ICD-10-AM/ACHI/ACS Twelfth Edition education fact sheet

The Independent Health and Aged Care Pricing Authority (IHACPA) is responsible for the development of the ICD-10-AM/ACHI/ACS classification system that comprises the:

- International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)
- Australian Classification of Health Interventions (ACHI)
- Australian Coding Standards (ACS).

ICD-10-AM/ACHI/ACS Twelfth Edition is used for classifying admitted patient care for separations from 1 July 2022. This education fact sheet supports the classification guidelines included in Twelfth Edition.

ACS 0002 *Additional diagnoses*

Collecting information on patients in hospital

Collecting data is an important part of understanding and improving health services. Admitted patient care data collections capture information on patients, their conditions and the care provided by health services.

The conditions documented in the health care record in Australian hospitals are reported in data collections using the ICD-10-AM according to the guidelines in the ACS.

National data collection for admitted patient care

The national morbidity data collection is not intended to describe the complete disease status of the inpatient population, but rather the conditions that are significant in terms of treatment required, investigations needed, and resources used in each episode of care.

What is an additional diagnosis?

"A condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code."

When is an additional diagnosis assigned?

An additional diagnosis code may be assigned if the condition meets criteria outlined in one of the following:

- ACS 0002 *Additional diagnoses*
- a general standard directs a code to be assigned, such as ACS 0003 *Supplementary codes for chronic conditions*
- a specialty standard directs a code to be assigned
- a coding convention directs a code to be assigned.

Resources to support assigning additional diagnoses

ACS Glossary – The glossary provides descriptions of key terms such as:

- care plan
- clinical consultation
- clinician
- routine care
- scope of practice.

ACS 0010 *Clinical documentation and general abstraction guidelines* – ACS 0010 provides guidelines relating to the parts of the health care record that may be used as source material to classify conditions reported to admitted patient care data collections.

Appendix B *Guidelines for formulating clinical documentation queries* – Appendix B provides assistance with the development of queries to clinicians regarding unclear documentation.

Clinical Coding Practice Framework – The framework provides guidance on good classification practice for those involved in the clinical coding process.

Designing ACS 0002 *Additional diagnoses* for Twelfth Edition

ACS 0002 was amended for Twelfth Edition to remove subjective terminology and improve clarity to ensure consistent application of the guidelines.

IHACPA consulted with the ICD Technical Group during the development of the standards to ensure any updates did not change the intent of the Eleventh Edition revision.

ACS 0002 for Twelfth Edition includes a rationale for each example outlining the decision process behind code assignment.

ACS 0002 pilot exercise used to refine usability

92 participants representing all Australian states and territories from public and private hospitals.

Participants included **75% clinical coders** and **25% auditors** with a range of classification experience rangings from 2 to over 30 years.

Scanned health care records were coded using the revised ACS 0002 guidelines.

Results

1,523 episodes of care were coded, 398 comments were noted and 71 feedback surveys were completed.

89% of participants surveyed said the changes to ACS 0002 were an improvement.

Participants reported the new guidelines in ACS 0002 helped make quicker decisions to assign codes.

ICD-10-AM/ACHI/ACS Twelfth Edition education fact sheet

Structure of ACS 0002 *Additional diagnoses*

The guidelines in ACS 0002 have been structured into three sections with sub-headings.

Additional diagnosis criteria	Other guidelines related to additional diagnosis criteria	Conditions and related health problems that do not need to meet the additional diagnosis criteria
• Commencement, alteration or adjustment of therapeutic treatment • Diagnostic interventions • Increased clinical care **These criteria are not mutually exclusive.**	• Problems and underlying conditions • Symptoms, signs and ill-defined conditions • Acute on chronic conditions • Incidental findings and conditions • Findings noted on examination of the newborn	• Additional diagnosis reporting referred to in other standards • Supplementary codes for chronic conditions • Family and personal history, and certain conditions influencing health status

Navigating additional diagnoses criteria

The following flow diagram poses questions that may be useful to understand whether or not to assign an additional diagnosis code – for details, please refer to guidelines in ACS 0002 *Additional diagnoses* / *Additional diagnosis criteria*.

	Assign an additional diagnosis code In ACS 0002, guidelines on **when to assign** an additional diagnosis code are **outlined in a box.**	**Do not assign an additional diagnosis code** In ACS 0002, guidelines on **when not to assign** an additional diagnosis code are **listed in bullet points** underneath the additional diagnosis criteria that are outlined in a box.
Therapeutic treatment	Did the condition require commencement, alteration or adjustment of therapeutic treatment?	Consider whether the condition is: • managed by medication initiated through general nursing care, without the need for clinical consultation or follow-up • referred for follow up care after discharge only • a pre-existing condition where existing treatment is not altered or adjusted.
	Did the condition result in an alteration to the patient's existing care plan?	Consider whether the condition results in an alteration to the patient's existing care plan or diagnostic work-up but the condition itself did not require additional care.
Diagnostic interventions	Was a diagnostic intervention performed to investigate a symptom, determine a diagnosis or provide further detail?	No additional considerations are required for diagnostic interventions.
Increased clinical care	Did the condition require increased clinical care, evidenced by a clinical consultation and a care plan? and Is not precluded by the considerations outlined in the "Do not assign an additional diagnosis code" column for Therapeutic treatment.	Consider whether there is any evidence of a clinical consultation or care plan for the condition, or whether only routine care was provided.

Further information

To learn more about the Independent Health and Aged Care Pricing Authority, get in touch with us via the details below.

(02) 8215 1100 enquiries.ihacpa@ihacpa.gov.au www.ihacpa.gov.au

Find us online to connect with us.

Independent Health and Aged Care Pricing Authority

@IHACPA