

DEVELOPMENT OF THE ADMITTED CARE CLASSIFICATIONS

Australian Institute of Health and Welfare feedback on the [Public consultation paper](#)

	Consultation question	Page number	Group feedback
1.	Are there any additional requirements in coded activity data regarding the classification of COVID-19 that should be prioritised for Twelfth Edition?	10	Proposal for adding a 5 th character to U07.7 to specify vaccine brand (i.e. Pfizer, AstraZeneca, etc.) Proposal for the coding rules for COVID-19 vaccines causing adverse effects in therapeutic use (Ref No. TN1551) to be incorporated into the Coding Standard.
2.	Is there support to align the coding practice of sepsis with the Sepsis-3 definition?	11	N/A
3.	Most interventions in the admitted patient setting are able to be classified to a code even though sometimes the code might not be specific. Are there other new interventions that should be uniquely classifiable in ACHI?	15	N/A
4.	Are there other concepts or additional terminology that should be incorporated for engineered cell and gene therapies to ensure that current and emerging new health technology can be accurately classified?	15	N/A
5.	What are common terms used in clinical documentation to identify the consultation liaison psychiatry (CLP) service?	17	N/A
6.	Is there a standard definition used to describe consultation liaison psychiatry (CLP) services?	17	N/A

7.	What is the most significant part of ACS 0002 <i>Additional diagnoses</i> , requiring clarification to promote consistency of application without changing the intent of the standard?	17	N/A
8.	Do you have any additional feedback on the proposed changes for ICD-10-AM/ACHI/ACS Twelfth Edition?	20	N/A
9.	Do you agree with the diagnoses that are proposed for exclusion in AR-DRG V11.0 based on the guiding principles for exclusion? If not please provide evidence that may lead to the recommendation for exclusion being reconsidered (see Table 2).	23	N/A
10.	Are there other diagnoses not proposed for exclusion that should be added to the exclusion list?	23	N/A
11.	Do you support the proposed ICD-10-AM code categories for DCL precision in AR-DRG V11.0?	25	YES
12.	Do you support the proposed cost groups within the ICD-10-AM code categories (see Appendix C) for DCL precision in AR-DRG V11.0?	25	YES
13.	Do you support the proposed ADRGs for the General Interventions (GIs) and principal diagnoses outlined in Appendix B.1 and B.1 on the IHPA website?	26	N/A
14.	Do you support the proposal to create an ADRG specifically for endovascular clot retrieval (ECR) in AR-DRG V11.0?	26	YES
15.	Do you support the proposal to reassign percutaneous cardiac valve replacement (PCVR) interventions in ADRGs F03 <i>Cardiac Valve Interventions W CPB Pump W Invasive</i>	28	N/A

	<i>Cardiac Investigation and F04 Cardiac Valve Interventions W CPB Pump W/O Invasive Cardiac Investigation to F19 Trans-Vascular Percutaneous Cardiac Interventions?</i>		
16.	Do you support the proposal to remove PCVR interventions from ADRG F05 <i>Coronary Bypass W Invasive Cardiac Investigation</i> and F06 <i>Coronary Bypass W/O Cardiac Investigation</i> ?	28	N/A
17.	Do you support the proposal to create a specific ADRG for peritonectomy?	28	YES
18.	Is there support for the removal of the sex conflict test in AR-DRG V11.0 and instead rely on the selection of principal diagnosis to drive grouping for episodes in MDC 12 <i>Diseases and Disorders of the Male Reproductive System</i> , 13 <i>Diseases and Disorders of the Female Reproductive System</i> and 14 <i>Pregnancy, Childbirth and the Puerperium</i> ?	28	YES
19.	Do you have any additional feedback on the proposed changes for AR-DRG V11.0?	33	N/A