used instead.

Continued on page 14....

2. Depending on the aetiology of the condition, either the code under review or the code suggested in the exclusion note should be assigned, but not both.

For example: 622.3 **Old laceration of cervix.**
The exclusion note means that this code should not be assigned if the laceration is the result of current obstetrical trauma.

3. An additional code may be required to fully explain the condition because part of this condition is not included in the code under review.

For example: 653 **Disproportion.**
The exclusion note means that disproportion with obstruction requires the use of code 660.1x **Obstruction by bony pelvis.** Code 660.1x has a “use additional code” note which means that to fully translate “disproportion with obstruction” into codes, **both** codes should be assigned - 660.1x is sequenced before the 653 code.

NCC Calendar

NCC Management

Committee Meeting	29 Sept
CSDC Meeting	30 Sept-1 Oct
Injury/E codes SRG	7 Oct
Respiratory SRG	10 Oct
Burns SRG	14 Oct
Neurosciences SRG	14 Oct
Dermatology SRG	21 Oct
NCC Seminar/	25 - 26 Nov
National Standards Workshop	28 - 30 Nov

EXPRESSIONS OF INTEREST CODING EDUCATOR NETWORK

Expressions of interest are sought from coders to become part of the NCC's Coding Educator Network. The NCC would like to establish a pool of coding educators in each state/territory in order to assist us conduct coding education programs on a national level and to provide coders in each state/territory with an immediate contact/liaison point for issues relating to coding education.

Applications are invited from coders who have experience and skills in conducting coder training programs. Your background may be as a Health Information Manager or as a Clinical Coder. Although you may be currently employed this does not exclude you from applying, as the NCC can negotiate involvement with the Coding Educator Network with your employer and involvement will be required only when courses are being conducted in your respective state/territory. Salary to be negotiated, based on qualifications and experience.

✉ If you are interested in applying to join the Coding Educator Network, please forward a written application, together with a current Curriculum Vitae to:

Ms Rosemary Roberts
Director
National Coding Centre
PO Box 170
LIDCOMBE NSW 2141

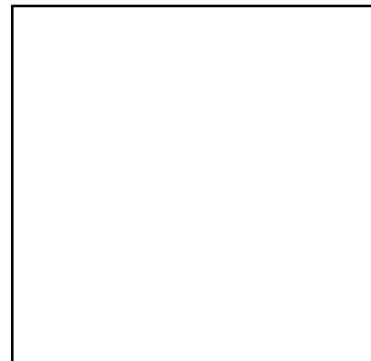
Applications close Friday 4 November, 1994.
Enquiries can be directed to Janelle Craig, Coding Education Manager, on (02) 646 6345.

❖ Special thanks to David Robinson, Photographer for the Faculty of Health Sciences, University of Sydney, for his photographic expertise as illustrated in this issue.



"NCC Goes Naked" Competition - Win a set of the new NCC Australian Version of ICD-9-CM.

To relieve you all of possible information overload, the NCC “goes naked” in this issue of *Coding Matters* and, for one staff member, all is revealed. But **who is it?**



Our illustrious Director - **Rosemary Roberts?**; newly initiated Coding Education Manager, **Janelle Craig?** (would two individual photos in one issue be too much??); crusading Coding Quality Manager, **Lee-Anne Clavarino?**; gun coder and meeting-mad Coding Services Manager, **Kerry Innes?**; whirlwind Publications Manager, **Karen Luxford?**; database-devoted Project Officer **Vicki Bennett?**; or administrative mastermind **Deborah Bell?** (who must be answering phones in her sleep by now)???? Frequently, the NCC phones run hot, but one of us appears to have been born with a phone in hand!!

Guess which NCC staff member this is a baby photo of and write to us stating your answer, your name, address and contact phone number. Address your envelope to:




NCC Photo Competition
National Coding Centre
PO Box 170
LIDCOMBE NSW 2414

Entries close on **24 November 1994**. The winner will be drawn at random from the correctly answered entries. The winner's name will be announced on 26 November at the NCC Seminar and published in the January 1995 issue of *Coding Matters*. The winner will receive a free set of the new 4 volume Australian version of ICD-9-CM.

Medical Record Managers

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

 The National Coding Centre (NCC) is funded by the Casemix Development Program, Commonwealth Department of Human Services and Health. The NCC is an independent national body established by the School of Health Information Management, Faculty of Health Sciences, University of Sydney. ❖

Coding Matters

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STOP PRESS! STOP PRESS! STOP PRESS! STOP PRESS! STOP PRESS!

NATIONAL CODING CENTRE



I C D - 9 - C M: Coding Seminar



I mportant Coding Days: 9 issues that make Coding Matter!

25 - 26 November, 1994 at the University of Sydney

The National Coding Centre is proud to announce its inaugural seminar to be conducted on **Friday 25 and Saturday 26 November, 1994** at the main campus of the University of Sydney.

Topics to be Addressed:

- ❖ Activities of the National Coding Centre
- ❖ Coder Accreditation - Australian and overseas perspectives
- ❖ Casemix for Coders
- ❖ Ethical Issues in Coding
- ❖ Coding in the Private Sector

Who Should Attend?:

Coders from the public and private sector, and other health care practitioners and administrators with an interest in coding, data quality and the use of coded data for casemix purposes.

— FOLLOW ON WORKSHOP —

Following the seminar, a three day workshop will be held to introduce the National Coding Standards. This workshop will be held at the University of Sydney (main campus) from **Monday 28 - Wednesday 30 November, 1994** and will cover **National Coding Standards** that are applicable for immediate use in Australian Hospitals.



Please note that you may register for one or both of these programs



Further Information:

Registration brochures will follow shortly. Please contact Janelle Craig on (02) 646 6345 for further details.