Query submission process for National Coding Advice

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Abbreviations

Abbreviations	Full term
ACE	Australian Classification Exchange
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
AR-DRG	Australian Refined Diagnosis Related Groups
CCAG	Classifications Clinical Advisory Group
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
ICD-11	International Classification of Diseases, Eleventh Revision
IHACPA	Independent Health and Aged Care Pricing Authority
ITG	International Classification of Diseases Technical Group
NHDISC	National Health Data and Information Standards Committee
WHO	World Health Organization

1. Purpose

The Independent Health and Aged Care Pricing Authority (IHACPA) undertakes the development of classifications for admitted patient care. In Australia, the classification and standards used for admitted patient care include:

- 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).

Where anomalies or omissions within the classification are identified, classification advice may be issued as an interim measure until such time as the issue can be addressed within the classification itself.

National Coding Advice contains guidance that has been issued for use with the ICD-10-AM/ACHI/ACS classification system to ensure nationally consistent application of ICD-10-AM and ACHI codes.

National Coding Advice is issued quarterly and is applicable for separations from the first day of the following month. For example, National Coding Advice published on 15 June takes effect for separations from 1 July. Episodes of care occurring prior are not retrospectively recoded to implement National Coding Advice unless explicitly stated.

The Query submission process for National Coding Advice outlines a framework for the responsibility and transparency for classification (coding) query submissions to IHACPA.

This process is separate to the classification development process which uses public submissions to identify areas for classification development. The *Governance framework for the development of the admitted care classifications* outlines the classification development process for each edition and can be found on the IHACPA website: https://www.ihacpa.gov.au/resources/governance-framework-development-admitted-care-classifications.

2. Roles and responsibilities

2.1 Independent Health and Aged Care Pricing Authority

IHACPA is the developer of the ICD-10-AM/ACHI/ACS classification system and may publish National Coding Advice to ensure nationally consistent application of ICD-10-AM and ACHI codes.

IHACPA is responsible for:

- receiving query submissions on ICD-10-AM/ACHI/ACS (see Section 3.1), new edition education (see Section 3.2) and new health technology submissions (see Section 3.3)
- reviewing query submissions to ensure they are appropriate for query resolution.

IHACPA may cancel a query submission in the following circumstances:

- the focus of the submission is due to **insufficient or ambiguous clinical documentation**, where the more appropriate avenue to resolve the query is to submit a documentation query
- the focus of the submission is **outside the scope of National Coding Advice**, where the more appropriate avenue to resolve the query is to submit a public submission to amend ICD-10-AM/ACHI/ACS. For example, content of classification appendices or interactions with admission policies should be submitted as public submissions rather than coding queries
- insufficient evidence has been provided to support the submission or the query relates to hypothetical scenarios. IHACPA may request additional detail prior to cancelling a query submission.

IHACPA will determine and publish/distribute an outcome for each query submission as follows:

- **Coding Rule**. A Coding Rule is published by IHACPA as part of the National Coding Advice where new advice is required to ensure consistent application of ICD-10-AM and ACHI codes.
- **Jurisdictional Response**. A Jurisdictional Response is distributed by IHACPA, rather than publishing a Coding Rule, where the existing classification conventions or National Coding Advice already provide adequate direction.

Jurisdictional Responses from IHACPA are circulated amongst all jurisdictional representatives to ensure transparency of process and are to be shared within the jurisdictional coding advisory committee members only. Jurisdictional Responses may prompt jurisdictional representatives to enter a public submission that identifies amendments that may be made for a future edition of the classification to ensure a better understanding from all users.

Where a Coding Rule is published, IHACPA may incorporate the advice into the relevant classification development process and retire the Coding Rule in a future edition.

2.2 Jurisdictional coding advisory committees

Australian state and territory health authorities may nominate a representative from their jurisdictional coding advisory committees to submit classification (coding) queries that outline

concepts that appear to be conflicting or missing in the current edition of ICD-10-AM/ACHI/ACS for national resolution.

These committees act as reference groups in each state and territory for health services that request clarification or assistance on classification issues.

The jurisdictional coding advisory committees are responsible for:

- receiving query submissions from health services, from both public and private sectors
- reviewing query submissions to ensure sufficient information is provided to ensure query submissions can be discussed
- discussing and proposing solutions to query submissions
- publishing responses to query submissions within the jurisdiction, including Jurisdictional Responses issued by IHACPA to that jurisdiction
- rescinding jurisdictional advice when superseded by National Coding Advice, or enhancements in a new edition of the classification no longer require the advice to be published
- submitting to IHACPA for national resolution only when it is determined that the query is of sufficient complexity, identifies gaps within the classification where best fit or interim advice has been provided within the jurisdiction or there is known conflicting jurisdictional advice to warrant escalation to IHACPA for resolution
- entering query submissions on the Australian Classification Exchange (ACE) portal with sufficient and relevant background information, ensuring that they request classification advice and not classification development
- providing IHACPA with updated contact information of the representative.

3. Submission process

IHACPA receives several types of submissions for the purposes of publishing National Coding Advice. **Table 1** summarises the types of query submissions and the outcomes.

Table 1. Summary of query submission types and their anticipated outcomes.

Query submission type	Restrictions on submissions	Outcome
Clarification on guidelines for the ICD-10-AM/ACHI/ACS classification system including new health technology (see Sections 3.1 and 3.3)	Representatives of the jurisdictional coding advisory committee only	Publication of Coding Rules as National Coding Advice, or distribution of Jurisdictional Responses
Clarification on the new edition education (see Section 3.2)	No restrictions	Publication of Frequently Asked Questions as National Coding Advice

3.1 Query submissions for advice on ICD-10-AM/ACHI/ACS

Query submissions that request advice on the ICD-10-AM/ACHI/ACS classification system must be submitted from a state or territory representative of the respective jurisdictional coding advisory committee.

Query submissions must satisfy the following criteria for IHACPA review:

- submit a query that is **significantly complex/difficult in nature or highlights known conflicting jurisdictional advice**
- submit a subject title and ensure the **query is in the form of a question**; multiple questions should be avoided where possible
- reference the Alphabetic Index and/or Tabular List rather than coding pathways used in vendor products
- formulate and provide the **suggested or possible resolution option(s)** to the query, or provide the interim advice issued by the jurisdictional coding advisory committee. Where a jurisdictional coding advisory committee cannot provide this, they should instead provide a summary of the discussion to assist IHACPA's review.

Query submissions must include the following supporting evidence for IHACPA review:

- Review **existing guidance** from the current edition of ICD-10-AM/ACHI/ACS:
  - applicable lead terms, subterms, *Instructional notes* and other classification conventions in the Alphabetic Index

- applicable *Inclusion terms* and *Instructional notes* for the code or any of the hierarchy above (for ICD-10-AM, the block, category or chapter levels; for ACHI, the block, chapter or other levels such as site or intervention type) in the Tabular List
- applicable ACS and National Coding Advice
- applicable errata.

- Seek and provide clarification regarding **clinical content** from:
  - local clinicians involved in documentation of the clinical concept(s)
  - relevant information from clinical bodies or published research.
- Seek and provide clarification regarding **classification content** from:
  - discussions and decisions where applicable, from the submitting and other jurisdictional coding advisory committees
  - relevant information from international (or other published) classifications, terminologies or coding standards where relevant (e.g. providing advice on a best fit code).

These submissions may be published in the form of Coding Rules as National Coding Advice.

3.2 Query submissions for advice on new edition education

Query submissions that request advice on the new edition education may be submitted by members of the public.

Query submissions must satisfy the following criteria for IHACPA review:

- submit a query that is related to updates made in the new edition
- the query must not seek further clarification than is already provided in new edition education, such as further unrelated or hypothetical scenarios of when guidelines apply.

These submissions may be published in the form of Frequently Asked Questions as National Coding Advice.

3.3 New health technology

As part of the New Health Technology Policy, IHACPA manages submissions for inclusion of new health technologies into the ICD-10-AM/ACHI/ACS and AR-DRG classifications. These submissions may arise from coding queries or public submissions.

- All submissions for the inclusion of any new health technology in the classifications are to be submitted through the ACE portal
- Submissions will be required to provide a minimum amount of information to support the submission that will be outlined in a submission guideline
- Submissions will be reviewed by IHACPA to determine if the new health technology can be identified within the current version of the classifications:
  - if an appropriate ACHI code can be identified, then a Coding Rule will be published by IHACPA in the next quarterly publication of Coding Rules

- if the new health technology is unable to be classified to a unique code (i.e. a residual code is the only option), then IHACPA will consult with CCAG as to whether it meets the criteria for a placeholder code and/or classification development in the current or next development cycle.

- CCAG will review submissions that are unable to be classified to a unique code to provide clinical advice and ensure certain criteria are met, as to whether a placeholder code is warranted to enable capture of activity for this new health technology.
  - if a placeholder code is approved by CCAG, IHACPA will publish a Coding Rule in the next quarterly publication of Coding Rules.

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4. Updates to the query submission process

4.1 Regular review of this document

This document will be reviewed at the beginning of each new development cycle, alongside the review of the *Governance framework for the admitted care classifications*. This document may also be reviewed where a new process is trialled and recommended for inclusion (see Section 4.2).

4.2 Proposals for improvement

Proposals to improve the query submission process may be trialled for a period of six months and evaluated to ensure the process is fit for purpose.

Where trial initiatives are incorporated into the established query submission process, IHACPA will ensure members of the ICD Technical Group and the jurisdictional coding advisory committee representatives are informed.

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