Pacific Knowledge Systems

Mr James Downie
Chief Executive Officer
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Dear Mr Downie

Re: Development of the admitted care classifications – May 2021 public consultation

Thank you for the opportunity to provide comment on the major updates proposed for ICD-10-AM/ACHI/ACS Twelfth Edition and AR-DRG V11.0. PKS wishes to provide a response in relation to the additional requirements in coding activity data regarding COVID-19.

1. De-activation of U06.0 and utilization of codes from Z03

Current COVID-19 coding practice in Australia is of coding U06.0 and sequencing after condition and/or symptoms, followed by Z03.8 (adults) or Z03.71 (newborns) as per Coding Rule TN1530 (updated 27 March 2020).

The codes below currently identify COVID-19 negative cases, after study, in conjunction with U06.0:

> *Z03.8 Observation for other suspected diseases and conditions*
> OR
> *Z03.71 Observation of newborn for suspected infectious condition, for newborns (infants less than 28 days old)*

However, de-activating U06.0 and utilizing Z codes only (as above) for patients who test negative for COVID-19 creates a significant risk of this data being potentially diluted and difficult to locate. We envisage researchers are using this data to look for negative COVID-19 cases, where tests are performed in hospital.

We understand that to be internationally commensurate with other countries, U06.0 could be de-activated; however, we suggest more specific codes be used to flag the 'COVID-19' part of the equation if it is required for researchers and epidemiological reasons. For example, 'false negatives' come to mind, when the initial test in hospital was negative, but the patient was tested again soon after and found to be positive in the community/other hospital or same hospital (same admission or readmission) via data linkage.

There are concerns around lack of granularity in the two 'suspected conditions, not found' codes above if U06.0 is no longer collected. This is particularly noted regarding Z03.71 which is used primarily for newborn 'risk of sepsis' ACS 0012 and Coding Rule Q3259 (published 15 December 2018).

With risk of sepsis, if the neonate has prophylactic therapy, then it may be possible to differentiate these cases from COVID-19 ones, except that not all risk of sepsis cases are assigned Z29.2 or an antibiotics ACHI code. Those risk of sepsis cases without treatment will appear identical to negative COVID-19 cases, and the only way to determine the difference is via medical record review. There is a similar situation with Z03.8 for adults.

Finally, we query whether the changes to COVID-19 coding since the pandemic (i.e. coding symptoms/ specific sequencing) will still be valid in relation to negative tests if U06.0 is deactivated. The reason for this question is that COVID-19 testing forms part of clinician decision-making regarding differential diagnoses (to further consider or to rule out the same).

2. Coding thrombosis with thrombocytopenia syndrome (TTS)

There is no specific ICD-10-AM Eleventh Edition code for TTS indexed, but arguably it may require double coding of thrombocytopaenia (presumably unspecified D69.6?) and the linked condition. It is our coders' experience that in 40 years of coding they have not had to code TTS. COVID-19 vaccinations-related conditions (not just TTS) are now evident worldwide.

We suggest that specific code/s for TTS be created in ICD-10-AM Twelfth Edition for research/ epidemiological purposes related to vaccine-related complications. These codes could be used in conjunction with U07.7 *Coronavirus disease 2019 [COVID-19] vaccines causing adverse effects in therapeutic use.*

There is no current entry for TTS using keywords: Thrombosis, thrombus or Thrombocytopaenic, thrombocytopaenia, Syndrome. Currently, coding TTS requires combine the following codes (it is envisaged, given no Index entries):

> D69 *Thrombocytopaenia, thrombocytopaenic*
> AND
> *Code from Thrombosis, depending upon the documentation of the manifestation: i.e. "cavernous venous sinus thrombosis" OR "mesenteric thrombosis" (among others)*

TTS and any other potentially linked conditions will be reliant on clinical documentation specifically noting that the condition is a vaccine-related complication.

Please also consider providing advice regarding the similarities between TTS and:

a. TTP (thrombocytopaenic thrombocytic purpura)
b. HITS (heparin-induced thrombocytopaenic syndrome)

3. Specific immunisation related external cause codes – not just "viral" unspecified

We have a concern that currently 'Viral vaccine NEC' is very nongranular in terms of external cause codes in the Drugs and Chemicals table: *Viral vaccine NEC T50.9, X44, X64, Y14, Y59.0.* Please consider expanding external cause codes to track specific types of COVID-19 related vaccine complications. Whether these are specific for each type of vaccine or just 'COVID-19 virus (SARS-CoV-2)' this arguably needs to be expanded to add granularity for COVID-19 specific research/epidemiology.

Patients are largely well educated in which 'brand' of vaccine they receive (as well as this information forming part of Australian Government Immunisation History Statement), but the classification may not wish to necessarily differentiate on brand names, but rather type of vaccine – e.g. mRNA, viral vector, DNA etc. The problem here is that in most cases the patient will not know what type of vaccine they received (only the brand name), thus it may be prudent to provide differentiation in the guidance and/or specific code inclusions, for example:

Y59.00	mRNA	Inclusion note:	Pfizer BNT162b2, Moderna mRNA-1273
Y95.01	Viral vector	Inclusion note:	Johnson & Johnson (Janssen) JNJ-78436735

We recognise that further problems may arise in upkeep of the classification due to unprecedented research into COVID-19 vaccination (and related complications therein), and different providers may of course produce different types of vaccines; however, we believe this to be an issue that merits further consideration.

4. Significance of the following code: Z88.7 Personal history of allergy to serum and vaccine

Current ACE Indicator: TN1551 ICD-10-AM/ACHI/ACS Coding Rules, IHPA 16 March 2021

> "The COVID-19 vaccines currently approved for use in Australia are not serum based, therefore codes from T80 *Complications following infusion, transfusion and therapeutic* i njection are not appropriate."

Finally, there may be a requirement to revisit code Z88.7 *Personal history of allergy to serum and vaccine* given the above. Serum-based COVID-19 vaccines may of course come to Australia in the future. Therefore, we query whether serum and vaccine should be separated.

I trust this response is of assistance to you in your classification update process. Should you have any further questions, I would be pleased to discuss these issues with IHPA in more detail.

Yours sincerely

Tim Kelsey

Chief Executive Officer

June 2021

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