Health classifications and coding bulletin

Effective 1 July 2019

Coding and casemix classifications

ICD-10-AM/ACHI/ACS Edition for 1 July 2019

All separations occurring on or after 1 July 2019 must be coded using:

- ICD-10-AM/ACHI Eleventh Edition (and relevant errata) in accordance with the Eleventh Edition Australian Coding Standards

- Victorian Additions to the Australian Coding Standards 2019-20

- Relevant education and feature articles published on the Clinical coding and classifications education section

- Information contained in the VICC queries database

- National classification advice

This requirement applies to all Victorian public and private hospitals and registered day procedure centres reporting data to the Victorian Admitted Episodes Dataset (VAED).

Queries regarding the application of codes and standards are submitted to the Victorian ICD Coding Committee (VICC) via the online query submission form at:

The online query form supports attachments.

ICD-10-AM/ACHI Library file 2019-20

The ICD-10-AM/ACHI library file 2019–20 contains all ICD-10-AM Eleventh Edition diagnosis and morphology codes, and Australian Classification for Health Interventions (ACHI) codes. It includes abbreviated and full code descriptions, procedure block numbers, validations applicable to each code, and logical one to one mapping to previous editions of ICD-10-AM/ACHI.

The 2019-20 Library file is available to Victorian hospitals and software suppliers working with Victorian hospitals for the purpose of submitting data to the VAED. Requests for obtaining the file can be made via the HDSS Helpdesk at: HDSS.helpdesk@dhhs.vic.gov.au

All other interested parties not authorised to access the Library file should refer to the AR-DRG classification system product sales page of the Independent Hospital Pricing Authority (IHPA) website at: https://www.ihpa.gov.au/what-we-do/products/admitted-acute-care-products-and-licences
National ICD-10-AM/ACHI/ACS advice

The Australian Consortium for Classification Development (ACCD) was contracted to manage the development of ICD-10-AM/ACHI/ACS from 2013 to 2019.

As of 1 July 2019 ICD-10-AM/ACHI/ACS development has been brought within the Independent Hospital Pricing Authority (IHPA).

As a result, the Australian Consortium for Classification Development (ACCD) website and Classification Information Portal (CLIP) has transitioned to IHPA and has been renamed as the Australian Classification Exchange (ACE).

ACE is accessible at https://ace.ihpa.gov.au/

Acute admitted services funding for 2019-20

Separations occurring on or after 1 July 2019 will be grouped in PRS/2 using AR-DRG Version 9.0.


2019-20 acute admitted episodes will be funded under the Victorian WIES model – WIES 26.

The Victorian health policy and funding guidelines 2019-20 provide further details about the funding model for Victorian public hospitals, including the Victorian cost weights for 2019-20.


Note: The WIES 26 cost weight table is no longer a separate download but can be found in Appendices – Funding rules section 1.3 Cost weight tables.

Notification of grouper anomalies

The IHPA has a public submission process for notification of grouper anomalies and proposed modifications to AR-DRGs. Details can be found at: https://ace.ihpa.gov.au/Submissions.aspx?page=3

Anomalies identified in AR-DRG Version 9.0 should also be notified to the Victorian ICD Coding Committee (VICC), as the State can, in many instances, influence a faster resolution of problems or make local adjustments to grouper software as required.


Calendar of grouper versions and coding editions


This calendar provides information regarding the release dates and implementation dates for the classifications in use in Victoria.
Victorian amendments to the health classifications

Victorian additions to the Australian Coding Standards

The following changes have been made to this document for 2019-20:

Vic 0002 Additional diagnoses
Vic 0002 Additional diagnoses has been retired with the revision of ACS 0002 Additional diagnoses for ICD-10-AM/ACHI/ACS Eleventh Edition, effective for separations on or after 1 July 2019. The Vic 0002 Additional diagnoses education workshop slides and the associated Vic 0002 Additional diagnoses education workshops Q&A document and ACS 0002/Vic 0002 Additional diagnoses flowchart have also been retired and moved to the Clinical coding and classifications archive page.

Vic 0048 Condition onset flag
The following changes have been made for clarity only, and do not alter the intent of the addition:
• Removal of reference to procedure codes in table of possible prefixes
• Revision of dot points under Primary condition for clarity (no change to intent)
• Removal of Example 6 to not influence the decision of whether there is a major or minor variation to the care plan of a condition

Victorian modifications to the AR-DRGs
In 2019–20 hospitals assign diagnosis and procedure codes using the Eleventh Edition of the ICD-10-AM/ACHI classifications. For funding purposes, these codes are mapped back to Tenth Edition codes and then grouped to AR-DRG version 9.0 (AR-DRG9.0).

As in previous years, some Victorian-specific adjustments will be made to the original AR-DRG9.0 grouping to produce the Victorian modified VIC-DRG9.0. The calculation of WIES26 is based on VIC-DRG9.0 groupings.

Radiotherapy
The Australian Coding Standard (ACS) 0229 Radiotherapy instructs coders to assign a code for the malignancy as the principal diagnosis in multi-day episodes for radiotherapy. This results in episodes grouping to a wide range of AR-DRG 9.0s. To maintain funding equity, a VIC-DRG 9.0 of R64Z Radiotherapy will be assigned for:

i. non-same-day non-surgical episodes that include a radiation oncology procedure from ACHI blocks [1786] to [1792], [1794] or [1795] for treatment of a neoplastic condition (at least one code from the ICD-10-AM range C00–D48), except for episodes with the following adjacent AR-DRG9.0s: A40, B82, B83, W60, and W61

ii. same-day episodes initially grouped to the adjacent AR-DRG9.0 R62 Other Neoplastic Disorders that have an ICD-10-AM 11th edition principal diagnosis code of Z51.0 (Radiotherapy session).
Endovascular clot retrieval

Endovascular clot retrieval is a highly specialised procedure and requires a well-organised system to identify suitable candidates for therapy and to rapidly transport them to a capable centre. To support the provision of the service and ensure funding equity, a VIC-DRG9.0 of B02Y Endovascular Clot Retrieval will be assigned for episodes that:

i. originally group to the adjacent AR-DRG9.0 of B02 Cranial Procedures
   AND

ii. include an Eleventh Edition ICD-10-AM principal or secondary diagnosis code of I63.x, I64, I65.x or I66.x AND an ACHI 11th edition procedure code of 35414-00 Embolectomy or thrombectomy of intracranial artery.

Adjustment to the AR-DRG9.0 episode clinical complexity model

Under the AR-DRG9.0 episode clinical complexity model, the 31 Eleventh Edition ICD-10-AM diagnosis codes listed below can affect the calculation of episode clinical complexity (DRG outcome) in particular adjacent DRGs. To maintain funding equity and stability, and to ensure greater alignment with the anticipated 2020–21 introduction of AR-DRG v10.0 where the same 31 diagnosis codes will also be excluded from the AR-DRG v10.0 episode clinical complexity model, these 31 ICD-10-AM diagnosis codes in the Eleventh Edition, when not coded as the principal diagnosis code, will be ignored for the purpose of grouping to VIC-DRG9.0.

- E559 Vitamin D deficiency, unspecified
- E833 Disorders of phosphorus metabolism and phosphatases
- F172 Mental and behavioural disorders due to use of tobacco, dependence syndrome
- G470 Disorders of initiating and maintaining sleep [insomnias]
- G478 Other sleep disorders
- G479 Sleep disorder, unspecified
- H250 Senile incipient cataract
- K219 Gastro-oesophageal reflux disease without oesophagitis
- K30 Functional dyspepsia
- K5730 Diverticulosis of large intestine without perforation, abscess or mention of haemorrhage
- K590 Constipation
- K640 First degree haemorrhoids
- K649 Haemorrhoids, unspecified
- L22 Diaper [napkin] dermatitis
- L299 Pruritus, unspecified
- L304 Erythema intertrigo
- L539 Erythematous condition, unspecified
- L989 Disorder of skin and subcutaneous tissue, unspecified
- M2551 Pain in a joint, shoulder region
- M2555 Pain in a joint, pelvic region and thigh
- M2556 Pain in a joint, lower leg
- M542 Cervicalgia
- M5499 Unspecified dorsalgia, site unspecified
- M7962 Pain in limb, upper arm
- M7966 Pain in limb, lower leg
- M7986 Other specified soft tissue disorders, lower leg
• M8199 Unspecified osteoporosis, site unspecified
• O9901 Anaemia complicating pregnancy
• O992 Endocrine, nutritional and metabolic diseases complicating pregnancy, childbirth and the puerperium
• O994 Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium
• O998 Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium

Data quality tools

2019-20 VAED criteria for reporting


Only episodes meeting a Criterion for Admission, as set out in this document, may be reported to the VAED. This applies to VAED reporting for all Victorian public and private hospitals and registered day procedure centres.

The following revisions to the Victorian Admitted Episodes Dataset: Criteria for Reporting document have been made for 1 July 2019:

The procedure code lists (AAPL and NAQAL) have been updated to reflect new and deleted Australian Classification for Health Interventions (ACH) Eleventh Edition codes. Every effort has been made to ensure that concepts have not moved inappropriately between lists. The following two Eleventh Edition interventions have moved lists based on their Tenth Edition maps:

<table>
<thead>
<tr>
<th>10 Ed code</th>
<th>Code description</th>
<th>10 Ed list</th>
<th>11 Ed code</th>
<th>Code description</th>
<th>11 Ed list</th>
</tr>
</thead>
<tbody>
<tr>
<td>3049300</td>
<td>Biliary manometry</td>
<td>AAPL</td>
<td>3043900</td>
<td>Intraoperative cholangiography</td>
<td>NAQAL</td>
</tr>
<tr>
<td>4267700</td>
<td>Cauterisation of conjunctiva</td>
<td>NAQAL</td>
<td>9625004</td>
<td>Destruction procedures on conjunctiva</td>
<td>AAPL</td>
</tr>
</tbody>
</table>

Performance Indicators for Coding Quality (PICQ®)

VAHI holds a state wide licence with Pavilion Health to provide PICQ® state-wide benchmarking information to both public and private hospitals and monthly numerator to public hospitals.

Provision of numerator PICQ reports re-commenced in July 2019 for 2018-19 data and will continue throughout 2019-20.
Contact details

The Health Classifications and Coding unit is part of the Information Management and Standards branch of the Victorian Agency for Health Information.

The Health classifications and coding bulletin is produced to inform Health Information Managers, Clinical Coders and other interested parties of changes to health classifications and coding applicable to admitted episodes separated on or from 1 July 2019.

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