NSW Health

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

Dear Professor Pervan

Thank you for the opportunity to provide comment on the Independent Health and Aged Care Pricing Authority's (IHACPA) public consultation on the *Development of ICD-10-AM/ACHI/ACS Thirteenth Edition and AR-DRG Version 12.0*. A detailed response from NSW is enclosed. NSW appreciates the significant work that goes into the development of the admitted acute care classifications and welcomes the opportunity to engage collaboratively with the Authority on these important matters.

NSW supports in principle the major proposals for:

- International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) Thirteenth Edition
- Australian Classification of Health Interventions (ACHI) Thirteenth Edition
- Australian Coding Standards (ACS) Thirteenth Edition
- Australian Refined Diagnosis Related Groups (AR-DRGs) Version 12.0

NSW is concerned the limited information on cluster coding has prohibited NSW from conducting a financial cost analysis to quantify the financial implications associated with the implementation of cluster coding. Detailed information, including the cluster coding business case and project plan would assist with NSW's analysis and recommends IHACPA release these details to assist with implementation analysis.

Thank you again for this opportunity to provide feedback. For more information, please contact Mr Gregory Westenberg, A/Executive Director, Government Relations at [redacted] or on [redacted].

Yours sincerely

Vince McTaggart
A/Deputy Secretary, Health System Strategy and Patient Experience

Encl. NSW response - Development of ICD-10-AM/ACHI/ACS Thirteenth Edition and AR-DRG Version 12.0 public consultation

Independent Health and Aged Care Pricing Authority

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

NSW response

NSW's response below is made with reference to the relevant sections of the Independent Health and Aged Care Pricing Authority's (IHACPA's) *Development of ICD-10-AM/ACHI/ACS Thirteenth Edition and AR-DRG Version 12.0* public consultation paper.

3. ICD-10-AM/ACHI/ACS Thirteenth Edition Refinements

3.1 ICD-10-AM updates proposed for Thirteenth Edition

3.1.1 ICD-10-AM new and missing clinical concepts

Consultation Question:
Question 1: Do you agree with the proposed changes to capture new, missing or important public health considerations in ICD-10-AM Thirteenth Edition?

NSW supports in principle the proposed updates to capture new, missing or important public health considerations in ICD-10-AM Thirteenth Edition.

Voluntary assisted dying

Designated codes to capture voluntary assisted dying activity accurately is required in current clinical practice. NSW recommends a placeholder code in International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) Twelfth Edition is activated to capture concepts relating to voluntary assisted dying, such as eligibility assessment and death, in admitted episodes of care. This approach will assist with recognising current data needs and inform future ICD-10-AM, Australian Classification of Health Interventions (ACHI) and Australian Coding Standards (ACS) (ICD-10-AM/ACHI/ACS) classification requirements.

NSW seeks clarification on whether IHACPA will release interim classification advice to guide clinical coders on voluntary assisted dying code assignment.

Z72.7 Use of vaping device

NSW recommends a further code to complement the proposed Thirteenth Edition code *Z72.7 Use of vaping* is implemented to capture the patient's history of using a vaping device as this is increasingly being documented for admitted episodes of care. The complementary code would also allow for future data analysis on the long-term health implications.

NSW also requests that vaping related ICD-10-AM codes be added to ACS 0002 *Additional diagnosis/Conditions and related health problems that do not need to meet the additional diagnosis criteria* or ACS 2119 *Socioeconomic and psychosocial circumstances* so that it is always coded.

Virtual care

NSW requests the creation and implementation of designated ICD-10-AM and ACHI codes to capture virtual care service provision in the admitted patient setting. Identification of this clinical activity will allow for assessment and evaluation of clinical outcomes, modes of care and facilitate accurate funding methodology.

3.1.2 Social factors

Consultation Question:
Question 2: Are there additional considerations for the capture of social factors that should be considered for ICD-10-AM Thirteenth Edition (or a future edition)?

School refusal

The Australian Senate Inquiry into the national trend of school refusal and related matters[1], concluded that school refusal profoundly affects young people's health and wellbeing, their sense of self-worth, their connection to friends and family, and their aspirations for life beyond school[2]. School refusal is noted to have significant long-term health effects on school aged children and is an important social determinant of health[3]. Therefore, NSW recommends an ICD-10-AM Thirteenth Edition code for school refusal is implemented.

National Disability Insurance Scheme

NSW recommends the expansion of ICD-10-AM codes available to capture National Disability Insurance Scheme (NDIS) related factors impacting admitted care episodes for Thirteenth Edition. This approach will also assist with identifying NDIS patients receiving admitted care.

Additional considerations raised by NSW Health

- living with a disability/disabilities
- living in a residential aged care facility
- eating/food habits impacting health without diagnosis of malnutrition or deficiency
- bullying at school
- gaming disorders
- problematic social media issues.

3.2 ACHI updates for Thirteenth Edition

3.2.3 Updates relating to new or missing clinical concepts

Consultation Question:
Question 3: Are there other new interventions that should be uniquely classifiable in ACHI for Thirteenth Edition (or a future edition)?

NSW recommends IHACPA consider the following as ACHI Thirteenth Edition codes:

- pharmacotherapy administration for prescribed voluntary assisted dying substances
- Hansen technique to repair slipped ribs with FiberTape
- Endoscopic Lung Volume Reduction Surgery
- decompression of popliteal vein
- functional coronary angiogram
- location of cancerous lesions within breasts using metallic seeds
- consultation liaison for addiction medicine/ hospital drug and alcohol consultation liaison.

[1] The national trend of school refusal and related matters
[2] School refusal needs a national response
[3] New school refusal data suggests the 'shocking' issue is much bigger than first thought

Additionally, NSW recommends IHACPA retain the allogeneic organ and tissue/ cell procurement and transplantation table for ACS 0030 *Organ, tissue and cell procurement and transplant* as this is an integral clinical coding resource.

3.2.4 Organ, tissue and cell procurement and transplantation

Consultation Question:
Question 4: Are there any additional organ, tissue and cell considerations and procurement and transplantation that should be prioritised for ICD-10-AM and ACHI Thirteenth Edition?

NSW notes the activation of placeholder code 88000-02 [8888] *Provisional use of 88000-02 [8888] [Transplantation of uterus]* and seeks clarification as to whether this code will continue to be used for ACHI Thirteenth Edition or if a new ACHI Thirteenth code will be created. NSW recommends there is a specific designated ACHI code to ensure data is captured to report this activity and enable costing and/or funding.

NSW also suggests a specific ICD-10-AM code for Transplanted uterine status would be of value rather than the current proposal to include as part of Z94.89 *Other specified transplanted organ and tissue status* (TN1635).

NSW is concerned the proposed changes to ACS 0030 *Organ, tissue and cell procurement and transplant* may impact the immediate and future use of ACS 0030 and ICD-10-AM/ACHI code assignment.

3.3 ACS updates

3.3.1 Cluster coding

NSW welcomes the active engagement between IHACPA and jurisdictions to continue the ongoing discussions on the development of cluster coding.

The limited information on the cluster coding pilot set for 2024 and proposed cluster coding processes has impacted NSW's ability to assess the perceived impacts and benefits cluster coding will have nationally as well as per jurisdiction. NSW requests additional information is provided, such as the cluster coding business case, cluster coding project plan and milestones and draft cluster coding processes to assist with NSW's analysis. NSW cannot provide a decision on cluster coding until sufficient information has been circulated for consideration.

NSW notes cluster coding metadata is still undergoing consultation and approvals via the National Health Data and Information Standards Committee for inclusion in the Admitted patient care minimum national data set.

Consultation Question:
Question 5: Are there any additional considerations for implementing cluster coding that should be prioritised for ICD-10-AM Thirteenth Edition?

The financial costs associated with the implementation of cluster coding are yet to be quantified from a national, jurisdictional, and private health sector perspective. Significant changes will need to be made across Australia to support the implementation including but not limited to:

- system changes
- data extracts (internal and external) and warehouses reporting, such as hospital-acquired complications (HACs), key performance indicators

- testing due to new data items in the Patient Administration System, coding and Diagnosis Related Groups (DRG) grouping software, extracts to health department and other stakeholders such as Cancer Institute NSW, EDWARD
- reporting at a jurisdictional (to multiple stakeholders), local health district and facility level
- training.

The requirement to undertake a significant upgrade to implement cluster coding without understanding the financial implications is of a concern to NSW, particularly if implementation is 1 July 2025.

NSW seeks clarification on whether the specificity required for cluster coding is currently captured within common clinical documentation. This information is not only critical for cluster coding to succeed but if not present, will potentially lead to an increase in clinical documentation queries sent to clinicians and clinical coding burden. NSW recommends a review of underlying documentation data quality is undertaken to determine documentation requirements.

Additionally, the current proposed cluster coding ACS directs multiple coding of selected limited codes. Where complications include additional codes for specificity (non-S—T Chapter codes), the current ACS directive does not allow these codes to be assigned more than once per admitted episode of care. NSW is concerned this contraindicates the intent of cluster coding and may introduce new confusion/uncertainty in the data where differences in coding will include admitted episode with multiple coding of limited codes and other episodes when it is only coded once.

The impact on data trending and HACs national reporting is yet to be determined. Impact modelling for this change is not possible, therefore NSW cannot analyse and understand the impact this proposed change will have on the data and funding of the admitted patient care data collection.

Additionally, NSW recommends there is national guidance on the minimum number of ICD-10-AM codes that can be reported, especially in light that the number of codes is expected to increase due to cluster coding, for example other jurisdictions only allow for submission of 40 ICD-10-AM codes whereas NSW does not have a limit. NSW also requests that the maximum number of ICD-10-AM codes used by the Australian Refined DRG (AR-DRG) grouper functionality be increased to a minimum of 200 codes. This will enable improved national consistency for data analysis used for the funding model, health outcomes and the impact of cluster coding.

Ensuring that ICD-10-AM codes that significantly impact the AR-DRG grouper to reflect complexity accurately will be essential. NSW recommends national guidance on sequencing the complete ICD-10-AM code sequence is provided.

3.3.2 Refinement of ACS 1904 *Complications of surgical and medical care*

Consultation Question:
Question 6: Are there any additional considerations for implementing ACS 1904 *Complications of surgical and medical care* that should be prioritised for Thirteenth Edition?

NSW acknowledges the details for the proposed ACS 1904 *Complications of surgical and medical care* pilot are yet to be released and notes a resource to assist with the proposed ACS 1904 is to be developed. NSW seeks confirmation on when the resource will be available and if the ICD Technical Group (ITG) will be involved in its development. NSW

recommends the resource include routine care and beyond routine care definitions to determine what services/treatments are considered beyond routine care.

ACS 1904 Twelfth Edition has caused confusion and disagreement between clinicians and clinical coders. NSW is concerned the proposed changes to ACS 1904 for Thirteenth Edition will further impact the interpretation and application of ACS 1904.

NSW recommends IHACPA retain end of chapter residual codes in relation to complications as this may impact research. Residual codes allow the identification of the body system to which the complication relates to.

3.3.3 Clarification of ACS 1924 *Difficult intubation*

Consultation Question:
Question 7: Are there any additional considerations for difficult intubation that should be prioritised for Thirteenth Edition?

NSW has previously raised queries with IHACPA regarding the proposed change for difficult intubation, with concerns held for data needing to differentiate the difference between current difficult intubation requiring management (but no injury) and history of a difficult intubation. As well as the resulting impact this has on the complexity of care requirements. This concern also relates to impacts on the AR-DRG grouper for episodes of care with difficult intubation.

For example, a patient may require management for difficult intubation due to possible neck fractures and/or other injuries versus history that required intervention/increased clinical care. NSW seeks clarification on how the data will differentiate between the two scenarios.

Additionally, NSW seeks clarification on whether Z98.3 *Difficult airway for intubation* will be considered for a diagnosis complexity level (DCL) score and how will IHACPA determine cost impacts with the current lack of data.

3.3.4 Standardisation of structure and format of the ACS

Consultation Question:
Question 8: Are there any additional considerations in relation to the standardisation of the ACS that should be prioritised for Thirteenth Edition?

The use of the same format and language for all ACS should be balanced with the impact this has on the readability and comprehension of standards, guidelines and directives within the ACS. There are also concerns regarding the reduction of ACS as the ACS provides a guide to clinical coders, information and concepts moved to the conventions and tabular sections can be missed.

NSW is strongly concerned about the proposed deletion of the following standards as they provide information which guides clinical coders, noting that the development process is still in process for Thirteenth Edition:

- ACS 0304 *Pancytopenia*
- ACS 1549 *Streptococcal group B infection/carrier in pregnancy*
- ACS 1611 *Observation and evaluation of newborn and infants for suspected condition not found*
- ACS 1912 *Sequelae of injuries, poisoning, toxic effects and other external causes*
- ACS 2105 *Long term/nursing home type patients*

3.5 Amendments to electronic code lists (ECLs)

3.5.2 Other ECL amendments

Consultation Question:
Question 9: Are there any additional considerations in relation to the standardisation of the ACS that should be prioritised for Thirteenth Edition?

NSW requests IHACPA consider the following items to bridge gaps in the ICD-10-AM classification which have a significant impact on data collection and reporting for conditions/substances of national importance:

- macrocytic anaemia (P556)
- Chronic Traumatic Encephalopathy and Traumatic Encephalopathy Syndrome (P593).

Additionally, NSW also recommends including examples for ACS 0030 *Organ, tissue and cell procurement and transplantation*. Activity related to ACS 0030 is an area that can be challenging, therefore clinical coders would benefit from some examples that demonstrate living and posthumous organ donation.

The proposed changes and format of the ACS will have a significant impact on clinical coders. Early access to education around the major changes will also be key to supporting clinical coders to ensure there is consistency in coding.

4. AR-DRG V12.0 Refinements

4.1 AR-DRG updates proposed for V12.0

4.1.2 Guiding principles for intervention type

Consultation Question:
Question 10: Do you support the proposed guiding principles for intervention type?

NSW supports in principle the proposed guiding principles for intervention type however, recommends the wording for the guiding principles are reviewed and updated to improve interpretability. For example, guiding principle 1 indicates that the interventions do not inform the grouping, however the sentence that follows indicates that an intervention needs to satisfy guiding principle 1 and should not inform grouping to the intervention partition of any Major Diagnostic Category (MDC) if it satisfies the subsequent dot points. Furthermore, the first dot point under guiding principle 1 states that the intervention is routinely performed as a component of another intervention. If this is the case, the guiding principle would already be grouped into an interventional, DRG and MDC.

As impacts for the proposed changes are unclear, for example if some procedures are currently designated as gastrointestinal (GI) change and are no longer a GI procedure, impact on DRG assignment/national weighted activity unity is unknown. NSW recommends additional information on the impacts of the proposed changes are shared.

Concerns were previously raised with IHACPA in relation to contradicting other work, such as unplanned return to theatre. NSW requests further details are circulated to assist with understanding IHACPA's methodology.

Consultation Question:
Question 11: Do you support the proposed amendments for ACHI code intervention types, listed in Appendix A, to align with the proposed guiding principles for intervention type?

NSW supports in principle the proposed amendments for the ACHI code intervention types listed in Appendix A.

Clarification is sought on why the soft tissue biopsy codes listed in Appendix A would not inform an intervention partition if this is the only procedure performed and for the non-percutaneous codes and requires anesthesia.

4.1.3 Review of MDC 14 *Pregnancy, Childbirth and the Puerperium*

Consultation Question:
Question 12: Do you support the creation of ADRG U69 *Mental and Behavioural Disorders Associated with the Puerperium* in MDC 19 *Mental, Behavioural and Neurodevelopmental Disorders*, using the ICD-10-AM codes listed in Appendix B?

NSW supports in principle the creation of Adjacent Diagnosis Related Groups (ADRG) U69 *Mental and Behavioural Disorders Associated with the Puerperium* in MDC 19 *Mental, Behavioural and Neurodevelopmental Disorders*, using the ICD-10-AM codes listed in Appendix B* however, NSW holds concerns with IHACPA's methodology.

The methodology intends to use the ICD-10-AM codes listed in Appendix B. As per ACS 1548 *Puerperal/postpartum condition or complication/non-obstetric conditions in the puerperal period*, for all other admissions in the puerperal period, assign a puerperal/postpartum code only where documentation indicates that a non-obstetric condition is a puerperal/postpartum complication. Where the admitted episode of care is mental health related and in the puerperal period, this would indicate that the principal diagnosis to be assigned is O99.13 *Mental disorders in pregnancy, childbirth and the puerperium*. NSW notes this will not meet the requirements of the proposal.

For example, a patient is admitted five days post-delivery (out of hospital delivery) for bed rest and antidepressants for pregnancy and delivery related exacerbation of major depression. The following ICD-10-AM coding would apply:

- Principal diagnosis: O99.13 *Mental disorders in pregnancy, childbirth and the puerperium*.
- Additional diagnoses: F32.21 *Severe depressive episode without psychotic symptoms, arising in the postnatal period* and Z39.02 *Postpartum care after planned, out of hospital delivery*.

*NSW notes the proposed change to ADRG *U69 Mental and Behavioural Disorders Associated with the Puerperium* in MDC 19 *Mental, Behavioural and Neurodevelopmental Disorders* will be influenced by the recently released ITG Development proposal TN1611.

Consultation Question:
Question 13: Do you support the disaggregation of ADRG O66 *Antenatal and Other Admissions related to Pregnancy, Childbirth and the Puerperium* and creation of four medical ADRGs in MDC 14 *Pregnancy, Childbirth and the Puerperium*?

NSW supports in principle the disaggregation of ADRG O66 *Antenatal and Other Admissions related to Pregnancy, Childbirth and the Puerperium* and creation of four medical ADRGs in MDC 14 *Pregnancy, Childbirth and the Puerperium*.

NSW recommends better clarity in naming the proposed new AR-DRG Version 12.0 where O70 *Other Maternal and Gestational Conditions in Pregnancy* and O71 *Other Pregnancy*

Related Conditions are essentially the same with a recommendation for two distinct naming conventions. Given the codes falling under each ADRG, it might be difficult to come up with two distinct names and therefore suggest a possible reallocation of codes under each to be able to differentiate more clearly as a possibility.

Consultation Question:
Question 14: Do you support the proposed grouping of ICD-10-AM codes to form the four new medical ADRGs in MDC 14 *Pregnancy, Childbirth and the Puerperium*, listed in Appendix C?

NSW supports in principle the proposed grouping of ICD-10-AM codes to form the four new medical ADRGs in MDC 14 *Pregnancy, Childbirth and the Puerperium* listed in Appendix C.

Existing logic will need to be maintained for episodes of care with a principal diagnosis of O24 *Diabetes mellitus and intermediate hyperglycaemia in pregnancy, childbirth and the puerperium* including delivery will go to a delivery DRG.

Consultation Question:
Question 15: Do you support the grouping of mastitis and other infections of the breast to ADRGs O04 *Postpartum and Post Abortion with General Interventions* or O61 *Postpartum and Post Abortion without General Interventions*, regardless of attachment difficulty?

NSW supports in principle the grouping of mastitis and other infections of the breast to ADRGs O04 *Postpartum and Post Abortion with General Interventions* or O61 *Postpartum and Post Abortion without General Interventions*, regardless of attachment difficulty.

4.1.4 Enhancement of diagnosis complexity level (DCL) precision for diabetes mellitus

Consultation Question:
Question 16: Do you support increased DCL precision for the 25 diabetes mellitus codes listed in Appendix D?

NSW acknowledges IHACPA's recent response to DTG feedback and supports in principle the increased DCL precision for the 25 diabetes mellitus codes listed in Appendix D.

Additional clarification is sought on whether E10.9 *Type 1 diabetes mellitus without complication*, E11.9 *Type 2 diabetes mellitus without complication* and E13.9 *Other specified diabetes mellitus without complication* will remain in the DCL precision list as these codes are commonly coded diabetes codes.

4.1.5 Posthumous organ procurement

Consultation Question:
Question 17: Do you support the proposal to create ADRG A41 *Posthumous Organ Procurement*?

NSW supports in principle the proposal to create ADRG A41 *Posthumous Organ*, however published guidance is required to ensure the ADRG is correctly applied. For example, applicable for Care type 'Organ procurement' only.

Death has not been clearly defined for NSW or nationally in METeOR, therefore some local health districts or specialty health networks use a different criterion for either certified brain death or circulatory death. NSW requests death, in the context of posthumous organ procurement, is clearly defined as the lack of definition has impacted code assignment as well as date of death information.

NSW seeks further clarification on the following:

- how will grouping to ADRG A41 be determined?
- applicable Care type(s)
- if ADRG A41 *Posthumous Organ* will include a complexity split
- if the ADRG for ACHI code 96231-00 [1886] *Machine perfusion for organ transplantation* impacts complexity

4.1.6 Review of ADRG 801 General Interventions (GIs) Unrelated to Principal Diagnosis

Consultation Question:
Question 18: Do you support the proposed ADRGs for episodes that currently group to ADRG 801 *General Interventions (GIs) Unrelated to Principal Diagnosis* as outlined in Appendix E?

NSW supports in principle the majority of proposed ADRGs for episodes that currently group to ADRG *801 General Interventions (GIs) Unrelated to Principal Diagnosis* outlined in Appendix E except for 4551-00 [1657] *Revision of scar of other site 7 cm or less in length* and 39112-00 [75] *Intracranial decompression of other cranial nerve*.

Concerns have been raised for the mapping of 4551-00 [1657] *Revision of scar of other site 7 cm or less in length* as revision of scars should not be mapped to a female reproductive ADRG. Episodes of care that are mapped to N11 *Other Female Reproductive System GIs* also includes episodes of embryo transfer to the uterus and ureterolysis.

NSW recommends the review of ADRG 801 also include repair of diastasis recti with abdominoplasty for non-pregnant patients.

Consultation Question:
Question 19: Do you have any additional feedback on the proposed changes for AR-DRG V12.0?

NSW reiterates the following recommendations for consideration as part of AR-DRG Version 12.0 development:

- the maximum number of both ICD-10-AM and ACHI codes used by the AR-DRG grouper functionality be increased to a minimum of 200 codes
- consideration of data differentiation for difficult intubation.

5. Next steps

5.1 ICD-10-AM/ACHI/ACS Thirteenth Edition

NSW reiterates the importance of early education prior to the implementation of ICD-10-AM/ACHI/ACS Thirteenth Edition. Coding educators will benefit from early access as they will be equipped to support clinical coders in the lead up to and throughout the implementation of ICD-10-AM/ACHI/ACS Thirteenth Edition.