

IHPA Consultation Paper – Development of the admitted care classifications

Thank you for the opportunity to provide feedback on the major changes proposed for ICD-10-AM/ACHI/ACS Twelfth Edition and AR-DRG Version 11.0. We welcome the reduction in the number of Australian Coding Standards proposed and the transference of the information into ICD-10-AM and ACHI. Our feedback relates specifically to training of new coding students. With the deletion of educational material that is currently included in the ACS, it is vital that this information be retained in some format within the classification system in order to educate new coders. Therefore, with the proposed deletion of several ACS we are recommending more not less information be included into the ICD-10-AM and ACHI in order to promote consistency and to prepare our students for the workforce.

Our response relates to these points in the consultation paper:

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

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

Consultation question 7:

We would like to see clearer instructions concerning this section of ACS 0002:

Dot point 3 – increased clinical care

A clinical coder has to take note of pre-existing conditions and the current medication that the patient is taking to treat these conditions. In Example 7 the documentation states 'not his usual medication' could be made clearer by stating new medication for the hypertension was commenced. For Example 9, is it enough a care plan was documented or is it the expectation of a clinical coder to check to see if pre and post IV hydration was provided and bloods were taken to check EUC therefore meeting the criteria for increased clinical care?

Consultation question 8:

We are aware your consultation paper does not contain the changes into the classification that will result from the deletion of the proposed Australian Coding Standards. We would however, like to advocate on behalf of our coding students some points below:

ACS 0109 Neutropenia

Will a sequencing rule to 'code first' the sepsis be added at code D70 in the ICD-10-AM Tabular?

Will a 'code also' be added for R50.- at code D70 in the ICD-10-AM Tabular?

ACS 0241 Malignant neoplasm of lip

The definitional information is very helpful for new coders. Will lipstick area and mentolabial sulcus be added under the site classification – lip under the lead term Melanoma? Will hair-bearing be added under the site classification – lip in the neoplasm table?

ACS 0402 Cystic fibrosis

The common manifestations list is very helpful for new coders. Will 'tune up' be indexed under CF in the ICD-10-AM Index?

ACS 0531 Intellectual impairment/intellectual disability

Currently there is no index entry – *Disability/intellectual* or *Impairment/intellectual*.

In the ICD-10-AM Tabular at Mental Retardation (F70-F79) – will there be an excludes added in the tabular for 'acquired – code specific condition eg dementia'?

ACS 0533 Electroconvulsive therapy (ECT)

The anaesthetic information will be a loss for new coders. Would it be possible to add "For example, a course of 6 ECT treatments performed under GA would require codes for the ECT and GA." under classification point 2 in ACS 0031?

ACS 0635 Sleep apnoea and related disorders

The predisposing factors is very helpful for new coders.

In the ICD-10-AM Tabular – will there be the statement 'use additional code to identify underlying disease' at category G47.3?

Will the advice on upper airways resistance ([Upper Airway Resistance Syndrome \(UARS\)](#)) be indexed since it is now recognised as a condition?

ACS 0804 Tonsillitis

The choice of J-code is based on whether or not a procedure is performed. Will this be transferred to the ICD-10-AM index?

ACS 1120 Dehydration with gastroenteritis

Will a 'code also dehydration' instruction be added in the ICD-10-AM Tabular at A00-A09?

ACS 1217 Repair of wound of skin and subcutaneous tissue

Definitional information is handy for new coders. Would it be sensible to add on page 237 of the ACHI tabular under the includes for skin and subcutaneous tissue: 'epidermis', 'dermis', 'hypodermis', 'subcutaneous fat'?

Confusion lies with fat – is it superficial or deep tissue? ACS 1916 lists 'fat' under soft tissue.

We would like to see examples 2 and 3 moved to the applicable section in ACS 1916 to assist new coders.

ACS 1901 Poisoning

Concerns with the definitional information not being transferred to the includes under Poisoning by drugs, (T36-T50) in the ICD-10-AM Tabular. Also, the instruction regarding the coding of a significant manifestation as an additional diagnosis will rely on educational bodies reinforcing this if there is no 'code also' instruction in the tabular.

Thank you again for the opportunity to provide feedback and to advocate on behalf of our coding students learning the ICD-10-AM/ACHI/ACS classification.