

Codefile

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Codefile Queries, Comments & Suggestions

All Codefile queries, comments and suggestions can be forwarded to:

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Hepatitis

This article is based on a more detailed article in the April 1997 ICD Coding Newsletter from the Victorian ICD Coding Committee. It is hoped the information contained here will help in coding of hepatitis and clear up the issue of carrier status.

Hepatitis A

Hepatitis A is not a chronic condition, rarely are Hepatitis A patients seen, and

if they are, they can be considered as acute cases. Patient will not have a hepatitis A status. Past infection or immunisation will record a positive IgG and an acute infection records a positive IgM. Coding options for Hepatitis are Viral hepatitis A with or without mention of coma 07.0 or 070.1 respectively.

Hepatitis B

Patients can have an acute or chronic infection with hepatitis B. If the patient has a continuing chronic infection then they can be regarded as carriers. They may still have some of the virus in the liver but no symptoms of the infection are visible. Hepatitis is detected by: a core antibody test, a surface antigen test and a surface antibody test. If the core antibody test is positive, the patient has had an infection. If the test is negative but they have a positive antigen test, then the patient has been vaccinated. The core antibody test must be done with the surface antigen, otherwise there is no way of determining the reason for the positive surface antibody.

The codes 070.2x or 070.3x (dependent on mention of hepatic coma) should be assigned when acute or chronic hepatitis is the primary reason for admission, the patient is symptomatic or the presence of chronic liver disease complicates the patient's care. Code V02.61 is to be used when the patient is hepatitis B surface antigen positive and is asymptomatic. Code 647.6x and V02.61 are to be used for obstetric patients who is hepatitis B surface antigen positive.

Progress Report on ICD-10-AM

It is 273 days to implementation. Yes, this is my job - to count down the number of days that Queensland has to implement

Hepatitis C

An indication to a patient infected with hepatitis C is a positive antibody blood test. Ninety percent of patients have a chronic infection which can be detected with a polymerase chain reaction (PCR) test.

The codes 070.4x or 070.5 (dependent on mention of hepatic coma) should be used when acute or chronic hepatitis is the primary reason for admission, the patient is symptomatic or there is presence of chronic liver disease complicates the patient's care. Code V02.62 should be assigned when the patient has hepatitis antibodies and is asymptomatic. The default for hepatitis C should be chronic.

Hepatitis D

A patient can only have hepatitis D if they also have hepatitis B and are surface antigen positive. Hepatitis D would only be coded if there are no active signs of hepatitis B, using the code 070.52.

Remember if any doubt occurs, clarify the issues with your clinicians.

Queensland Health Data Dictionary

Managers from Public and Private Hospital, National Centre for Classification in Health (NCCH) and Private Hospitals Association of Queensland. Part of the Steering Committee's role is also to determine

ICD-10-AM. I am perfectly suited to this type of project - I'm mad, a Health Information Manager and even a coder in my earlier MRA days. My previous experience lies obviously in Medical Record Departments but has seen me as a Health Service Planner and Health Promotion Coordinator for a brief spell. I have even dabbled in casemix over the years.

My role as ICD-10-AM Implementation Project Officer is part-time and we will be advertising very shortly for the full-time position - so line up everyone and update those CVs - this is a great position for the right to person to work with a great set of people on a National project and be responsible (but not alone) for the Queensland leg!! Anyone interested so far. This tells you nothing about the project though so here goes!

My role so far has been to form a Steering Committee and three working parties, Education, Technical and Impact Assessment, which will direct the implementation of ICD-10-AM in Queensland.

The objective of the Steering Committee is to provide a forum at the Statewide level to discuss, resolve and make recommendations on the implementation of ICD-10-AM. The sponsor of the project is Ross Pitt, Deputy Director-General (Planning and Systems) and membership of the Steering Committee includes representatives from the Health Information Centre, Pricing Policy Unit, Corporate Information Systems Unit, Public Hospital, Health Information usually work Monday and Tuesday from Queensland Health and varying times (Rowena dependent) from home. My contact details are:

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So what's in store for the future? Well I can tell you that we are working Towards the Perfect 10 - but as you well know the wheels turn slowly.

Queensland's readiness to meet the proposed 1 July 1998 implementation date; and determine the feasibility, related costs and issues associated with postponing implementation

As mentioned previously three working parties are being developed and their roles are as outlined:

Education Working Party role is to develop a statewide education strategy that complements the NCCH's national education strategy for all stakeholders;

Technical Working Party will complete an analysis of all data collection information systems maintained by Queensland Health (including HBCIS) and private hospitals, that currently store ICD-9-CM coded data and identify what changes will need to be made to the systems' reference files, menu structure, load programs, data extraction procedures and any other affected components, identify the costs and implement the necessary changes to these systems by 31 May 1998; and

Impact Assessment Working Party role is to develop tools to monitor the effect of the introduction of ICD-10-AM on data processes and users, quality information output, the clinical coding workforce, coding output and AN-DRG assignment post implementation.

I have also been heavily involved in Queensland Health's response to the Coopers and Lybrand Impact Assessment Questionnaire.

So please bear with me and if you would like to know more please call me I

