

**From:** [Cawthorn, David C \(DHHS\)](#)  
**To:** [submissions.ihpa](#)  
**Subject:** FW: Public consultation open – Australian Refined Diagnosis Related Groups classification Version 10.0 [SEC=UNCLASSIFIED]  
**Date:** Friday, 8 June 2018 9:17:28

---

Good morning IHPA,

I refer to the above public consultation paper which sought responses to the following consultation questions:

1. Are there diagnoses proposed for exclusion (refer to [Appendix B](#)) that are considered significant in contributing to the complexity of treating a patient in an admitted episode of care that should remain in the complexity calculation for AR-DRG V10.0?
2. Are there other diagnoses not proposed for exclusion that should be added to the exclusion list?
3. Do you support the introduction of stabilisation methods to the AR-DRG complexity model?
4. Are there other areas of the complexity model IHPA should be investigating to ensure stability between AR-DRG versions?
5. Do you support the proposal to differentiate caesarean section types in the AR-DRG classification?
6. Do you support using in labour or not in labour as the measure for differentiating caesarean sections in the AR-DRG classification?
7. Do you support the proposed grouping of nephrolithiasis interventions in the AR-DRG classification for V10.0?
8. Do you support the removal of Z60 *Rehabilitation* on the basis that this ADRG is obsolete as a result of changes to the ACS?
9. Do you support reassigning living donor liver procurement episodes to ADRG H01 *Pancreas, Liver and Shunt Procedures*?
10. Do you support reassigning episodes with osseointegration interventions of the digits and limbs to ADRG I28 *Other Musculoskeletal Procedures*?
11. Do you agree with the recommendations that no change be made for AR-DRG V10.0 for acute rheumatic fever, personality disorders, involuntary mental health patient episodes, alcohol and drug disorders, dental extractions and restorations, endovascular clot retrieval, transcatheter aortic valve implantation, repetitive transcranial magnetic stimulation and stereo electroencephalography?
12. Do you foresee any system issues with the increase in characters of the AR-DRG version number with the introduction of AR-DRG V10.0?

Tasmania's response is contained in the email below. Should you require any further information or clarification, please contact Kevin Ratcliffe direct.

Kind regards

David

**David Cawthorn**

Senior Policy Analyst, Activity Based Funding

Casemix Strategy & Advice

Purchasing and Performance

Tasmanian Department of Health and Human Services

Level 4/22 Elizabeth Street, Hobart

Phone: (03) 6166 1064

Fax: (03) 6166 3141

Email: [david.cawthorn@dhhs.tas.gov.au](mailto:david.cawthorn@dhhs.tas.gov.au)

---

**From:** Ratcliffe, Kevin M (DHHS)  
**Sent:** Wednesday, 6 June 2018 10:01 AM  
**To:** Cawthorn, David C (DHHS)  
**Cc:** Hensher, Martin C (DHHS); Marrone, John (DHHS); Mansfield, Peter (DHHS); Turtle, Julie A (DHHS)  
**Subject:** FW: Public consultation open – Australian Refined Diagnosis Related Groups classification Version 10.0 [SEC=UNCLASSIFIED]

Hi David

No need for further comments on items 4+ as we already put our position at the meeting.

Items 1 – 3 we basically have no problem with, aside from a couple of caveats:

- We note that many of the codes highlighted are “unspecified” and agree that coding should strive towards ensuring that specific conditions are coded rather than defaulting to use of “unspecified” codes where possible.
- We strongly support that idea that all conditions, complications and interventions relevant to the episode that impact on the **patient** in terms of requiring additional care, interventions and assessment should be coded when clearly documented; and queried when not clearly documented. This is regardless of whether the code is subsequently used for DRG assignment in the particular episode. Our advice to our coders will be for them to continue to use these codes where clinical documentation supports their use.
- We worry that the message of codes being “not used” will suppress the coding of these conditions and states, which will reduce the value of the coded data.

Kevin Ratcliffe  
Senior Advisor; Casemix Risk, Costing, and Funding  
Monitoring Reporting and Analysis (MRA)  
Planning, Purchasing and Performance  
03 6166 1027  
0438 385591

---

CONFIDENTIALITY NOTICE AND DISCLAIMER

The information in this transmission may be confidential and/or protected by legal professional privilege, and is intended only for the person or persons to whom it is addressed. If you are not such a person, you are warned that any disclosure, copying or dissemination of the information is unauthorised. If you have received the transmission in error, please immediately contact this office by telephone, fax or email, to inform us of the error and to enable arrangements to be made for the destruction of the transmission, or its return at our cost. No liability is accepted for any unauthorised use of the information contained in this transmission.