

## Independent Hospital Pricing Authority (IHPA) Non-Admitted Care Costing Study, Public consultation paper 1- data collection- 30 April 2019.

### Questions for stakeholders

#### 1. What changes to the scope of the study, as described above, should be considered?

NSW Health involvement requires Health Policy Analysis (HPA) to broaden the study scope and to consider the future evolving nature of non-admitted services. The study firstly should consider that the primary purpose is to develop a non-admitted patient level classification and not be the sole purpose of funding. Therefore the study scope must incorporate services beyond the traditional provider, modes of service and models of care to reflect the patient journey. While recognising the experience and care between the patient and provider and the cost drivers associated with delivering innovate and future models of care.

NSW recommends the study scope expand the definition of ‘provider’ for the study or develop an additional term to reflect other providers that are involved in care provision. It is acknowledge the provider is currently either nursing, medical or allied health. IHPA need to develop a classification for the future that will allow use of other care providers to maintain functional level whilst seeing Clinicians as needed. In some instances, Consumers have been able to move out of long term hospital care and into a supervised community setting with the use of non-clinical peer staff maintaining the health of the patient with visits by clinical staff as needed. It is essential to recognise such staff because of the avoidance of unplanned hospital admissions, improvement of timeliness and appropriateness of care and the reduction of patients failing to follow up care required.

Telehealth and telemonitoring should influence this study because of the move away from traditional service contact modes. The study must ensure the other modes of technology in the study are recognised. This scope is limited because it only includes the following modalities, “*face to face, telephone/video, email*”. Examples in NSW include telemonitoring by Cardiac technicians of patients’ permanent pacemaker ECG information which is escalated only if the technician is unable to address the issue.

Further information is required for the extent of how the study will manage the findings of multi-morbid patients and the development of an appropriate multisystem journey and classification for such patients. The two month collection period may be too short to recognise these patients. These patients may only attend such clinics once in the two months and the ‘first and second visit data item’ will not provide enough information. IHPA need to be able to assess the stage in a journey patients are currently at, so that a classification can be built for people across all stages despite the 2 month collection period. For example brain injury and spinal cord injury patients suffer from lifelong medical issues ranging from loss of motor and neurological function, pain, pressure area and respiratory function. They require multiple other services that are either in the hospital and community care settings. The spinal cord injury cohort requires services including complex

pressure areas and seating solutions, sexuality and fertility clinics, tetraplegic hand clinics for SCI to assess suitability for tendon transfers. In addition, there is a NSW spinal outreach service that provides home based assessment/management, in-reach, health monitoring for hospital readmission and those ageing with a spinal cord injury. Costing these models of care are important because it identifies the different cost drivers between multiple modalities and care settings. Recognising these costs and characteristics of care support the development of an appropriate patient centred classification and future price for non-admitted care. If the clinic cohort only includes a couple of these clinic types due to practical collection issues, how will IHPA adjust for the cost of the remainder of the journey at the granular level, e.g. the additional data items will not be available.

## **2. In what ways can the selection/ feasibility criteria for sites to participate in the study be clarified or improved?**

To ensure the feasibility assessment is completed correctly it is imperative the selection and feasibility criteria for sites to participate be further improved by the minimum number of nominated clinics, a balance of different clinical settings and a strong representation of unique and complex health cohorts.

NSW has nominated a number of facilities for inclusion in the study, as part of the communication strategy we have advocated for a broad range of clinics to ensure there is a fruitful result upon completion of the study. NSW understands that IHPA and jurisdictions need to be practical about the ability to entice clinician and hospitals to participate in the study however IHPAs criteria could have been more mature in assisting Jurisdictions with identifying the Hospitals and Tier 2 clinics that would provide the most robust costing study based on statistical power.

The feasibility study allows HPA and the hospitals to assess the feasibility of including clinics and obtain enough information at the end of the study to develop an appropriate classification. A second round of feasibility studies may be needed as the magnitude of the effort to undertake the collection is realised. This effort may be as much technology based as personnel based.

## **3. What other aspects of coordination of the study at the site-level should be considered?**

The current strategy to support the correct input of data is limited and requires further support and supervision. It is essential to include further study support staff. This is subject to the amount of clinics nominated at each site. The project currently includes a site coordinator and a clinical champion however the study is not expected to impact on the latter, resource wise. There should be no assumption the clinical champion is at the clinic every day and be across different care type settings, or that their care of their current patient load will not be impacted. The identified resources will not provide enough support for the correct input of data and engagement of clinical staff involved in the study.

NSW experience from other costing studies recommends it is essential to include floating observational staff to support the use of technology and correct and regular input of data into the application.

NSW recommends there be financial assistance for the inclusion of site support staff in addition to the Site co-ordinator. Site support options include:

- a) An education officer at each LHD
- b) Roaming site support staff for outpatients' clinics to support the site coordinator and clinical champions for each clinic
- c) Site support included for sites with limited technical experience or resources
- d) Site support for extremely high volume clinics.

If minimal support is provided for accurate input of data into the application, user error, clinician behaviour (stress or high workload) will impact the quality of the data for some clinics and will likely result in poor data quality result and be a waste of time and resource.

**4. What are the issues in collecting primary data (Part B: Primary data) for a period up to two months? Are there strategies that could be employed to keep clinicians motivated to collect data accurately?**

NSW Activity Based Management previously mentioned a two months data collection is too long. Clinical stakeholders from specialty services have raised concerns that further clinical consideration be in place to collect enough information for certain patient cohorts. NSW recognises and accepts clinics will be impacted during the study and appreciates if a sufficient sample size is collected the collection period will cease. Despite the concern regarding a two month collection point, NSW recognises two months may be too short a time for the collection of data for low volume high resource patient cohorts, this may include, brain injury and spinal cord injury rehabilitation patients, drug and alcohol patients and those involved in long term intensive pain management programs.

NSW is aiming to stagger the facilities for certain collection times and will not collect information over the Christmas and New Year or January period. Undertaking a study during the Christmas and New Year break is unacceptable to attain a sufficient sample size, clinics are closed and staff are on annual leave.

Data collection is one of the most important aspects of the project. It is imperative the application undertakes stress and suitability testing in the pilot study and repeated at each nominated facility before the 'go live' period. Each clinic clinical champion must test the suitability of the application and recognise the test survey results have included specific diagnosis and intervention information. If the technology fails, is hard to use or impacts workflow significantly motivation to support the project will significantly diminish. This is why it is important for additional staff to support and supervise data entry for the initial of stage of data collection period. Upon completion of the pilot study, HPA, must evaluate the time and impact of the data collection for evaluation purposes for the main study.

To support the motivation of clinicians to collect accurate data involves regular brief specific educational sessions with the correct messaging from a frame of reference and value add point of

view. The regular education must be communicated differently and not entirely focus on data collection, costing, funding and classification. Instead the project must communicate the outcomes of the project which will benefit clinicians by the identification and improvement of finite clinic resource against service demand, identification for the complexities of care provided and patient case mix.

**5. What issues should be addressed to ensure collection of data on a mobile app will be acceptable for health services and clinicians?**

NSW advises the costing study must remain open to alternative data collection methods due to local facility governance and policy. IHPA must consider that some sites will not allow the personal use of mobile devices or allow personal devices or in some instance Apple devices to access the hospital Wi-Fi. IHPA need to broaden the availability of the application on android devices and the consideration for other methods of data capture, for example, barcode scanning. Lastly, the study must consider the workflow impact from the implementation of a data collection device and consideration of infection control for such a device.

NSW consultation has identified that many staff specialists do not engage with eMR in the non – admitted setting and simply dictate letters which are stored in the EMR to be used to communicate with GPs or other doctors. Negotiation with those involved may lead to an increase of information being dictated to cover the study requirements or may need additional data entry support staff to assist. These letters would require text mining to extract required data. This is currently not available.

NSW recommends HPA consider the five moments of Hygiene for the implementation of any device. Clinical workflow impact should be considered due to the consistent cleansing of such devices on top of normal hand sanitisation. The constant repetition of such an activity is onerous. This will impact the clinician workflow and motivation of staff to collect clinic data and provide a project risk for incomplete or poor data collection.

**6. What are other ethical issues that should be considered for the study?**

NSW advises there are two issues, the development of specific education materials for relevant stakeholder groups and the increased time frame to submit the ethics Site Specific Application (SSA's) or any additional ethics submissions required for priority population groups, e.g. Aboriginal and Torres Strait Island Populations.

To support the smooth process of local governance endorsement it is necessary for HPA to provide specific education materials to different stakeholder groups, e.g. for patients and family members and executive and clinical providers to outline the purpose and impact of the study. The study education material must also be culturally appropriate for Aboriginal patients and consumers. The education material must not be onerous in reading and provide a descriptive and purposeful information brief through a mix of visual and non-visual information.

It should be noted, priority population groups including Aboriginal and Torres Strait Islander People may require a separate ethics application to be submitted. The ethics application may require further time because of Aboriginal community consultation.

**7. Are there any unnecessary data elements on the list in Table 1? Why are they unnecessary?**

NSW does not believe there are any unnecessary data elements.

**8. Are there any data elements that are not on the list in Table 1 that should be included (i.e. features of patients/ service events that are likely to impact the cost of the care delivered to a patient)? For what reasons should these be collected in the study?**

NSW undertakes multiple non admitted programs to prevent hospitalisation and improved management of Chronic Disease patients such as hospital avoidance program, leading better value care and integrated care programs. The programs improve access to timely and specific care for patients. To assist in evaluation of these programs NSW requests user identified fields that allow identification of the patients in these programs. Where these are National Programs, a data element could be developed to allow grouping of similar patients; this will also provide IHPA with additional information about the types of Tier 2 services that are bundled together to provide holistic care.

NSW believes that IHPA need to understand the patients' stage within a disease, disorder or intervention suite. This is important in understanding the difference in resource consumption of patients in what appears to be the same clinic but may have more or less resource or treatment intensity. Without staging, this may simply look like unwarranted clinical or cost variation.

NSW is committed to work with Health Policy Analysis to develop specific data items for the recognition and evaluation of the hospital avoidance, integrated care and leading better value care programs.

**9. What clarifications or enhancements can be made to the definitions and/ or values of the proposed data elements in Table 1?**

NSW seek the clarification and provides recommendation for the below data items:

- *“Did Not Attend Flag - 2 Patient Did Not Attend the Appointment – would not generate a Non-Admitted Patient (NAP) Service and therefore is out of scope of NAP National Best Endeavours Data Set (NAP BEDS) and if collected would not link with existing Secondary Data. HPA need to consider the work around the delivery of all required datasets”.* Previously notified through the IHPA Non-Admitted Care Advisory Working Group.
- Did Not Attend Flag— 2 Patient Did Not Attend the Appointment- NSW recommends the definition be split in to 3.
  - 1 Patient Did not Attend the Appointment- Cancelled appointment by Patient
  - 2 Patient Did not Attend the Appointment- Cancelled appointment by Clinic
  - 3 Patient Did Not Attend the Appointment- Patient failed to attend the appointment.

- *“Type of Clinical Time - 01 Attributed to a patient - suggest adding exclusion note for patients not in your care which would use code 09 Consultation Liaison instead”*. Previously notified through the IHPA Non-Admitted Care Advisory Working Group.
- Type of clinical time- 06 Administration- requires a further description for the capture of such an item where there is no patient interaction and why it is attributed to a patient. The inclusion of this data item may confuse clinicians. Further definition is required for the use of this data item.
- Type of clinical time- 02 attributed to a patient or group session relating to patients not in the scope of the non-admitted care costing study is conflicting. The scope section of the public consultation paper recognises this activity is out of scope for the study. NSW requests clarification for the reasoning to include such activities including, admitted, emergency and mental health care.
- Major reason for attendance- NSW seeks the inclusion of ‘8 Procedure’ is an option for the end user. Including a procedure option enables the end user to clearly state the reason for attendance, as not all procedures are new conditions this includes negative-pressure wound therapy (vacuum dressing), pacemaker reprogramming, cardiotocography or electronic fetal monitoring. NSW seeks clarification if the patient is not present at the session what input is the selected major reason for attendance?
- Table 2 Care Type- Care type is not well-known by non-admitted providers or is a new concept for non-admitted care. Extra education is required for the capture of such a data item.
- Table 2 Service delivery mode- Further consideration is required for the use of the values “1 In Person” and “3 Videoconference”. For example, if a nurse is providing care with a doctor in a patients’ home and there is telehealth undertaken in addition with a doctor, what mode is captured at the patient end? In NSW, the telehealth mode of service is captured at both the doctor end and patient end where the nurse is present. It is essential to capture both ends because the medical salaries and wages relate to the medical provider end and the nursing salary and wages relate to the patient end.

As of 1 July 2019, NSW is implementing the following service contact modes. NSW requests this information be incorporated into the study’s data collection to more clearly distinguish between patient and clinician end:

Code	Descriptive Label	Description
2-P	Audio – Patient end with clinician	Change to descriptive label from ‘Telephone – Patient End’ and definition
2-C	Audio – Clinician end	Change to descriptive label from ‘Telephone – Clinician End’
3-C	Audiovisual – Clinician end	Change to descriptive label from ‘Videoconference – Clinician End’
3-P	Audiovisual – Patient end with clinician	Change to descriptive label and definition from ‘Videoconference – Patient End’

- Table 2 service delivery mode- Further consideration is required for the use of “other technology”. It is necessary for a definition to be developed. Telehealth is a very broad concept and there is an increased use of telemonitoring through the use of pacemakers and wearable technology. To ensure the new classification is current on release, new technologies need to be considered.

**10. The short list of primary presenting conditions is provided at Appendix A. Does the list capture the range of conditions encountered by each non-admitted clinic type that might be relevant for a patient-level classification of non-admitted care?**

NSW has engaged the Local Health Districts and Networks and the NSW Agency for Clinical Innovation (ACI) to assist in reviewing the presenting conditions list which is attached as Appendix A. NSW requests IHPA include the tabled information into the data collection. The tabled information has been copied from the current condition list, amendments are included and recommended inclusions under the appropriate health care provider and speciality.

In addition, NSW has recently reviewed the drug and alcohol sector. The conditions in Tier 2 clinic 40.3 are limited to dependence for alcohol, opioid, use and other non-descriptive drug use. A large portion of the work is the management of use/misuse, relapse preventative support and case management. 20-0052- Drug dependence other- is limited in its inclusions, IHPA should consider further inclusions such as depressants (gamma hydroxyl butyrate GHB) and stimulants (methyl amphetamine, amphetamines, cocaine), anabolic steroid and polypharmacy abuse etc.

**11. The list at Appendix A is also being proposed for secondary presenting conditions. Is the list appropriate to use towards determining the complexity of patients for the classification?**

An expanded Appendix A would also fit as the secondary presenting conditions list however to make the list practical it should be shortened for the specifically selected clinics during the data collection period.

NSW would like the list to include the following long term chronic or complex conditions to determine patient complexity:

- Disability. This is due to the high incidence of patients requiring multiple services to support multiple disabilities for either category of physical, sensory, psychiatric, neurological, cognitive or intellectual disability. If this is not applicable, it should be considered as a diagnosis modifier to recognise increased resource required for the care of a patient.
- Cancer (long term) - Due to improved chemotherapy product availability there is a high incidence for long term therapy and reduction of mortality.
- Rheumatoid arthritis
- Spinal cord injury, specific spinal cord injury level information.

**12. Appendix B provides a list of interventions that will be specified for the study. Is the list sufficient to capture differences in costs between patients treated in non-admitted settings? Are there any changes that should be made to the list?**

Please refer to Appendix B of the paper for the inclusion and removal of interventions as per each speciality. Please also note comments and recommendations below.

- It is noted there is no specific intervention list for the Nursing discipline. Nursing undertakes a ranges of services that requires its own classification. Please include a list with the following disciplines:
    - Bereavement support
    - Medication administration, education and support
    - Monitoring of chronic disease
    - Provision of patient education.
  - It is noted there is no specific intervention list for Rheumatology. Please refer to appendix B.
  - It is noted the intervention list the Allied health type interventions are much less specific compared to other listed interventions. Further information is required to support the decision making process to support the study data collection. For example:
    - Social work
    - Physical Therapy NOS
    - Occupational Therapy
    - Podiatry and orthotics
    - Audiology
    - Nutrition Management
- NSW has provided IHPA with the NSW Allied Health interventions list following the ANACC Costing study workshop.
- The intervention list for Botulinum toxin injections is too specific and requires further broadening for the non-cosmetic use of such an agent with the below suggestions.
    - Dystonia
    - Bladder and urethral dysfunction

**13. Can the data elements listed for primary collection be collected accurately and reliably by clinicians? If not, can additional guidance be provided to support accurate and reliable collection?**

NSW notes before the project is in 'go live' stage for the data collection period there will need to specific education to address the shift in language for clinics to move from procedural to interventional tasks for non-admitted patient clinics. The wording may confuse stakeholders and this should be addressed in the education strategy and approach before the commencement of the data collection period.

The success of the uptake of the technology by the clinicians for data collection will have a significant impact as to whether the data elements can be collected accurately and reliably.

**14. Are there any additional sources of secondary data that should be specified?**

NSW recommends the inclusion of the following additional data sets: the NSW Patient Reported Experience Measures (PREMS) and the NSW Patient Reported Outcome Measures (PROMS); the Australian Institute of Health and Welfare-Alcohol and Other Drug Treatment Services National Minimum Data Set.

NSW recommends the consideration of including patient reported experience and outcome measure data sets to support the outcomes of the costing study and classification development. Including experience and outcome data sets influences the delivery of services and models of care. The data set provides a different perspective to value the care provided. NSW leading better value care and integrated care initiatives are collecting patient experience and outcome measures to detect the complexity of patients, evaluate and consider alternative treatments and approaches in service delivery. Recognising an additional piece of information provides a wider perspective to reduce the wastage of finite resource. The cease of an output model and a move toward an outcome model drives safe and quality care for patients.

**15. Will the data submissions specified for the study support the analyses outlined for developing the ANACC?**

NSW believes the data submission and inclusion of comments within this document will support the analyses outline for developing the ANACC.

**16. Will the data elements outlined in the previous Chapter support investigating bundling of service events (e.g. into courses of treatment, episodes of non-admitted care, pre- and post-hospital admission etc.)?**

NSW supports the investigation of price bundling for non-admitted service events. Phases of care and episodes is an essential step to moving away from the clinic based classification. The paper noted, episodes of care or bundling is not achievable across different entities. It is imperative IHPA continues toward the development of the individual health care identifier and considers the below examples to support the investigation of bundling service events.

To support the bundling of service events, HPA must consider the further inclusion of an additional data item that indicates the care is part of a 'series' of care to the bundling of care, this support maternity, rehabilitation, active therapy or procedure treatments. To support this concept, there should be an additional data item that describes any interaction with other services. For example, this would support the integrated model of care and other shared care arrangements ranging between a variety of settings and providers.

**17. Will the data elements outlined in the previous Chapter support investigations of complexity of non-admitted service events? Are there other markers of complexity for non-admitted patients that should be built into the data collection?**

NSW advises from the findings of the 2016 Emergency Care Costing study there were a number of markers that modified the patients' diagnosis. The modifier increased the use of resources this being clinical time, staff and equipment required for the care of such patients. The costing study

must consider diagnosis modifiers include, the absence of a primary carer, a body mass index of more than 40, an intellectual disability, age more than 80 and the inability to communicate in English. Including diagnosis modifiers in the data collection identifies the reasons why there is an increased work resources for different cohorts. The diagnosis modifiers could also be unique to specific clinics. NSW recommends HPA provide focus groups before the study to understand the complexity of different clinics.

**18. What are other uses of the ANACC in addition to ABF that need to be considered in its design? Does the proposed data collection suit these uses?**

Please refer to question 14 regarding the implementation of PREMS and PROMS implementation.

**19. Are there any other issues that should be considered in the conduct of this study?**

No comment.

## Appendix A- Presenting conditions

To include the tabled information intervention information into the appropriate speciality.

### Orthoptist

- NSW has identified there is no class for the speciality Orthoptist. NSW nominated facilities for the study include Orthoptists' who are eye professionals which treat patients with eye disorders. Please include the tabled information below.
- Please note the comments included for Tier 2 code 02-0055- Neurological disorders of the eye. Please review and consider inclusion.

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
01-0054	Cerebral palsy	Assessment of visual and ocular motility development	Hereditary spastic paraplegia	G80.9	Cerebral palsy, unspecified
01-0058	Stroke, Cerebral Vascular Accident (CVA)	Visual function, visual field and ocular motility testing following Cerebral haemorrhage or infarction, precerebral occlusion, traumatic intracranial haemorrhage, sequelae of CVA		I67.9	Cerebrovascular disease, unspecified
01-0069	Transient Ischaemic Attack (TIA)	Visual function, visual field and ocular motility testing following Cerebral haemorrhage or infarction, precerebral occlusion, traumatic intracranial haemorrhage, sequelae of TIA	Stroke, Cerebral Vascular Accident (CVA)	G45.9	Transient cerebral ischaemic attack, unspecified
02-0050	Cataract and other lens disorders	ocular biometry for surgical treatment of cataracts		H28.8	Other disorders of lens in diseases classified elsewhere

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
02-0051	Glaucoma	Vision, visual field, corneal thickness, intraocular pressure measurements to diagnose and monitor Glaucoma suspect (ocular hypertension); glaucoma caused by metabolic or other diseases		H42.8	Glaucoma in other diseases classified elsewhere
02-0052	Eye infection	Disorders which affect any structures of the eye due to infection, conjunctivitis, infective keratitis	Inflammation of eyelid and orbit, inflammation from injury or trauma, traumatic iritis.	H44.9	Disorder of globe, unspecified
02-0053	Neoplasm, malignant, eye	Imaging and measurements of Malignant neoplasms of eye and adnexa, melanoma of eye (intraocular melanoma), retinoblastoma	Connective tissue of eyelid and optic nerve.	C69.9	Malignant neoplasm of eye, unspecified
02-0055	Neurological disorders of the eye	assessment, imaging and monitoring of optic nerve function in disorders of the optic nerve, optic neuritis, macular degeneration, other disorders of the retina NOT "NEUROLOGICAL" CONDITIONS		H47.7	Disorder of visual pathways, unspecified
02-0056	Symptoms of the eye	Assessment of visual disturbances, visual impairment including blindness. Ocular pain		H53.9	Visual disturbance, unspecified
02-0057	Disorder of the eye and adnexa, other		Cataract, glaucoma, infection eye, neoplasm eye, injury trauma to eye. Acute and major eye	H57.9	Disorder of eye and adnexa, unspecified

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
			infections and inflammatory disease of the eye.		
21-0065	Injuries to face		Excludes orbital bone fracture, superficial injury of eyelid	S09.9	Unspecified injury of head
21-0071	Neurovascular injury to face		Excludes orbital bone fracture, superficial injury of eyelid	S04.5	Injury of facial nerve

### Rheumatology 20.3

- NSW advises the current list for rheumatology is out of date and does not reflect the breadth of conditions Rheumatologists treat in the out-patient settings. Please include the following conditions separately:
  1. Rheumatoid arthritis
  2. Psoriatic arthritis
  3. Ankylosing spondylitis
  4. Reactive arthritis
  5. Arthritis associated with inflammatory bowel diseases
  6. Inflammatory polyarthritis (not specified elsewhere)
  7. Systemic lupus erythematosus
  8. Scleroderma
  9. Sjogren's syndrome
  10. Inflammatory myositis
  11. Mixed connective tissues disease
  12. Undifferentiated connective disease (not specified elsewhere)
  13. Polymyalgia rheumatic
  14. Giant cell arteritis
  15. Antineutrophil Cytoplasmic Autoantibodies (ANCA) associated vasculitis
  16. Large vessel vasculitis
  17. Polyarteritis Nodosa
  18. Sarcoidosis
  19. Behcet's disease
  20. Relapsing polychondritis
  21. Adult-onset Still disease
  22. Ig-G4 related disease
  23. Vasculitis (not specified elsewhere)
  24. Panniculitis
  25. Anti-phospholipid antibody syndrome

26. Gout
27. Pseudo-gout
28. Hydroxyapatite crystal disease
29. Haemarthrosis
30. Generalised osteoarthritis
31. Osteoarthritis – knee
32. Osteoarthritis – hip
33. Osteoarthritis – shoulder
34. Osteoarthritis – ankle
35. Osteoarthritis – hand Lumbar spine – radiculopathy
36. Thoracic spine – radiculopathy
37. Cervical spine – radiculopathy
38. Pain - Lower back
39. Pain – Neck
40. Pain – Thoracic spine
41. Pain – soft tissue
42. Pain – joint (not specified elsewhere)
43. Diffuse idiopathic skeletal hyperostosis
44. Osteonecrosis
45. Storage disorders (e.g. Gaucher disease)
46. Fibromyalgia
47. Hypermobility syndrome
48. Rotator cuff disease
49. Carpal tunnel syndrome
50. Lateral Epicondylitis / medial epicondylitis
51. Achilles tendonitis
52. Plantar fasciitis
53. Metatarsalgia

54. Morton's Neuroma
55. Trochanteric bursitis/gluteal medial tendinopathy
56. Other musculo-tendinous conditions (not specified elsewhere)
57. Sacro-iliitis
58. Coccydynia
59. Osteoporosis
60. Paget's disease
61. Disciitis
62. Osteomyelitis
63. Infection of musculo-skeletal system (not specified elsewhere)
64. Bone tumours
65. Joint tumours (e.g. pigmented villo-nodular synovitis)
66. Other rheumatological conditions (not specified elsewhere)
67. Dermatomyositis

### 20.38 Gynaecology

- NSW recommends the following presenting conditions be classified under Gynaecology.

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
	Urogynaecology	Pelvic floor prolapse, stress incontinence, voiding dysfunction, cystocele and rectocele			
	Paediatric and adolescent gynaecology				

## 20.45 Psychiatry

- NSW seeks clarification for the exclusion of adult or sexual assault trauma.

## 20.53 Obstetrics (complex pregnancy) 20.53

- NSW seeks clarification for the inclusion of the following presenting conditions under obstetrics (complex pregnancy). NSW recommends the following conditions do not clinically fit under this class.

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
21-0054	Injuries to upper limb (excluding hand)	dislocation of shoulder or elbow, injuries to blood vessel and nerves, deep soft tissue, muscle, injury to upper limb not otherwise specified	fracture of upper limb, injury to hand, injuries to subcutaneous tissue, injury to hand	T11.9	Unspecified injury of upper limb, level unspecified
21-0056	Injuries to pelvis, hip, and thigh	Dislocation of pelvis or hip, concussion and oedema of lumbar spinal cord, injury to pelvis, hip and thigh not otherwise specified	fracture of pelvis, injuries to subcutaneous tissue	S79.9	Unspecified injury of hip and thigh
23-0054	Child at risk	Children in care, child protection/abuse, neglect, assessment or review	Counselling	Z76.2	Health supervision and care of other infant and child

## Occupational therapy 40.06

- NSW recommends the following presenting conditions be classified under Occupational Therapy.

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
01-0064	Chronic pain	Pain management to assist patients to cope with chronic pain without developing excessive dependence on drugs, chronic back pain	Chronic migraine, chronic back pain	R52.2	Chronic pain
01-0052	Dementia and other degenerative diseases of the nervous system	Alzheimer's dementia, vascular dementia; alcoholic dementia; dementia of unknown cause; Creutzfeldt-Jakob disease, Huntington's disease	Delirium superimposed on dementia, Parkinsons disease, HIV	F03	Unspecified dementia
01-0056	Parkinson's Disease or Extrapyrimalidal and movement disorders	Symptoms similar to Parkinson Disease that involve the types of movement problems seen in Parkinsons.		G20	Parkinson's disease
01-0058	Stroke, Cerebral Vascular Accident (CVA)	Cerebral haemorrhage or infarction, precerebral occlusion, traumatic intracranial haemorrhage, sequelae of CVA		I67.9	Cerebrovascular disease, unspecified

## Physiotherapy 40.09

- NSW notes there is no presenting conditions for musculoskeletal disorders of the spine, loss of limb (amputee) and other neurological conditions for example Guillain-Barre Syndrome. Please refer to comments below.
- NSW seeks clarification for the following presenting conditions:

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
01-0056	Parkinson's Disease or Extrapyrarnidal and movement disorders	Symptoms similar to Parkinson Disease that involve the types of movement problems seen in Parkinsons.		G20	Parkinson's disease

- NSW seeks clarification if 01-0056 condition includes dystonia?

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
01-0061	Viral infections of the nervous system	Infection from enterovirus or adenovirus affecting meninges or other parts of central nervous system	Bacterial or fungal infections of the nervous system	A88.8	Other specified viral infections of central nervous system

- NSW seeks clarification if 01-0061 condition includes Guillain-Barre Syndrome? If so please specify or identify where this neurological conditions is elsewhere classified.

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
03-0053	Nasal Deformity	Acquired or congenital deformity of nose including turbinate	Deviated nasal septum, post procedural nasal disorders	Q67.49	Other congenital deformities of skull, face and jaw

- NSW advises this 03-0053 is unusual presenting conditions/complaint for physiotherapy. Please consider the removal if consistent with other jurisdictions.
- NSW recommends the following presenting conditions be classified under Physiotherapy.

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
04-0050	Cystic fibrosis			E84	Cystic fibrosis
05-0055	Peripheral arterial disease without skin ulcer	Claudication (arterial), Peripheral arterial embolism, arteriosclerosis, atheroma, arteritis, vasculitis	Peripheral arterial disease (PVD) with skin ulcer. Lymphoedema	I70.9	Generalised and unspecified atherosclerosis
07-0055	Post-transplant, liver or pancreas	Post-transplant evaluation and management liver transplant, pancreas transplant		Z94.4	Liver transplant status
16-0053	Autoimmune disorders NOS	Sarcoidosis, other disorders involving the immune mechanism	HIV, Systemic lupus erythematosus, rheumatoid arthritis	D89.9	Disorder involving the immune mechanism, unspecified
01-0064	Chronic pain	Pain management to assist patients to cope with chronic pain without developing excessive dependence on drugs, chronic back pain	Chronic migraine, chronic back pain	R52.2	Chronic pain
15-0053	Congenital disorder newborn			Q04.9	Congenital malformation of brain, unspecified
15-0059	Other problem in newborn			P96.9	Condition originating in the perinatal period, unspecified

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
23-0057	Autism	Autistic like behaviour with no other neuropsychological diagnosis		F84.0	Childhood autism
01-0052	Dementia and other degenerative diseases of the nervous system	Alzheimer's dementia, vascular dementia; alcoholic dementia; dementia of unknown cause; Creutzfeldt-Jakob disease, Huntington's disease	Delirium superimposed on dementia, Parkinsons disease, HIV	F03	Unspecified dementia
01-0067	Chronic disturbance of cerebellar function, other	Anoxic brain damage, benign intracranial hypertension, encephalopathy, compression of brain, cerebral oedema, cerebellar ataxia	Dementia (including in Alzheimer's disease), hypertension.	G93.9	Disorder of brain, unspecified
04-0052	Pneumonia or Lower respiratory infection	Pneumonia NOS, Lower respiratory infection, Lower respiratory inflammation, LRTI, aspiration pneumonia	upper respiratory tract infection, Acute bronchiolitis	J18.9	Pneumonia, unspecified
04-0060	Symptoms of the respiratory systems, other	dysfunctional breathing		R09.89	Other specified symptoms and signs involving the respiratory system
04-0061	Disorder of the respiratory system, other			J99.8	Respiratory disorders in other diseases classified elsewhere
22-0050	Burn, superficial, partial thickness (erythema, sunburn, first degree, second degree) < 10% of body surface	Thermal burn, chemical, radiation burn, combined erythema and partial thickness burns; burns up to 9% BSA	Burns of multiple anatomical regions of the body	T30.3	Burn of full thickness, body region unspecified
22-0051	Burn, full thickness (third degree, fourth	Thermal burn, chemical, radiation burn, combined partial and full thickness burns; burns up to 9% TBSA	Burns of multiple anatomical regions of the body	T30.3	Burn of full thickness, body region unspecified

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
	degree, complex) < 10% of body surface				
22-0052	Burn, superficial (erythema, sunburn, first degree) >= 10% of body surface	Thermal burn, chemical, radiation burn, erythema; burns greater than 10% BSA	Burn of a single anatomical site of the skin	T30.0	Burn of unspecified body region, unspecified thickness
22-0053	Burn, partial or deep partial thickness (sunburn with blisters, second degree) >= 10% of body surface	Thermal burn, chemical, radiation burn, combined areas of superficial and partial thickness burns; burns greater than 10% TBSA	Burn of a single anatomical site of the skin	30.2	
22-0054	Burn, full thickness (third degree, fourth degree, complex) >= 10% of body surface	Thermal burn, chemical, radiation burn; combined partial and full thickness burns; burns greater than 10% TBSA	Burn of a single anatomical site of the skin	T30.3	Burn of full thickness, body region unspecified
01-0051	Spinal cord disease or cord compression	Spinal cord compression, nontraumatic; myelopathy, myelomeningocele		G95.9	Disease of spinal cord, unspecified
01-0057	Multiple sclerosis (MS)	Other demyelinating diseases		G37.9	Demyelinating disease of central nervous system, unspecified
01-0058	Stroke, Cerebral Vascular Accident (CVA)	Cerebral haemorrhage or infarction, precerebral occlusion, traumatic intracranial haemorrhage, sequelae of CVA		I67.9	Cerebrovascular disease, unspecified
01-0059	Cranial nerve or peripheral nerve disorder	All disorders which result to damage to nerves outside of brain and spinal cord. Facial nerve disorder, carpal Tunnel Syndrome (median nerve dysfunction) (Mononeuropathy)		G58	Other mononeuropathies

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
01-0066	Disorder of the nervous system, other	Myesthenia gravis, other myopathies,	Extrapyramidal disorders, movements disorders, cardiomyopathy	G96.9	Disorder of central nervous system, unspecified
01-0069	Transient Ischaemic Attack (TIA)		Stroke, Cerebral Vascular Accident (CVA)	G45.9	Transient cerebral ischaemic attack, unspecified
01-0050	Paraplegia or Quadriplegia	Non traumatic or traumatic, tetraplegia, acute or chronic; spinal cord injury, acute or chronic, complete or incomplete, cervical, thoracic, lumbar, sacral.	Cerebral Palsy, transient paresis	G83.9	Paralytic syndrome, unspecified
03-0050	Disequilibrium or Meniere's.	Meniere's disease/syndrome, Labyrinthine hydrops, vertigo, vestibular neuronitis, Vestibular dysfunction	Otitis Media and upper respiratory infections	H83.9	Disease of inner ear, unspecified
04-0053	Sleep Apnoea	Breathing related sleep disorder (includes central sleep apnoea syndrome, obstructive sleep apnoea and hypopnoea syndrome, sleep hyperventilation syndrome)	Apnoea of Newborn	G47.9	Sleep disorder, unspecified
04-0056	Pneumothorax	Spontaneous, tension pneumothorax, nontraumatic pneumothorax	Traumatic pneumothorax	J93.9	Pneumothorax, unspecified
04-0057	Neoplasm, malignant, bronchus or lung	Mesothelioma, primary malignant neoplasm of main bronchus, upper lobe, middle lobe, lower lobe, overlapping lesion of bronchus and lung		C34.9	Malignant neoplasm of bronchus or lung, unspecified
04-0058	Interstitial pulmonary disease	Diffuse parenchymal lung disease, idiopathic pulmonary fibrosis	Neonatal chronic lung disease	J84.9	Interstitial pulmonary disease, unspecified
05-0051	Heart Failure, chronic	Congestive heart failure, Left ventricular failure, CCF	Acute decompensating heart failure, Congenital	I50.9	Heart failure, unspecified

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
			malformation of heart with heart failure		
05-0056	Symptomatic Coronary Artery disease < 1 year	Coronary artery atheroma, arteriosclerosis, disease, sclerosis. Old myocardial infarction STEM or Non STEMI >7 days and < 1 year from onset of Acute Coronary Syndrome		I25.9	Chronic ischaemic heart disease, unspecified
05-0058	Congenital malformation of heart	Congenital malformations of cardiac chambers and connections, cardiac septa, valves; great arteries, great veins, other congenital malformation of heart not otherwise specified, with or without heart failure		Q24.9	Congenital malformation of heart, unspecified
05-0059	Valve disorders	Rheumatic valve disease, Endocarditis not otherwise specified, Non- Rheumatic valve disorders; incompetence, insufficiency, regurgitation, stenosis, prolapse valvulitis (chronic) (mitral, aortic, pulmonary, tricuspid)	Congenital heart disease,	I38	Endocarditis, valve unspecified
08-0059	Disorder of musculoskeletal system or connective tissue, other	Osteoporosis, rickets, osteomalacia, nononcancerous tumours and cysts, paget's disease, osteogenesis imperfecta, hyperostosis of bones, osteosclerosis, osteochondrosis, apophysitis, gout	Pathological fracture	L94.9	Localised connective tissue disorder, unspecified
08-0056	Musculotendinous disorder	Epicondylitis (tennis elbow), peri-arthritis of wrist, calcaneal spur, bone spur, capsulitis, peri-arthritis, tendinitis, ankylosis of joint, fasciitis, fibromatosis, rotator cuff syndrome, tendinitis		M67.99	Unspecified disorder of synovium and tendon, site unspecified

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
08-0053	Inflammatory musculoskeletal disorder	Rheumatoid arthritis, inflammatory polyarthropathy, systemic lupus erythematosus, psoriatic arthritis, other inflammatory musculoskeletal disorders	Osteoarthritis, Osteomyelitis, tendonitis, infection and inflammatory reaction due to internal joint prosthesis	M02.9	Reactive arthropathy, unspecified
08-0054	Septic arthritis	Arthritis caused by bacteria, viruses or fungal agents		M00.9	Pyogenic arthritis, unspecified
01-0055	Neoplasm, malignant, central nervous system		Neoplasm, malignant, eye	C70.9	Malignant neoplasm of meninges, unspecified
08-0055	Spinal deformity	Congenital or acquired conditions with vertebrae displacement or changes of intervertebral disc, spinal deformity, lordosis, kyphosis, scoliosis	Pathological fracture	M43.9	Unspecified deforming dorsopathy
11-0058	Urinary incontinence	Urinary incontinence (stress, urge, overflow, reflex), enuresis		R32	Unspecified urinary incontinence
23-0058	Falls, other	Recurrent falls		R29.6	Tendency to fall, not elsewhere classified
23-0055	Failure to thrive		Feeding or nutritional problem in newborn	R62.9	Lack of expected normal physiological development, unspecified
19-0059	Eating disorders	Anorexia Nervosa, Bulimia nervosa, overeating, deliberate weight loss		F50.9	Eating disorder, unspecified
17-0054	Neoplasm, malignant, myeloma			C90.0	Multiple myeloma
09-0057	Neoplasm, malignant, breast		Neoplasm of skin of breast	C50.9	Malignant neoplasm of breast, unspecified part

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
05-0066	Lymphoedema	Lymphadenitis, other disorders of lymphatic vessels		I89.9	Noninfective disorder of lymphatic vessels and lymph nodes, unspecified
04-0066	Respiratory failure	Acute or chronic respiratory failure (Hypoxic or hypercapnic)	Cardiorespiratory failure	J96.9	Respiratory failure, unspecified
04-0062	Post-transplant, lung			Z94.2	Lung transplant status
04-0057	Neoplasm, malignant, bronchus or lung	Mesothelioma, primary malignant neoplasm of main bronchus, upper lobe, middle lobe, lower lobe, overlapping lesion of bronchus and lung		C34.9	Malignant neoplasm of bronchus or lung, unspecified

#### Social Work 40.11

- NSW seeks clarification for the reasoning why there is no inclusion for the following presenting conditions under Social Work:
  - Violence, abuse and neglect trauma
  - Sexual assault and trauma
  - Grief and loss trauma

### Nutrition/dietetics 40.23

- NSW recommends the following presenting conditions be classified under Nutrition/Dietetics. The examples represent the most common presenting conditions that could result in a dietetic referral, they are by no means exclusive. A referral to dietetics could arise in almost all clinical areas where there is a co-presenting condition that would benefit from dietetic intervention.

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
07-0055	Post-transplant, liver or pancreas	Post-transplant evaluation and management liver transplant, pancreas transplant		Z94.4	Liver transplant status
11-0050	Kidney failure or End stage renal disease (ESRD)	Acute kidney failure, chronic kidney disease (CKD) stage 1, stage 2, stage 3, stage 4, stage 5, renal insufficiency, uraemia, renal failure		N18.9	Chronic kidney disease, unspecified
11-0057	Post-transplant, renal	Post-transplant evaluation kidney transplant		Z94.0	Kidney transplant status
01-0052	Dementia and other degenerative diseases of the nervous system	Alzheimer's dementia, vascular dementia; alcoholic dementia; dementia of unknown cause; Creutzfeldt-Jakob disease, Huntington's disease	Delirium superimposed on dementia, Parkinsons disease, HIV	F03	Unspecified dementia
01-0056	Parkinson's Disease or Extrapyrarnidal and movement disorders	Symptoms similar to Parkinson Disease that involve the types of movement problems seen in Parkinsons.		G20	Parkinson's disease
16-0050	Anaemia	Nutritional anaemias, haemolytic anaemias, aplastic or other anaemias	Anaemia in pregnancy	D64.9	Anaemia, unspecified

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
10-0053	Metabolic disorders, other	Inborn errors of metabolism, phenylketonuria	Thyroid disorder	E88.8	Other specified metabolic disorders
19-0059	Eating disorders	Anorexia Nervosa, Bulimia nervosa, overeating, deliberate weight loss		F50.9	Eating disorder, unspecified
23-0055	Failure to thrive		Feeding or nutritional problem in newborn	R62.9	Lack of expected normal physiological development, unspecified
03-0052	Laryngitis, tracheitis or epiglottitis	Croup (acute obstructive laryngitis), Acute or Chronic obstructive laryngitis, Acute or Chronic epiglottitis		J06.9	Acute upper respiratory infection, unspecified
03-0055	Otitis media or other infection of the ear, nose, mouth or throat	Myringitis; eustachian salpingitis, mastoiditis, sinusitis, tonsillitis, adenoiditis, upper respiratory tract infections NOS,	Chronic sinusitis	H66.9	Otitis media, unspecified
01-0062	Epilepsy (seizures)	All Convulsions, fits and seizures of an epileptic nature.		G40.9	Epilepsy, unspecified
01-0054	Cerebral palsy		Hereditary spastic paraplegia	G80.9	Cerebral palsy, unspecified
01-0057	Multiple sclerosis (MS)	Other demyelinating diseases		G37.9	Demyelinating disease of central nervous system, unspecified

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
01-0058	Stroke, Cerebral Vascular Accident (CVA)	Cerebral haemorrhage or infarction, precerebral occlusion, traumatic intracranial haemorrhage, sequelae of CVA		I67.9	Cerebrovascular disease, unspecified
01-0068	Motor neurone disease	Spinal muscular atrophy, neuromuscular conditions		G12.2	Motor neuron disease
01-0069	Transient Ischaemic Attack (TIA)		Stroke, Cerebral Vascular Accident (CVA)	G45.9	Transient cerebral ischaemic attack, unspecified
04-0051	Respiratory tuberculosis			A16.9	Respiratory tuberculosis unspecified, without mention of bacteriological or histological confirmation
04-0052	Pneumonia or Lower respiratory infection	Pneumonia NOS, Lower respiratory infection, Lower respiratory inflammation, LRTI, aspiration pneumonia	upper respiratory tract infection, Acute bronchiolitis	J18.9	Pneumonia, unspecified
04-0053	Sleep Apnoea	Breathing related sleep disorder (includes central sleep apnoea syndrome, obstructive sleep apnoea and hypopnoea syndrome, sleep hyperventilation syndrome)	Apnoea of Newborn	G47.9	Sleep disorder, unspecified
04-0055	Chronic Obstructive Pulmonary Disease (COPD)	Chronic obstructive airways disease, COPD with infection, Emphysema, Bronchiectasis, tracheomalacia, bronchomalacia	Chronic Bronchitis (obstructive)	J44.9	Chronic obstructive pulmonary disease, unspecified
04-0062	Post-transplant, lung			Z94.2	Lung transplant status

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
05-0057	Hypertension	Hypertension (includes arterial, benign, essential, malignant, primary, secondary and systemic)	Intracranial hypertension, pulmonary hypertension	I10	Essential (primary) hypertension
06-0060	Constipation or faecal incontinence	Constipation and soiling, encopresis		K59.9	Functional intestinal disorder, unspecified
06-0062	Peptic ulcer	Gastroduodenal ulcer, Gastric ulcer, gastrojejunal ulcer	Peptic ulcer of newborn.	K27	Peptic ulcer, site unspecified
07-0050	Cirrhosis or alcoholic liver disease	Alcoholic liver disease, alcoholic fatty liver, alcoholic cirrhosis, alcoholic hepatitis, fibrosis and sclerosis of the liver, cirrhosis of the liver	Non-alcoholic fatty liver disease	K70.9	Alcoholic liver disease, unspecified
07-0051	Disorder of biliary tract	Calculus of gall bladder with or without cholecystitis with or without obstruction, biliary colic, obstruction, fistula, spasm, biliary cyst, cholangitis	Neoplasm, hepatobiliary system	K83.9	Disease of biliary tract, unspecified
07-0052	Disorder of pancreas	Acute or chronic pancreatitis (including alcohol induced), cyst, pseudocyst, necrosis, atrophy, calculus, fibrosis	Diabetes mellitus	K85.9	Acute pancreatitis, unspecified
07-0053	Liver disease, other	Abscess of the liver, fatty change of the liver, toxic liver disease, hepatitis NEC	Hepatitis, viral, Jaundice within 28 days of birth, alcoholic fatty liver disease	K76.9	Liver disease, unspecified
07-0054	Symptoms of the hepatobiliary system	Hepatomegaly, Jaundice, Ascites, Intra-abdominal swelling, mass and lump, abnormal finding on imaging or pathology	Jaundice within 28 days of birth	R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
07-0056	Hepatitis, viral	Hepatitis, viral type A, B, C, D or E	Alcoholic hepatitis	B19.9	Unspecified viral hepatitis without hepatic coma
07-0057	Liver failure	Chronic or acute liver failure	Cirrhosis or alcoholic liver disease	K72.9	Hepatic failure, unspecified

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
08-0059	Disorder of musculoskeletal system or connective tissue, other	Osteoporosis, rickets, osteomalacia, nononcancerous tumours and cysts, paget's disease, osteogenesis imperfecta, hyperostosis of bones, osteosclerosis, osteochondrosis, aphophysitis, gout	Pathological fracture	L94.9	Localised connective tissue disorder, unspecified
10-0054	Thyroid disorder	Iodine deficiency, hypothyroidism, Thyrotoxicosis (hyperthyroidism)		E07.9	Disorder of thyroid, unspecified
20-0050	Alcohol dependence			F10.9	Mental and behavioural disorders due to use of alcohol, unspecified mental and behavioural disorder
18-0050	Human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS)	Acquired immune deficiency syndrome (AIDS), HIV infection, Laboratory evidence of HIV, HIV positive not otherwise specified	High risk pregnancy, HIV	B24	Unspecified human immunodeficiency virus [HIV] disease
01-0055	Neoplasm, malignant, central nervous system		Neoplasm, malignant, eye	C70.9	Malignant neoplasm of kidney, except renal pelvis
03-0054	Neoplasm, malignant, head and neck	Malignant neoplasm of inner ear, nasal cavity, maxillary, ethmoidal, frontal and sphenoidal sinus, larynx, lip, tongue, gum, floor of mouth, palate, parotid gland, salivary glands, tonsil, oropharynx, nasopharynx	Neoplasm, malignant, central nervous system	C76.0	Malignant neoplasm of kidney, except renal pelvis
06-0061	Neoplasm, malignant, colon or rectum		Neoplasm, gastrointestinal or hepatobiliary systems	C24.9	Malignant neoplasm of kidney, except renal pelvis

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
07-0058	Neoplasm, malignant, liver			C22.9	Malignant neoplasm of kidney, except renal pelvis
07-0059	Neoplasm, malignant, pancreas			C25.9	Malignant neoplasm of kidney, except renal pelvis
08-0052	Neoplasm, malignant, sarcoma	Osteosarcoma, chondrosarcoma, Leiomyosarcoma, fibrosarcoma, rhabdomyosarcoma.		C41.9	Malignant neoplasm of kidney, except renal pelvis
09-0050	Neoplasm, malignant, melanoma			C43.9	Malignant neoplasm of kidney, except renal pelvis
09-0051	Neoplasm, malignant, skin	Basal cell carcinoma(BCC), squamous cell carcinoma (SCC)	Melanoma, Neoplasm of breast, Neoplasm of skin of genital organs	C44.9	Malignant neoplasm of kidney, except renal pelvis
09-0057	Neoplasm, malignant, breast		Neoplasm of skin of breast	C50.9	Malignant neoplasm of kidney, except renal pelvis
11-0051	Neoplasm, malignant, kidney or urinary tract	Malignant neoplasm of kidney, renal pelvis, ureter, bladder, urethra and paraurethral gland	Neoplasm of prostate	C64	Malignant neoplasm of kidney, except renal pelvis
12-0050	Neoplasm, malignant, prostate		Benign neoplasm of prostate, hyperplasia of prostate (BPH), enlargement of prostate, Neoplasm of penis, testis, epididymis, spermatic cord, scrotum and secondary	C61	Malignant neoplasm of prostate

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
			tumour affecting a male reproductive organ		
17-0052	Neoplasm, malignant, mixed types or other			C80.9	Malignant neoplasm, primary site unspecified
04-0058	Interstitial pulmonary disease	Diffuse parenchymal lung disease, idiopathic pulmonary fibrosis	Neonatal chronic lung disease	J84.9	Interstitial pulmonary disease, unspecified

## Orthotics 40.24

- NSW recommends the following presenting conditions be classified under orthotics.

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
01-0064	Chronic pain	Pain management to assist patients to cope with chronic pain without developing excessive dependence on drugs, chronic back pain	Chronic migraine, chronic back pain	R52.2	Chronic pain
01-0056	Parkinson's Disease or Extrapyrimal and movement disorders	Symptoms similar to Parkinson Disease that involve the types of movement problems seen in Parkinsons.		G20	Parkinson's disease
01-0054	Cerebral palsy		Hereditary spastic paraplegia	G80.9	Cerebral palsy, unspecified
21-0050	Injuries to the head	Intracranial Injury (haemorrhage, contusions), Loss of consciousness, concussion, other head injury, injury to head not otherwise specified	Fracture of facial bones, injuries to subcutaneous tissue, injuries to soft tissue, injuries to blood vessel	S09.9	Unspecified injury of head
21-0051	Injuries to neck	Oedema of cervical spinal cord, Sprain or strain of cervical spine (whiplash), dislocation of neck, injury to neck not otherwise specified	Fracture of vertebrae, injuries to subcutaneous tissue, injuries to soft tissue	S19.9	Unspecified injury of neck
21-0054	Injuries to upper limb (excluding hand)	dislocation of shoulder or elbow, injuries to blood vessel and nerves, deep soft tissue,	fracture of upper limb, injury to hand, injuries to subcutaneous tissue, injury to hand	T11.9	Unspecified injury of upper limb, level unspecified

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
		muscle, injury to upper limb not otherwise specified			
21-0055	Injuries to lower limb	dislocation of knee or ankle, injuries to blood vessel and nerves, deep soft tissue, muscle, injury to lower limb not otherwise specified	Fracture of lower limb, injuries to subcutaneous tissue	T13.9	Unspecified injury of lower limb, level unspecified
21-0056	Injuries to pelvis, hip, and thigh	Dislocation of pelvis or hip, concussion and oedema of lumbar spinal cord, injury to pelvis, hip and thigh not otherwise specified	fracture of pelvis, injuries to subcutaneous tissue	S79.9	Unspecified injury of hip and thigh
21-0061	Fractures to upper limb	Fracture to clavicle, scapula, humerus, ulnar, radius, (open or closed)	Dislocation, Sprain or strain of joints and ligaments of upper limb. Fractures of carpal, metacarpal and phalanges of hand, pathological fracture	T10.0	Fracture of upper limb, level unspecified, closed
21-0062	Fractures to lower limb	fracture of femur, tibia, fibula, tarsals, metatarsals and phalanges of feet (open or closed)	Dislocation, sprain or strain of joints and ligaments of lower limb, pathological fracture	T12.0	Fracture of lower limb, level unspecified, closed
01-0062	Epilepsy (seizures)	All Convulsions, fits and seizures of an epileptic nature.		G40.9	Epilepsy, unspecified
01-0051	Spinal cord disease or cord compression	Spinal cord compression, nontraumatic; myelopathy, myelomeningocele		G95.9	Disease of spinal cord, unspecified
01-0058	Stroke, Cerebral Vascular Accident (CVA)	Cerebral haemorrhage or infarction, precerebral		I67.9	Cerebrovascular disease, unspecified

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
		occlusion, traumatic intracranial haemorrhage, sequelae of CVA			
01-0059	Cranial nerve or peripheral nerve disorder	All disorders which result to damage to nerves outside of brain and spinal cord. Facial nerve disorder, carpal Tunnel Syndrome (median nerve dysfunction) (Mononeuropathy)		G58	Other mononeuropathies
01-0066	Disorder of the nervous system, other	Myesthenia gravis, other myopathies,	Extrapyramidal disorders, movements disorders, cardiomyopathy	G96.9	Disorder of central nervous system, unspecified
01-0068	Motor neurone disease	Spinal muscular atrophy, neuromuscular conditions		G12.2	Motor neuron disease
21-0059	Fractures to vertebrae	Fracture of cervical, thoracic, lumbar and coccyx vertebrae, ilium and pubis, open book fracture (open or closed)	Dislocation, sprain or strain of joints and ligaments of the vertebrae or pelvis, paraplegia, quadriplegia, pathological fracture	T08.0	Fracture of spine, level unspecified, closed
10-0050	Diabetes mellitus	Type 1 diabetes mellitus, type 2 diabetes mellitus	Diabetes in pregnancy (gestational diabetes or pre-existing diabetes mellitis ), Diabetes insipidus	E14.9	Unspecified diabetes mellitus without complication

## Family planning 40.27

- NSW recommends the following presenting conditions be removed from family and planning. The conditions do not clinically fit under this class.

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
14-0051	Abortion without fetal abnormality	Threatened, missed, spontaneous, incomplete and complete		O06.9	Unspecified abortion, complete or unspecified, without complication
14-0052	Pregnancy, ectopic	Tubal pregnancy, abdominal pregnancy, ovarian pregnancy, other ectopic		O00.9	Ectopic pregnancy, unspecified
14-0054	High risk pregnancy, due to abnormalities of placenta or amniotic fluid	Placental malformation, placenta accreta, placental infarction/dysfunction, placenta previa (with or without haemorrhage), polyhydramnios, oligohydramnios and chorioamnionitis, premature rupture of membranes		O43.9	Placental disorder, unspecified
14-0055	High risk pregnancy, alcohol use, substance use, mental health disorder			O99.3	Mental disorders and diseases of the nervous system in pregnancy, childbirth and the puerperium
14-0056	High risk pregnancy, autoimmune disease			O99.1	Other diseases of the blood and blood-forming organs and certain disorders involving the immune

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
					mechanism in pregnancy, childbirth and the puerperium
14-0059	High risk pregnancy, haematological disease	Anaemia, iron deficiency anaemia, haemoglobinopathy, red cell antibodies		O36.0	Maternal care for rhesus isoimmunisation
14-0073	Abortion with fetal abnormality				

### Psychology 40.29

- NSW recommends the following presenting conditions be classified under the psychology.

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
	Mood disorders	Depression			
	Trauma related disorder	Post-traumatic stress disorder			

- NSW recommends the following presenting conditions be removed from Psychology.

Tier 2 Code	Presenting Condition Term	Inclusion	Exclusion	aggregate icd - 10 code	aggregate icd - 10 description
21-0054	Injuries to upper limb (excluding hand)	dislocation of shoulder or elbow, injuries to blood vessel and nerves, deep soft tissue, muscle, injury to upper limb not otherwise specified	fracture of upper limb, injury to hand, injuries to subcutaneous tissue, injury to hand	T11.9	Unspecified injury of upper limb, level unspecified

## Appendix B (Question 12- Intervention List)

### Orthoptist

- NSW notes there is no section for Orthoptists and recommends the inclusion of an intervention list specific for the speciality. Please include the following interventions:

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
02-0013	Eye procedures not otherwise specified		

### Rheumatology

- NSW notes there is no section for Rheumatology and recommends the inclusion of an intervention list specific for the speciality. Please include the following interventions:

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
	Joint aspirate (for diagnostic purpose for monoarthritis)		
	Corticosteroid joint injection for treatment of joint pain		
	Hyaluronic acid joint injection for treatment of knee pain (in osteoarthritis)		

### Exercise Physiology

- NSW notes there is no section for Exercise Physiology and recommends the inclusion of an intervention list specific for the speciality. Please include the following interventions:

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
01-0008	Acute and persistent pain management therapy		Chronic pain management procedures
05-0023	Cardiac rehabilitation		

### Palliative Care 20.13

- NSW recommends the following interventions listed below be classified under palliative care.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
23-0024	Add 'subcutaneous' medication support. Rationale-Most end of life care 24 hour syringe drivers are subcutaneous.	Palliative end of life care with intravenous/subcutaneous pain management	
23-0025	Split the Palliative Care Intervention class- Recommended options below 23-00251-stable 23-00252-unstable 23-00253-deterioiating 23-00254-termina		
23-0026	Drainage of ascites via abdominal port		
23-0027	Drainage of malignant pleural fluid via drain e.g. PleureX drainage system		
23-0028	Wound management fungating wound		

### Ear, Nose and Throat (ENT) - 20.18

- NSW recommends the following interventions listed below be classified under ENT.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
03-004	Care of Tracheostomy		
03-005	Care of laryngectomy		

### Cardiology 20.22

- NSW recommends the following interventions listed below be classified under cardiology.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
	Electrocardiogram studies		

### Cardiothoracic 20.23

- NSW recommends the following interventions listed below be classified under cardiothoracic.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
05-0023	Care and change of underwater sealed drain.		

### Endocrinology 20.34

- NSW recommends the following interventions listed below be classified under endocrinology.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
	Medication administration		

### Obstetrics (Pregnancy without complications) 20.4

- NSW recommends the following interventions be removed from obstetrics (pregnancy without complication) classification. The below interventions only occur for complex pregnancy.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
14-0001	Amniocentesis	Chorionic villous sampling	
14-0002	Cardiotocography (CTG)		
14-0003	Fetal procedures	Therapy, fetal, invasive (minimal), fetal blood sampling	

### Occupational Therapy 40.06

- NSW seeks clarification code 23-0011 is inclusive of home modification assessment and report writing. In addition, Occupational therapist are increasingly undertaking health coaching as an intervention with chronic care patients. NSW requests HPA include the health coaching as an intervention.
- NSW recommends the below interventions be included under the occupational therapy classification.

tier 2 intervention class code	Interventions	inclusions	exclusions
23-0017	Hand therapy	Scar management hand, hand splinting	Physical therapy not otherwise specified
23-0010	Compression therapy	Compression therapy for burns, posttraumatic lymphoedema, management of lymphoedema post mastectomy	
23-0015	Equipment prescriptions and specification		Hand splinting, orthotics, orthoptics
21-0005	Wound management	Change of dressing, replacement of wound packing or drain	Management of burn wound, Vacuum Assisted Closure (VAC) dressings, repair and debridement of wound
05-0023	Cardiac rehabilitation		

### Social Work 40.11

- NSW recommends the inclusion of the below interventions. In NSW there must be recognition for any inclusion of sexual assault counselling. NSW provides a child protection counselling service. The service is a very narrow referral pathway where all referrals come from the NSW state government department and community services.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
23-0008	Cognitive Therapy		
99-0012	Supportive therapy	Cancer related fatigue (CRF) management , cognitive fatigue management	
05-0023	Cardiac rehabilitation		
	Counselling for grief and loss		
	Adult abuse, neglect, sexual and assault counselling		

### Wound management 40.13

- NSW recommends the following interventions be considered and be classified under wound management.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
21-0005	Wound management is too general consider splitting out		
21-00051	Simple: Two or less small areas		
21-00052	Minor: Three or more small areas		
21-00053	Major: Five or more small areas.	Wounds involving 2 limbs. Compression banding with wound with negative pressure dressing (VAC)	
21-00054	Complex	Major negative pressure dressing: whole abdomen, 2 x negative	

		pressure wounds, bilateral legs with extensive wounds both requiring compression.	
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### Speech Pathology 40.18

- NSW recommends the following interventions listed below be classified under Speech Pathology.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
23-0022	Counselling for children at risk		Assessment

### Nutrition and Dietetics 40.23

- NSW advises "Nutrition management" does not include a definition of what practices are included (although noted that diabetes and obesity is included). NSW seeks further clarification for the definition.
- Counselling only appears under "Children at risk" or as general counselling with subsets of alcohol, opioids, drug and cannabis. There is no place for general counselling for behaviour change. Counselling and health coaching is a large part of Dietetics work to elicit behaviour change. It is a key therapy in areas such as Eating Disorders. Dietitians would view the "Nutrition management" as the development of nutrition care goals, and the counselling as a separate but equal intervention to help patients achieve these goals.
- NSW recommends the following interventions listed below be classified under nutrition and dietetics.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
04-0007	Pulmonary Rehabilitation		
05-0023	Cardiac rehabilitation		
10-0003	Home Parenteral Nutrition	Total parenteral nutrition performed by the patient in their home without a health care provider present	Enteral nutrition performed by the patient in their home without a health care provider present.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
10-0002	Home Enteral Nutrition	Enteral nutrition support performed by the patient in their home without a health care provider present.	Total parenteral nutrition performed by the patient in their home without a health care provider present
23-0001	Child Health examination		
23-0022	Counselling for children at risk		Assessment
23-0008	Cognitive Therapy		

#### Podiatry 40.25

- NSW recommends the following interventions listed below be classified under Podiatry.

tier 2 intervention class code	Interventions	inclusions	exclusions
01-0008	Acute and persistent pain management therapy		Chronic pain management procedures
21-0005	Wound management	Change of dressing, replacement of wound packing or drain	Management of burn wound, Vacuum Assisted Closure (VAC) dressings, repair and debridement of wound

#### Psychology 40.29

- NSW recommends the following interventions listed below be classified under Psychology

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
01-0008	Acute and persistent pain management therapy		Chronic pain management procedures
23-0022	Counselling for children at risk		Assessment
23-0008	Cognitive Therapy		
99-0012	Supportive therapy	Cancer related fatigue (CRF) management, cognitive fatigue management.	

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
05-0023	Cardiac rehabilitation		

- NSW recommends the following interventions listed below be removed from psychology. They do not fit under this classification.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
23-0023	Exercise physiology		Examination or assessment for sport
23-0027	Music therapy		

### General Counselling 40.33

- NSW recommends the inclusion of grief and loss counselling for inclusion in under general counselling. Grief and loss counselling is managed by the most appropriate provider (counsellor, psychologist or social work) at the local NSW site.
- NSW Sexual Assault Counsellors manage the referrals for children at risk or victims of sexual assault that do not meet specific criteria for Child Protection Counselling Service. It is essential to recognise individual who are at risk of violence, abuse, neglect or sexual assault.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
	Grief and loss counselling		
	Adult abuse, neglect, sexual and assault counselling		
	Child abuse, neglect, sexual and assault counselling		

## Oncology 40.52

**Note:** Venous access devices are also provided to patients' without oncology issues. HPA to consider this inclusion.

Tier 2 Intervention class code	Interventions	Inclusions	Exclusions
99-0007	<b>Venous access device, insertion, removal and management</b>	Peripherally inserted central catheter (PICC), port-a-cath.  Add- 'Central Venous Catheters (CVC), Peripheral cannula insertion and care with/out venepuncture.	