



# ICD-10-AM/ACHI/ACS Eleventh Edition Public Consultation – Major Updates

**June - August 2018**

Prepared for the Independent Hospital Pricing Authority

Development of the ICD-10-AM/ACHI/ACS Eleventh Edition – public consultation paper

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## Public Consultation – June to August 2018

### Development of the ICD-10-AM/ACHI/ACS Eleventh Edition

#### Abbreviations

<b>Abbreviation</b>	<b>Description</b>
ACCD	Australian Consortium for Classification Development
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standards
AIHW	Australian Institute of Health and Welfare
AR-DRG	Australian Refined Diagnosis Related Group
BMI	Body mass index
CAP	Classification Access Portal
CCAG	Classifications Clinical Advisory Group
CLIP	Classification Information Portal
DOH	Commonwealth Department of Health
HIM	Health Information Manager
HIMAA	Health Information Management Association of Australia
ICD-10-AM	International and Statistical Classification of Diseases and Related Health Problems, Australian Modification
IHPA	Independent Hospital Pricing Authority
ITG	International Classification of Diseases Technical Group
NCCH	National Centre for Classification in Health
PHA	Private Healthcare Australia
WHO	World Health Organization
WSU	Western Sydney University



## Introduction

The International Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), the Australian Classification for Health Interventions (ACHI), and the Australian Coding Standards (ACS) have a long history of development in Australia since the implementation of the first edition in 1998. Generally, the classification has been updated every two years since then. Since 1998, the National Centre for Classification in Health (NCCH) at The University of Sydney has developed, implemented and maintained nine editions of ICD-10-AM/ACHI/ACS.

NCCH has been contracted by the Independent Hospital Pricing Authority (IHPA) to develop and refine the Eleventh Edition of the ICD-10-AM/ACHI/ACS classification, due for implementation on 1 July 2019.

Currently, NCCH is the lead partner in the Australian Consortium for Classification Development (ACCD) with Western Sydney University (WSU). Since July 1 2013, ACCD has developed and educated the Ninth and Tenth Editions of ICD-10-AM/ACHI/ACS, implemented on 1 July 2015 and 2017 respectively, and is now in the final stages of completing work on ICD-10-AM/ACHI/ACS Eleventh Edition due for implementation on July 1 2019.

## Governance

The Independent Hospital Pricing Authority (IHPA) has an overall governance role and is responsible for the proper and efficient performance of the IHPA's functions. The final decision on the AR-DRG Classification System rests with the IHPA.

In relation to the ICD-10-AM/ACHI/ACS component of the AR-DRG Classification System, NCCH (as lead of the ACCD) facilitates appropriate advisory input and communication from the following technical groups:

- International Classification of Diseases (ICD) Technical Group (ITG) which provides advice in regard to the refinement and development of ICD-10-AM/ACHI/ACS.
- Classifications Clinical Advisory Group (CCAG): to facilitate broad canvassing of clinicians to ensure that there is likely to be general acceptance of the proposed addenda.



These groups include representation by expert Health Information Managers (HIMs) and Clinical Coders from each state/territory, private hospitals, clinicians (CCAG), Health Information Management Association of Australia (HIMAA), the Australian Institute of Health and Welfare (AIHW), the Commonwealth Department of Health (DOH), the Australian Commission on Safety and Quality in Health Care (the Commission), the Australian Private Hospital Association (APHA), Catholic Health Australia (CHA), Private Healthcare Australia (PHA) and the IHPA.

Amendments to the ICD-10-AM/ACHI/ACS Eleventh Edition were a result of input from various sources including:

- updates to World Health Organization's (WHO) ICD-10
- revisions to the Medicare Benefits Schedule (MBS)
- revisions to the Australian Dental Association schedule (ADA)
- public submissions
- coding queries
- and other ACCD identified items

Clinical and technical advice for Eleventh Edition content was provided by members of ITG and CCAG, the Independent Classification Advisor (ICA), and the ACCD's Principal Clinical Advisor in conjunction with various specialist clinicians.

## Minor updates

For purposes of the public consultation process, minor updates to ICD-10-AM/ACHI/ACS have not been included. Minor updates relate to indexing enhancements, terminology updates and improvement to instructional notes, appendices, conventions and the ACS, none of which result in a major change in coding practice.

## Major Updates

For further information about the following major updates to ICD-10-AM/ACHI/ACS, a brief summary of each of the revision areas which includes the relevant background and major changes can be found through clicking on the links provided below. The public consultation process is conducted via the Classification Access Portal (CAP), which demonstrates via a visualisation the changes to ICD-10-AM/ACHI/ACS and allows for the provision of feedback from members of the public.



## ICD-10-AM / ACHI / ACS MAJOR UPDATES FOR PUBLIC CONSULTATION

June 14 – 28, 2018

- **Allied Health Interventions**

This addenda was based on public submissions requesting additional allied health codes for 'lactation consultant' and 'exercise physiologist'.

- **Anaphylactic shock**

This addenda was based on a public submission regarding anaphylaxis and anaphylactic shock as distinct clinical entities. It was identified that anaphylaxis codes across ICD-10-AM required review. Due to the limited external cause codes for allergens causing reactions including anaphylaxis, the addition of a new category Y37 *Exposure to or contact with allergens* was created to better classify allergic reactions

- **Decreased conscious state**

This addenda was based on a public submission to add the term 'decreased consciousness' to ICD-10-AM Tabular List and Alphabetic Index, classifiable to R40.0 *Somnolence*. Glasgow Coma Scale (GCS) information has also been incorporated.

- **Epileptic psychosis**

This addenda was based on a public submission highlighting Alphabetic Index inconsistencies in regards to epilepsy and psychosis and the clinical concept of 'epileptic psychosis'. It is apparent that the index pathways for this clinical concept are precoordinated, primarily for mortality case purposes with the use of due to and associated with in lead terms and subterms. Using the ICD-10-AM *Conventions used in the tabular list of diseases/Multiple condition coding convention*, to classify epileptic psychosis, codes for both epilepsy and psychosis are required to be assigned. Thus, amendments were made to improve the Tabular List and Alphabetic Index for the acute, chronic and NOS forms of epileptic psychosis and postictal state.

- **Haematoma nontraumatic**

This addenda proposal is the result of discussion regarding the classification of nontraumatic skin and subcutaneous haematomas, particularly in regards to anticoagulant use. It is acknowledged that haematoma (or contusion) as a result of nontraumatic causes such as drug and medicament use is poorly classified in the existing ICD-10-AM structure. Therefore, this addenda includes the addition of inclusion terms at existing codes to classify this concept.

- **Syndromes**

This addenda was based on public submissions requesting index entries for various rare congenital syndromes. Review also indicated a deficiency within the classification regarding acquired (non-congenital) syndromes. A flag code U91 *Syndrome, not elsewhere classified* was created for use with both congenital and non-congenital syndromes, where no individual code for that syndrome is available in ICD-10-AM.



- **Lymph Node Interventions**

This addenda was based on public submissions which highlighted the need for a review of lymph node interventions, such as biopsy, sampling and excisions. Diagnostic components have been removed from the ACHI codes for lymph node interventions, moving towards generic based codes similar to that of the World Health Organization's (WHO) International Classification of Health Interventions (ICHI).

- **Ophthalmology ACHI review Part II**

This is a continuation of Ophthalmology updates Part I undertaken for Tenth Edition. Codes from block [221] Application, insertion or removal procedures on orbit to block [256] Other procedures on conjunctiva were reviewed and updated in conjunction with MBS items which were added, deleted or amended in 2015 to 2017. In addition, amendments to ophthalmology interventions in ACHI were made in relation to public submission and tasks created from queries.

- **Respiratory distress syndrome**

Previous editions of ICD-10-AM classified respiratory distress syndrome (RDS) as either J80 *Adult respiratory distress syndrome* or P22.0 *Respiratory distress syndrome of newborn*. There was no code for RDS in non-neonatal paediatric patients. J80 was renamed to replace the term Adult with Acute for clinical currency, and to allow the classification of RDS in non-neonatal paediatric patients. In addition, amendments to instructional notes have been undertaken. ACS 1614 *Respiratory distress syndrome/hyaline membrane disease/surfactant deficiency* was also deleted, and relevant content relocated to the ICD-10-AM Tabular List and Alphabetic Index.

## August 16 – 30, 2018

- **ACS 0002 Additional diagnosis review**

The task was undertaken to address concerns around the interpretation of ACS 0002 when determining a condition should be coded as a comorbidity. Anecdotal evidence suggested that there is an inconsistent way of interpreting ACS 0002, especially when a condition should be considered significant in meeting the criteria in ACS 0002, and what level of care and monitoring should be considered as increased clinical care and/or monitoring.

In order to provide clarity and facilitate greater consistency nationally when determining the assignment of additional diagnoses, amendments to the ACS and the 'Introduction' to the ACS have been undertaken, to add definitions with expansion and refinement of the ACS 0002 criteria.

- **Documentation**

A number of queries and public submissions have been received by ACCD in relation to changing clinical practice and therefore documentation trends, emerging issues with documentation contained within an electronic health record (EHR), the definition of the 'entire clinical record' in an electronic health environment and the emergence of the role of the Clinical Documentation Improvement Specialist (CDIS).





These queries, public submissions and issues were identified during the development of the *Standards for ethical conduct in clinical coding* and the ensuing *Clarification on the implementation of the Standards for ethical conduct in clinical coding* in 2016 and 2017. These queries, public submissions, issues and documents have also informed amendments and additions within introductory sections of ICD-10-AM, ACHI and ACS, specifically ACS 0010 *General abstraction guidelines*.

- **ENT Review**

This addenda was based on public submissions and coding queries which highlighted the need for a review of ACHI across Chapter 4 *Procedures on ear and mastoid process* and Chapter 5 *Procedures on nose, mouth and pharynx*, with associated changes to the ACS and ICD-10-AM as appropriate.

There has been creation of a single code to classify Functional Endoscopic Sinus Surgery (FESS) (in a similar format as the single event multilevel surgery (SEMLS) interventions in block [1580]) to assist in the classification of this complex intervention.

- **Implanted hearing devices**

This addenda was based on coding queries and a public submission which identified that a revision of ACHI across the full range of implanted hearing devices was required. ACHI currently does not facilitate classification of the implantation, revision and removal of the variety of hearing devices currently in use. As such, amendments across different categories and chapters of ACHI have been made

- **Liver procurement (for donation) interventions**

This addenda was created following a written request received from IHPA in April 2018. IHPA requested consideration be given to the revision of ACHI codes for liver procurement for transplantation, including both living and cadaver donors. Amendments were made to block [953] *Excision procedures on liver*, including the addition of new codes for procurement interventions performed on 'living' or 'cadaver' donors for transplantation.

- **Neoplasms**

This addenda was based on public submissions and coding queries which highlighted the need for a systemic review of ICD-10-AM/ACHI/ACS in regard to classification of neoplasm disease, interventions and ACS guidelines.

Particular areas of revision were in relation to pharmacotherapy, brachytherapy, immunotherapies and blood products and classification of specific neoplasms.

- **Obstetrics review Part II**

This is a continuation of Obstetrics review Part I undertaken for Tenth Edition, with the inclusion of ICD-10-AM/ACHI/ACS content regarding abortion and gynaecology classification. This addenda was also based on public submissions and coding queries which highlighted specific areas for review.



- **Personal history of stroke**

This addenda was based on a query and subsequent public submission. Amendments have been made including the expansion of Z86.6 *Personal history of diseases of the nervous system and sense organs* and Z86.7 *Personal history of diseases of the circulatory system* for 'personal history of stroke' and other circulatory disorders when they meet the criteria in ACS 0002 *Additional diagnoses*.

Other variants of cerebrovascular disease have also been included in the classification.

- **Repetitive Transcranial Magnetic Stimulation (r-TMS)**

This addenda was created following a written request received from IHPA in April 2018, a query and a public submission (P351) requesting a procedure code for repetitive transcranial magnetic stimulation (rTMS). Amendment includes creation of codes for rTMS in block [1908] *Other therapeutic interventions*.

- **Stereo electroencephalography (SEEG)**

This addenda was created following a written request received from IHPA in April 2018. After review amendments included creation of codes for Stereo electroencephalography [SEEG] and Brain neuromodulation. ACS 0629 *Stereotactic radiosurgery, radiotherapy and localisation* was reformatted and reworded to provide clarity, and include the new code for SEEG.

- **Wound management**

This addenda was based on public submissions and coding queries which highlighted the need for review in the area of wound management. This addenda included debridement and management of wounds, and burns (including but not limited to dressings) of skin and subcutaneous tissue, and soft tissue. The review included ACHI and ACS content.



## Public consultation process

The public consultation process will be open from Thursday 14<sup>th</sup> June to Thursday 28<sup>th</sup> June (COB 17:00) and Thursday 16<sup>th</sup> August to Thursday 30<sup>th</sup> August 2018 (COB 17:00).

The public consultation process will be conducted via the Classification Access Portal (CAP) (<https://www.accd.net.au/Cap.aspx>) which will demonstrate via a visualisation the changes to ICD-10-AM/ACHI/ACS; and provide a feedback mechanism for comments from members of the public.

By the nature of ICD-10-AM/ACHI/ACS it is presumed that participants in the public consultation will have some knowledge of classification development.

All feedback will be published on the ACCD website following the close of the second round (i.e. after 30 August 2018) unless respondents specifically identify any sections that they believe should be kept confidential due to commercial or other reasons. ACCD will also individually respond to the feedback received.

All submissions will be provided to ICD Technical Group and to IHPA.

## More Information

The [ACCD website](#) and our classification information portal ([CLIP](#)) along with our [Code it quarterly newsletter](#) provides up to date information on the development and maintenance of ICD-10-AM/ACHI/ACS. If you have not already done so, please visit the website and register on CLIP to receive our quarterly newsletter.

ACCD recognises the importance of a broader audience engaging in this consultation process. Should your organisation require further resources to assist in explaining the classification development process, please contact ACCD at our [enquiries email](#).