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Clinical Coders' Society of Australia
admin@ccsofa.org.au

Independent Hospital Pricing Authority
PO Box 483
Darlinghurst NSW 1300

The Clinical Coders' Society of Australia (CCSA) appreciates the opportunity to be involved in the public consultation process for the Development of the admitted care classifications.

Our feedback for the consultation questions is as below.

Consultation question 1

Are there any additional requirements in coded activity data regarding the classification of COVID-19 that should be prioritised for Twelfth Edition? (Page 10).

CCSA requests consideration of the creation of ICD-10-AM/ACHI codes to enable the current data collection need within the admitted patient data collection to be able to capture:

- History of administration of COVID-19 vaccine
- Testing for evidence of the previous COVID-19 infection.

We suggest that there needs to be consideration of the different types of COVID-19 vaccination (mRNA versus viral vector) for assist in future understanding of the impact of the efficacy of vaccinations administered to admitted patients. This may impact the proposed ACHI code 92157-01 [1882] *Vaccination against coronavirus disease 2019 [COVID-19]*.

Can the status of ICD-10-AM code U07.6 *Emergency use of U07.6* please be confirmed as it seems to be missing from Appendix A (Page 4)? Is this code still active in Twelfth Edition?

Consultation question 2

Is there support to align the coding practice of sepsis with the Sepsis-3 definition. (Page 11)

CCSA supports the alignment of coding practice of sepsis in alignment with Sepsis-3 definition. The terms 'SIRS' and 'septic shock' are being used commonly in clinical documentation. Documentation supports severity of organ dysfunction contributing to increased length of stay and relatively increased mortality compared to that of with sepsis without dysfunction.

Consultation question 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? (Page 15)

We request consideration of new ACHI codes for:

- 3D Modelling Implant – pre operative preparation/assessment/planning, implantation, explantation and revision of implant(s).
- STEALTH Systems - This technology utilises a combination of hardware, software, tracking algorithms, image data merging, and specialized instruments to help guide surgical procedures.

We would also like clarification of the process that will be available for the requesting use of an ACHI placeholder codes for new and emergent technologies.

Consultation question 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? (Page 15)

CCSA supports this proposal and we are not aware of any further concepts and terminology that need to be included.

Consultation question 5

What are common terms used in clinical documentation to identify the consultation liaison psychiatry (CLP) service? (Page 17)

Typically 'Consultation liaison psychiatry (CLP) service' or 'CLPS' is documented in the clinical record.

Consultation question 6

Is there a standard definition used to describe consultation liaison psychiatry (CLP) services? (Page 17)

There are differences at a facility, health service area and jurisdictional level, as well within private facility groups. These differences can depend on resources/skill sets available at that facility/heath service area.

Consultation question 7

What is the most significant part of ACS 0002 *Additional diagnoses*, requiring clarification to promote consistency of application without changing the intent of the standard? (Page 17)

Clarification of terms 'excess of the routine care' and 'care plan' are the most significant parts for ACS 0002 *Additional diagnoses*.

Excess of routine care is subjective as it is not clear if this relates to a specific patient, patient cohort, speciality or facility. There can also be differences in understanding between Clinical Coders which impacts consistency of data.

Can IHPA also provide advice in regard to nursing scope of practice and whether diagnoses such as obesity and care interventions such as implementation of bariatric interventions with an associated care plan, as identified through nursing assessments, are considered 'general nursing care' or qualify as 'increased clinical care' and quality for coding as per ACS 0002?

Consultation question 8

Do you have any additional feedback on the proposed changes for ICD-10-AM/ACHI/ACS Twelfth Edition? (Page 20)

Release of the code mappings for new/end-dated ICD-10-AM codes would have been helpful for inclusion in this consultation.

CCSA does not support the end dating of all proposed deleted ACS for Twelfth Edition. Not all the relevant information in some of the proposed end dated ACS appears to have been included elsewhere (either in other ACS, ICD-10-AM or ACHI). The supporting information in ACS ensures consistent interpretation information is available for all Clinical Coders.

The involvement of stakeholders such as ITG and professional bodies (such as CCSA and HIMAA) will be essential in the development and rolling out of effective education for ICD-10-AM/ACHI/ACS Twelfth Edition. Collaboration between all parties can only enhance what is developed and presented to Clinical Coders and others so as to support consistency and a quality experience.

Consultation question 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 Error! Reference source not found.). (Page 23)

CCSA does not support the proposed exclusion in AR-DRG V11.0 for the following codes:

- K56.7 *Ileus, unspecified*: Development of an ileus can have a significant effect and influence a patient's condition, treatment and impact length of stay.
- P22.1 *Transient tachypnoea of newborn (TTN):* As per ACS 1615 *Specific diseases and interventions related to the sick neonate*, neonates may require extensive oxygen therapy for 'transient tachypnoea' which is coded to P22.1. If a condition is significant enough to require this intervention, the condition is self should be in scope to inform complexity for AR-DR V11.0

Consultation question 10

Are there other diagnoses not proposed for exclusion that should be added to the exclusion list? (Page 23)

No.

We suggest that there needs to be consideration in future funding models to consider including nuances in the data that can be used rather than continually removing DCL values as coding practices change (which are driven by the funding model itself).

One suggestion is the possible use of the Condition onset flag. This indicator could be better utilised to assess levels of resource utilisation during an admitted episode of care. Having a funding model that in its base logic is the understanding that some conditions that arise during an episode of care are going to increase complexity and resource utilisation, would negate the ongoing need to remove the DCL values from codes – as well as embed patient safety and quality into its foundation. This would move the process from a purely funding perspective to a holistic understanding of the quality, costs, resource utilisation and clinical outcomes for an admitted episode of care. The current process of DCL allocation/removal continues to influence code assignment (despite ACS requirements) as 'optimisation' of funding outcomes is a driving force in many health organisations. It must be noted that the process of optimisation is also supported by current and future directions of automated Clinical Coding solutions that use machine learning and artificial intelligence.

Consultation question 11

Do you support the proposed ICD-10-AM code categories for DCL precision in AR-DRG V11.0? (Page 25)

We note an inconsistency in DCL allocation for DRG F14 DRG. It is noted that I70 is proposed to be incorporated into DCL precision for AR-DRG V11.0. This block includes I70.24 *Atherosclerosis of arteries of extremities with gangrene* which has a DCL while E11.52 *Type 2 diabetes mellitus with peripheral angiopathy, with gangrene* does not have any DCL.

Consultation question 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? (Page 25)

CCSA supports this proposal.

Consultation question 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? (Page 26)

CCSA supports this proposal.

Consultation question 14

Do you support the proposal to create an ADRG specifically for endovascular clot retrieval (ECR) in AR-DRG V11.0? (Page 26)

CCSA supports this proposal. This will be a great improvement.

Consultation question 15

Do you support the proposal to reassign percutaneous cardiac valve replacement (PCVR) interventions in ADRGs F03 *Cardiac Valve Interventions W CPB Pump W Invasive Cardiac Investigation* and F04 *Cardiac Valve Interventions W CPB Pump W/O Invasive Cardiac Investigation* to F19 *Trans-Vascular Percutaneous Cardiac Interventions*? (Page 28)

CCSA supports this proposal.

Consultation question 16

Do you support the proposal to remove PCVR interventions from ADRG F05 *Coronary Bypass W Invasive Cardiac Investigation* and F06 *Coronary Bypass W/O Cardiac Investigation*? (Page 28)

CCSA supports this proposal.

Consultation question 17

Do you support the proposal to create a specific ADRG for peritonectomy? (Page 28)

CCSA supports this proposal.

Consultation question 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 *Diseases and Disorders of the Male Reproductive System*, 13 *Diseases and Disorders of the Female Reproductive System* and 14 *Pregnancy, Childbirth and the Puerperium*? (Page 31)

CCSA has concerns about how this will impact data quality but understand the intent of the proposal.

Consultation question 19

Do you have any additional feedback on the proposed changes for AR-DRG V11.0?

CCSA does not have any additional feedback on the proposed changes for AR-DRG V11.0

Regards,

Chris Moser
President
Clinical Coders Society of Australia
www.ccsofa.org.au