

# Codefile

## Quarterly Newsletter of the Queensland Coding Committee

December 2007  
Issue No 28

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### 1. Coding Auditing/ Education Unit (CAEU) Update

CAEU members Julie and Lucy are currently out in the districts auditing. They have audited at the Prince Charles Hospital and are currently at the Gold Coast Hospital. These two sites are the pilot sites for the audit and we are planning to use the information and outcomes gained at these sites to inform the future audit process.

Julie and Lucy have also been involved in the Northern Area Health Service Workshop days in Cairns and Mackay. Both of them really enjoyed these days out and were impressed with the commitment and focus of the coders. As usual, they also had a lot of fun in amongst the hard work.

### 2. Codefinder Update [home](#)

Statistical Data Standards and Strategy (formerly Data Services Unit), continue to provide ongoing Codefinder support to all public hospital Clinical Coding personnel. During the last quarter Meegan Snell from 3M has visited the following facilities demonstrating functionality/enhancement issues associated with the release of 3M Codefinder v4.5.2:

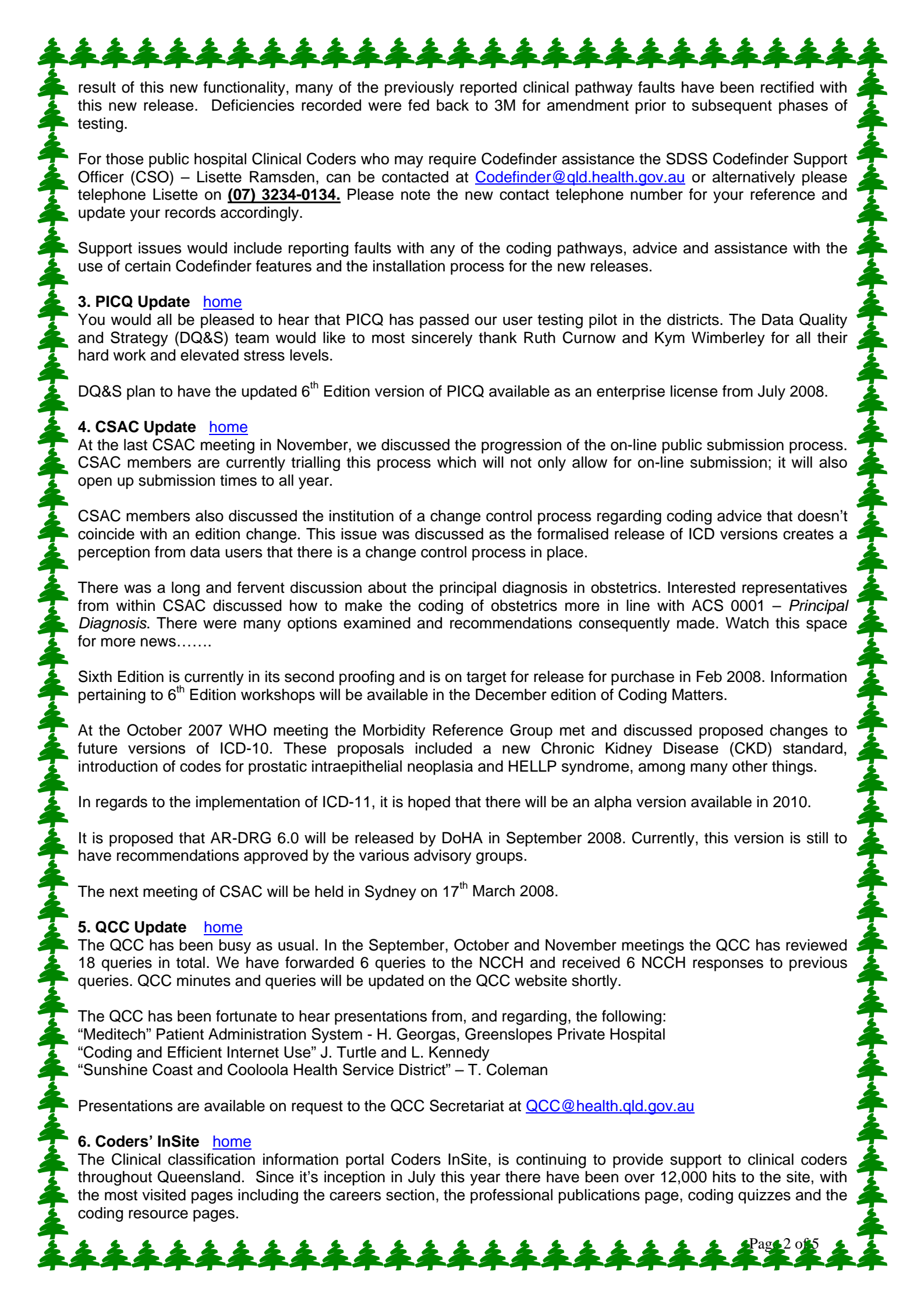
- Ipswich
- Maryborough
- Warwick

In addition, during the last quarter three Queensland metropolitan hospitals were provided with the opportunity to "beta test the new Codefinder pathways for "January 2008" release of the 3M Codefinder. Hospitals involved in the "beta" testing were Toowoomba Hospital, Nambour Hospital and Gympie Hospital.

Meegan Snell on behalf of 3M furnished the sites with a laptop for testing which was performed over a period of two weeks commencing October 22<sup>nd</sup>, 2007. The hospitals were required to complete this testing over and above their coding schedule and we greatly appreciate their help. The testing process involved the following steps:

- Code admitted episode of care as per normal processes.
- Code the admitted episode of care with the January 08 version of 3M Codefinder.
- For every code assigned, the tester was required to verify against the ICD-10-AM index.
- If the codes in the admitted episode were assigned correctly, no further action was required.
- In the event of the codes being assigned incorrectly, the defect was recorded on a "Test Result Form".

Positive feedback was received back from testing sites regarding the new 3M Codefinder software. Sites reported ease of use and that the new redeveloped pathways closely resembled the ICD-10-AM index. As a



result of this new functionality, many of the previously reported clinical pathway faults have been rectified with this new release. Deficiencies recorded were fed back to 3M for amendment prior to subsequent phases of testing.

For those public hospital Clinical Coders who may require Codefinder assistance the SDSS Codefinder Support Officer (CSO) – Lisette Ramsden, can be contacted at [Codefinder@qld.health.gov.au](mailto:Codefinder@qld.health.gov.au) or alternatively please telephone Lisette on **(07) 3234-0134**. Please note the new contact telephone number for your reference and update your records accordingly.

Support issues would include reporting faults with any of the coding pathways, advice and assistance with the use of certain Codefinder features and the installation process for the new releases.

### 3. PICQ Update [home](#)

You would all be pleased to hear that PICQ has passed our user testing pilot in the districts. The Data Quality and Strategy (DQ&S) team would like to most sincerely thank Ruth Curnow and Kym Wimberley for all their hard work and elevated stress levels.

DQ&S plan to have the updated 6<sup>th</sup> Edition version of PICQ available as an enterprise license from July 2008.

### 4. CSAC Update [home](#)

At the last CSAC meeting in November, we discussed the progression of the on-line public submission process. CSAC members are currently trialling this process which will not only allow for on-line submission; it will also open up submission times to all year.

CSAC members also discussed the institution of a change control process regarding coding advice that doesn't coincide with an edition change. This issue was discussed as the formalised release of ICD versions creates a perception from data users that there is a change control process in place.

There was a long and fervent discussion about the principal diagnosis in obstetrics. Interested representatives from within CSAC discussed how to make the coding of obstetrics more in line with ACS 0001 – *Principal Diagnosis*. There were many options examined and recommendations consequently made. Watch this space for more news.....

Sixth Edition is currently in its second proofing and is on target for release for purchase in Feb 2008. Information pertaining to 6<sup>th</sup> Edition workshops will be available in the December edition of Coding Matters.

At the October 2007 WHO meeting the Morbidity Reference Group met and discussed proposed changes to future versions of ICD-10. These proposals included a new Chronic Kidney Disease (CKD) standard, introduction of codes for prostatic intraepithelial neoplasia and HELLP syndrome, among many other things.

In regards to the implementation of ICD-11, it is hoped that there will be an alpha version available in 2010.

It is proposed that AR-DRG 6.0 will be released by DoHA in September 2008. Currently, this version is still to have recommendations approved by the various advisory groups.

The next meeting of CSAC will be held in Sydney on 17<sup>th</sup> March 2008.

### 5. QCC Update [home](#)

The QCC has been busy as usual. In the September, October and November meetings the QCC has reviewed 18 queries in total. We have forwarded 6 queries to the NCCH and received 6 NCCH responses to previous queries. QCC minutes and queries will be updated on the QCC website shortly.

The QCC has been fortunate to hear presentations from, and regarding, the following:  
“Meditech” Patient Administration System - H. Georgas, Greenslopes Private Hospital  
“Coding and Efficient Internet Use” J. Turtle and L. Kennedy  
“Sunshine Coast and Cooloola Health Service District” – T. Coleman

Presentations are available on request to the QCC Secretariat at [QCC@health.qld.gov.au](mailto:QCC@health.qld.gov.au)

### 6. Coders' InSite [home](#)

The Clinical classification information portal Coders InSite, is continuing to provide support to clinical coders throughout Queensland. Since it's inception in July this year there have been over 12,000 hits to the site, with the most visited pages including the careers section, the professional publications page, coding quizzes and the coding resource pages.

Of particular interest is the Australian Coding Standards Challenge Quiz. This self guided quiz is derived from the various ACS Chapters and is aimed at refreshing your knowledge of the ACS. You can access the quiz from the Coders InSite Homepage, under 'Spotlight'. Challenge yourself today!

Documents and educational materials relevant to clinical classification are welcome. If you have a document you would like to submit, please go to the publishing page on Coders InSite or contact the webmaster. There is also a vacancy page for employers and a coding pool service for employees. Both of these services are free.

Coders InSite can be reached on QHEPS at <http://qheps.health.qld.gov.au/qhcs/> or accessed via the [Statistical and Library Services \(formerly Health Information Centre\)](#) site on QHEPS.

Please contact the Webmaster at [Matthew\\_L\\_Shaw@health.qld.gov.au](mailto:Matthew_L_Shaw@health.qld.gov.au) or the QCC Convenor [Sabina\\_Martin@health.qld.gov.au](mailto:Sabina_Martin@health.qld.gov.au) if you have any queries regarding this clinical coding resource.

## 7. Clinical Coding Work Value Project [home](#)

Scoping and planning has been completed for a project to be conducted by Queensland Health Corporate Services to analyse the nature and work value of Clinical Coding positions. A steering committee comprised of union organisers representatives from the Clinical Coding workforce is being established to guide the project. The full Terms of Reference for the project will be available at [Coders InSite](#).

Communication from the project manager will be released shortly to invite submissions from staff and key stakeholders on:

- The current classification of Clinical Coding roles
- Clinical Coding career structures
- The implications of the introduction of Casemix funding

Regular updates on progress will be provided through status reports to the steering committee, focus group meetings with staff and updates on QHEPS websites. For further information or to have your say on the future of Clinical Coding in Queensland Health contact the Project Manager, Robert Rule, at [Robert.Rule@health.qld.gov.au](mailto:Robert.Rule@health.qld.gov.au) or on 3222 2910.

## 8. Donor Codes [home](#)

Currently in HBCIS, it is not possible to code any of the Donor codes in any other position other than the principal diagnosis. This includes the following codes:

Z52.00 – Whole Blood Donor  
Z52.08 – Other Blood Product Donor  
Z52.1 – Skin Donor  
Z52.2 – Bone Donor  
Z52.3 – Bone Marrow Donor  
Z52.4 – Kidney Donor  
Z52.5 – Cornea Donor  
Z52.6 – Liver Donor  
Z52.7 - Heart Donor  
Z52.8 – Donor of other organs and tissues  
Z52.9 – Donor of unspecified organ or tissue

As you know, there are times when a so-called "domino transplant" occurs and it is necessary to utilise the Z52.\* code as an additional diagnosis. A "domino transplant" is when the patient receives and donates organs during the same episode of care. DQ&S and InfoOperations have worked together to remove this edit out of HBCIS for the March release. Unfortunately, until this time, Z52.\* cannot be utilised as an additional diagnosis.

However, it still stands that Z52.5 (Cornea Donor), Z52.6 (Liver donor) and Z52.7 (Heart donor) can only be utilised in an organ procurement episode type.

## 9. Z76.2 - Health Supervision and care of other health infant and child [home](#)

In E-Bulletin Edition 8, the following advice was given in order to reflect the mandatory collection of suspicion of child abuse and neglect:

*"To facilitate the reporting of a reasonable suspicion of child abuse and neglect, the Child Safety Unit has developed a standard QH form. The form is to be filed in the correspondence section of the medical record. When coders come across the form they should assign the T74.x codes (Maltreatment Syndromes) as per*



ACS 1909 Adult and Child Abuse and ACS 0526 Munchausen's by Proxy as appropriate."

However, it was highlighted that at some hospitals these forms are filled in and there is no further documentation of suspected child abuse or "child at risk".

A query regarding this issue was forwarded to the NCCH and the NCCH response was, in the "scenario cited it is inappropriate to assign a code from category T74 Maltreatment Syndromes. Follow the previous advice given in Q2069 and assign Z76.2 Health supervision and care of other healthy infant and child following the pathway:

High  
-risk  
--infant Z76.2"

Currently, there is an edit upon Z76.2 stating that it can only be utilised as a PD. Following this advice, the Data Quality and Strategy (DQS) Unit will investigate having this edit removed. In the interim, please code as directed by the NCCH and ask for the error to be "mapped".

#### 10. Incomplete Coding Flag in HBCIS [home](#)

From 01 July 2008 a new command will be added to the HBCIS Inpatient ICD Coding screen to flag the episodes of care that are coded but deemed to be incomplete. Upon entering the command the flag will be displayed at the top of the screen. The details of the incompletely coded episodes will be stored in an index to enable a morbidity report to be generated so that these episodes can be returned to at a suitable time so that the coding can be completed. All flagged incomplete coded episodes of care will be excluded from HQI extract until the status of record is deemed to be complete by the coder.

#### 11. Medical Records Morbidity Module Enhancements for HBCIS 5.9 Software Release in March 2008

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##### Automatic ICD Coding

The grouping functionality will be added to the Automatic ICD coding by Patient Screen and the Automatic ICD coding screen. The following enhancements apply to the Automatic ICD coding screen:

- A date range validation upon selecting a large date range for episodes to be automatically assigned codes
- retaining the same day and print report parameters

##### Inpatient ICD Coding Screen

The Admission Source code and the Discharge Code fields will be displayed on the Inpatient ICD Coding screen to enable data integrity checks to be performed at the time of coding an episode of care

##### New Inpatient ICD Coding screen edits

- When the ICD code Z51.5 is assigned and the admission type is not 31, 32 or 33. the following message upon filing the screen will be 'ICD code Z51.5 is only valid for Admission Type 31,32,33'
- when the ICD code Z75.3 is assigned and the discharge code is not 16 Hospital Transfer the following message upon filing the screen will be displayed 'Z75.3 is only valid for Discharge Code 16 Continue Y/N
- when R69 is assigned as a PD the following message upon filing the screen will be displayed 'R69 is an unacceptable diagnosis code' Continue Y/N'
- Coded episode has not been grouped.

The source of referral edit for babies born in hospital and babies admitted via the emergency department does link to the admission type edit for newborn These edits will now link the source of referral to the admission type and the applicable outcome ICD Code for newborns.

##### HQI Module

The HQI extract process will be amended to allow hospitals to continue processing and not stop when a record locked by another user. The HQI extract errors report will be amended to include a new extract error to identify all coded episodes that have not been grouped to a DRG. This will help alleviate the DRG grouping validation errors.

#### 12. Codefile Comments, Queries and Suggestions [home](#)

Please forward to:

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Queensland Health  
GPO Box 48





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Email: [QCC@health.qld.gov.au](mailto:QCC@health.qld.gov.au)

**The team in Data Quality and Strategy wishes a peaceful and safe Christmas to all our many friends and their families out there in the coding world.**

