

Development of ICD-10-AM/ACHI/ACS Thirteenth Edition and AR-DRG Version 12.0

Monash Health feedback on the public consultation paper

	Consultation question	Page number	Feedback
1	Do you agree with the proposed changes to capture new, missing or important public health considerations in ICD-10-AM?	12	Agree with changes.
2	Are there any additional considerations for the capture of social factors that should be considered for Thirteenth Edition (or a future edition)?	13	Nothing further to add.
3	Are there other new interventions that should be uniquely classifiable in ACHI for Thirteenth Edition (or a future edition)?	15	Not at this stage.
4	Are there any additional considerations for organ, tissue and cell and procurement and transplantation that should be prioritised for Thirteenth Edition?	15	If the data may be used for future funding purposes, it would be helpful if ACS 0030 (Organ, tissue and cell procurement and transplantation) clearly stated whether it is necessary to assign codes for ventilator support and other procedures (not listed in ACS 0030) that are performed during the procurement episode so that the coding accurately reflects the resources involved.
5	Are there any additional considerations for the implementation of cluster coding that should be prioritised for Thirteenth Edition?	17	Has the change been evaluated to include the increase burden on coders? For U codes; They are already identified in the data with their unique U code and I don't see how it adds any further enhancement to the chronic codes data

			other than adding another burden to the coding process for no gain. The burden could be managed by IT support from 3M by automatically mapping it to cluster ID so that the coders do not have to manually add the ID which then would counteract the main purpose of adding the cluster ID; “importantly it will socialise the concept of clustering”. If it is something they really want in the data, then it would make more sense and less burden to automatically map the chronic codes in the backend rather than at a local level.
6	Are there any additional considerations for the implementation of ACS 1904 <i>Complications of surgical and medical care</i> that should be prioritised for Thirteenth Edition?	18	Not at this stage.
7	Are there any additional considerations for difficult intubation that should be prioritised for Thirteenth Edition?	18	What are reasons behind changing the difficult airway to a status code? Especially given that consumables and resources are used for a patient with a difficult intubation.
8	Are there any additional considerations in relation to the standardisation of the ACS that should be prioritised for Thirteenth Edition?	20	Not at this stage.
9	Do you have any additional feedback on the proposed changes for ICD-10-AM/ACHI/ACS Thirteenth Edition?	20	Not at this stage.
10	Do you support the proposed guiding principles for <i>intervention type</i> ?	25	Yes.
11	Do you support the proposed amendments for ACHI code <i>intervention types</i> , listed at Appendix A , to align with the proposed guiding principles for <i>intervention type</i> ?	26	Yes.
12	Do you support the creation of ADRG U69 <i>Mental and Behavioural Disorders Associated with the Puerperium</i> in	28	Yes.

	MDC 19 <i>Mental, Behavioural and Neurodevelopmental Disorders</i> , using the ICD-10-AM codes listed in Appendix B ?		
13	Do you support the disaggregation of ADRG O66 <i>Antenatal and Other Admissions related to Pregnancy, Childbirth and the Puerperium</i> and creation of four medical ADRGs in MDC 14 <i>Pregnancy, Childbirth and the Puerperium</i> , found in Appendix C ?	29	Yes.
14	Do you support the grouping of ICD-10-AM codes to form the four new medical ADRGs in MDC 14 <i>Pregnancy, Childbirth and the Puerperium</i> , found in Appendix C ?	29	N/A
15	Do you support the grouping of mastitis and other infections of the breast to ADRGs O04 <i>Postpartum and Post Abortion with General Interventions</i> or O61 <i>Postpartum and Post Abortion without General Interventions</i> , regardless of attachment difficulty?	30	Yes.
16	Do you support increased DCL precision for the 25 diabetes mellitus codes listed in Appendix D ?	32	Yes.
17	Do you support the proposal to create ADRG A41 <i>Posthumous Organ Procurement</i> ?	32	Yes.
18	Do you support the proposed ADRGs for episodes that currently group to ADRG 801 <i>General Interventions (GIs) Unrelated to Principal Diagnosis</i> as outlined in Appendix E ?	33	Yes.
19	Do you have any additional feedback on the proposed changes for AR-DRG V12.0?	33	N/A