

Victorian Additions to the Australian Coding Standards

Effective 1 July 2016

The following are the Victorian Additions to Australian Coding Standards, effective 1 July 2016 (supplementing Australian Coding Standards, Ninth edition). These should be applied for separations on and after 1 July 2016.

Each Victorian Addition that corresponds with an Australian Coding Standard (ACS) has been assigned the same reference number as the ACS.

The following changes have been made to this document for 2016-17:

Vic 0048 Condition onset flag:

Prefix A has been removed to enable Victorian prefixes to be more accurately aligned with the national Condition Onset Flag (COF).

Vic 2104 Rehabilitation:

Vic 2104 *Rehabilitation* has been removed because it is redundant as all the information in this Vic Addition is provided in ACS 2104 Rehabilitation.

Summary of Victorian Additions for 2016-17

Vic 0048	<i>Condition onset flag</i>
Vic 0029	<i>Coding of contracted procedures</i>
Vic 0233	<i>Morphology</i>
Vic 2001	<i>External cause code use, sequencing and flagging</i>

Vic 0048 Condition Onset Flag

In Victoria, prefixes are assigned to diagnosis codes to indicate condition onset.

The Victorian prefixes are mapped by the Department of Health & Human Services to the national values in ACS 0048 for reporting to the Commonwealth as follows:

Victorian value		National Value	
P	Primary	2	Condition not noted as arising during the episode of admitted patient care
C	Complication	1	Condition with onset during the episode of admitted patient care
M	Morphology	The same value as the preceding neoplasm code	

Coders must follow the instructions in ACS 0048 Condition onset flag to determine whether or not a condition was present at the beginning of the episode of admitted patient care and assign Victorian prefixes accordingly.

Coders must also ensure that the M prefix is assigned to morphology codes.

As per the above table, the accepted prefixes for use in Victoria are:

- P – Primary condition
- C – Complicating condition occurring after admission
- M – Morphology

Every diagnosis code must be flagged with one of the acceptable prefixes.

Prefixes do not influence the sequencing of clinical codes which must be sequenced in accordance with coding convention and/or the Australian Coding Standards.

Do not confuse:

Principal Diagnosis (ACS 0001) with the P prefix (primary condition)

With the exception of ACS 0048 *Condition Onset Flag*, there is no direct relationship between the ACS and the prefixes. The following table may be a useful way of conceptualising the application of prefixes to ICD-10-AM codes:

	Possible prefixes		
	P - Primary	C - Complication	M - Morphology
Principal diagnosis ACS 0001	✓	Only for neonates in the birth episode*	X
Additional diagnoses ACS 0002	✓	✓	X
Morphology code	X	X	✓
Procedure codes	X	X	X

*Refer to ACS 0048 *Condition Onset Flag* for further information.

The Victorian prefix C (complicating condition) is mapped to condition onset flag 1 Condition with onset during the episode of admitted patient care.

C – Complicating condition

A complicating condition is not present at the time the admission (or when the episode of care) commenced.

Refer to ACS 0048 Guide for use point 6, if you have difficulty deciding if a condition was present at the beginning of the episode of admitted patient care or if it arose during the episode.

Z codes relating to postpartum care (Z39.0-) may be flagged with a C prefix in episodes where a patient is transferred from hospital A to hospital B for delivery and returns to hospital A postpartum on the same day.

There can be more than one code flagged with the C Prefix.

The Victorian prefix P (primary) is mapped to the condition onset flag 2 (Condition not noted as arising during the episode of admitted patient care).

P – Primary condition

Primary diagnoses are present at the time of admission (or when the episode of care commenced).

Diagnosis codes for conditions present at the time of admission should be flagged with the P prefix if they required:

- Commencement, alteration or adjustment of therapeutic treatment *or*
- Diagnostic procedures, *or*
- Increased clinical care and/or monitoring.

There can be more than one code flagged with the P prefix.

Z codes relating to postpartum care (Z39.0-) are considered primary codes and must be prefixed with a P prefix with the exception of the scenario described above.

The following are examples of assignment of prefixes P and C:

- ❖ A previously existing condition that was not diagnosed until after the episode of care started.

Example 1

Diabetes newly diagnosed during the current episode of care, and requiring treatment, further investigation or additional nursing care, is flagged with a P prefix.

- ❖ A previously existing condition that is exacerbated during this episode of care.

Example 2

Atrial fibrillation usually controlled on Digoxin that becomes uncontrolled after surgery requiring treatment is flagged with a P prefix.

Example 3

A woman who is admitted in labour at 35 weeks gestation must have the duration of pregnancy code assigned and it will be flagged with a P prefix.

Example 4

A patient with metastatic carcinoma, being treated only for the metastases during this episode of care: the primary neoplasm code will be flagged with a P prefix.

Example 5

A child who was admitted for dental treatment (rather than being treated as a non-admitted patient) because they were autistic would be assigned a code for the autism and it would be flagged with a P prefix.

Example 6

A patient with COAD who has a spinal anaesthetic rather than a general anaesthetic because of the COAD would be assigned a code for the COAD and it would be flagged with a P prefix.

Example 7

When a code for smoking status is assigned only because of instructions provided in ACS 0503 *Drug, Alcohol and Tobacco Use Disorders*, this code is flagged with a P prefix.

Example 8

A baby born at 38 weeks who develops jaundice on day 2 and requires phototherapy for 2 days would be assigned a code for the neonatal jaundice as principal diagnosis and it would be flagged with a C prefix.

Example 9

A patient who is admitted with a stage I pressure ulcer on the buttock which progresses to stage II on day three would have L89.15 Pressure injury, stage II, ischium assigned and it would be flagged with a P prefix

The Victorian prefix M (morphology) does not have an equivalent condition onset flag in ACS 0048 *Condition Onset Flag*. Therefore the M prefix is mapped to the same value as the value of the preceding neoplasm code.

M – Morphology

Flag morphology codes with a M prefix (to distinguish these from musculoskeletal codes). The M prefix is optional for data entry but must be applied to morphology codes for transmission to PRS/2.

Issued 1 July 1993. Modified 1 July 2006. Modified July 1 2007. Modified July 1 2008. Modified July 1 2010. Modified July 2013, Modified July 2015, Modified July 2016

Vic 0029 Coding of Contracted Procedures

If the procedure is performed at another hospital under contract to this hospital, add a suffix to the procedure code (eighth character of the procedure code field).

Valid suffixes are:

- **F** procedure performed at another hospital on an admitted basis, or
- **N** procedure performed at another hospital on a non-admitted basis.

Contracted procedure code - NHDD definition:

'Allocation of procedure codes should not be affected by the contract status of an episode: the Australian Coding Standards should be applied when coding all episodes. In particular, procedures which would not otherwise be coded should not be coded solely because they were performed at another hospital under contract.'

Therefore the following instructions apply to the contracting hospital (Hospital A):

- Where a procedure that should only be coded once is performed at the contracting hospital (Hospital A), the procedure should not be assigned a *Procedures performed under contract at another agency* flag.
- Where a procedure that should only be coded once is performed at the contracted hospital (Hospital B), the procedure should be assigned a *Procedures performed under contract at another agency* flag.
- Where a procedure that should only be coded once is performed at the contracting hospital (Hospital A) and the contracted hospital (Hospital B), the procedure should not be assigned a *Procedures performed under contract at another agency* flag.
- Where a procedure is partially performed at both the contracting hospital (Hospital A) and the contracted hospital (Hospital B), such as mechanical ventilation, code according to the ACS and do not assign a 'Procedures performed under contract at another agency' flag.

Refer to Department of Health & Human Services, Data element 'Procedure Codes', Section 3, *VAED Manual* 26th Edition for further details on the use of these codes.

This Victorian Addition supplements ACS 0029 *Coding of Contracted Procedures*.

Issued 1 July 1998. Modified November 2006. Modified 1 July 2007

Vic 0233 Morphology

The assignment of morphology codes, where appropriate, is mandatory in Victoria.

This Victorian Addition supplements ACS 0233 Morphology.

Issued 1 July 1998

Vic 2001 External Cause code use, sequencing and flagging

When an External Cause code requires both a Place of occurrence code and an Activity code, sequence the Place of occurrence code before the Activity code.

An external cause code is required to follow any S or T code in all circumstances in Victoria.

Where multiples of the same external cause codes, place of occurrence codes and/or activity codes apply and there are different prefixes applicable, they should be repeated in the string of codes flagged with the appropriate prefix.

This Victorian Addition supplements ACS 2001 External Cause code use and sequencing.

Issued 1 July 2002. Modified 1 July 2005. Modified 1 July 2007