

Codefile

Quarterly Newsletter of the
Queensland Coding Committee

E-Bulletin Volume 26

Issue No. 38

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1. Coding Auditing/ Education Update

The CAE team conducted a coding audit at Redcliffe Hospital in June.

Sadly, Kathy (Denece) Frampton's secondment has come to an end. She will be leaving the Data Quality team to return to the Gold Coast hospital. Kathy has done such a wonderful job for us during her stay. She not only assisted us with our audit programme; she was co-opted into software testing in preparation for the roll out of 7th Edition. Well done, Kathy!

In the last week we have welcomed a new member to our team, Rachel Halech. Rachel will be working in the Clinical Classification Auditor/Educator position. Rachel is a Health Information Manager (HIM) with a high level of experience in both Clinical Coding and Terminology. We are looking forward to Rachel working with us and bringing her expertise to our auditing programme.

2. Codefinder Update

The Statistical Standards Unit (SSU) continues to provide Codefinder support to all public hospital clinical coding personnel.

The 3M Codefinder version 5.2.5 was rolled-out to all Queensland Health facilities from 1 July.

If you do not have version 5.2.5 installed on your PC, please contact the help desk on 1800 198 175.

The latest Codefinder pathway issues list (the "Bug list") is now available on the Coders InSite Website:

<http://qheps.health.qld.gov.au/qhcs/home.htm>

Please refer to this list if you find an issue with a coding pathway or any other Codefinder functionality. The bug list is a very useful document containing work-arounds for known pathway issues in Codefinder. If you encounter an error with a Codefinder pathway that is not on this list or require Codefinder assistance, please contact the Codefinder Support Officer at Codefinder@health.qld.gov.au or phone (07) 3224 7833.

Support issues include reporting faults or issues with any of the coding pathways and advice and assistance with the use of certain Codefinder features.

3. Performance Indicators for Coding Quality (PICQ2008™) Update

The Health Statistics Centre (HSC), Performance and Accountability (Panda) Division, has purchased a state wide licence for Performance Indicators for Coding Quality 2008 (PICQ2008™) from the National Centre for Classification in Health (NCCH).

The PICQ2008™ version contains a series of indicators that analyse admitted patient hospital morbidity data coded using ICD-10-AM 6th edition and the Australian Classification of Health Interventions (ACHI) 6th Edition.

The HSC provides PICQ2008™ **free** to all requesting public and private hospitals and Health Service Districts that provide coded hospital morbidity data to Queensland Health.

Note that PICQ2008™ is intended for use with ICD-10-AM/ACHI/ACS 6th Edition and will have issues with separations from 1 July 2010 which includes new 7th Edition codes and excludes end-dated 6th Edition codes.

PICQ is a University of Sydney product and, as a result, will continue to be supported by the University of Sydney. Investigations are under way as to whether the University intends to continue to update the PICQ product with 7th Edition codes.

4. Coding Standard Advisory Committee (CSAC) Update

CSAC in its current format no longer exists but will continue in another format after 1 July 2010. The new Centre at the University of Wollongong (UoW) will be known as the National Casemix and Classification Centre (NCCC). The NCCC is part of the UoW Centre for Health Service Development (CHSD) Sydney Business School.

The Australian Department of Health and Ageing (DoHA) has contracted the UoW to refine the AR-DRG Classification System which includes:

- The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), the Australian Classification of Health Interventions (ACHI), the Australian Coding Standards (ACS);
- and The Australian Refined Diagnosis Related Group (AR-DRG) classification.

The NCCC website can be accessed at: <http://nccc.uow.edu.au/about/aboutnccc/index.html>

5. QCC Update

The Queensland Coding Committee continues to meet monthly. In the last 3 months since the April meeting, the QCC has reviewed **23** queries.

If you are interested in being informed of a response to a query that is not yet available on the QCC website, please email your request to QCC@health.qld.gov.au. We will email you the query response when it has been ratified by the Committee.

6. QCC Membership

The Queensland Coding Committee released an Expression of Interest for a Paediatric Coding Specialist in March. Applications received were of a very high standard. As a result of the Expression of Interest, QCC welcomed 2 new members. Welcome to Patrina Dixon from The Royal Children's Hospital and Karen Buckley from Mater Health Services. Both Patrina and Karen have a high level of knowledge relating to all areas of coding and particularly paediatric coding.

7. Tender for Clinical Coding Compliance and Quality Review Service

HSC have released a tender for an external audit of Casemix funded hospitals in Queensland Health over a 12 month period.

The tender, Provision of a Clinical Coding Compliance and Quality Review Service in Queensland Hospitals SSU001A is due to close 22 July.

8. Activity-Based Funding Survey Coding Audit

The Finance Branch has contracted Ernst & Young to conduct reviews of clinical coding, counting rules and costing for the purpose of informing the move towards Activity-Based Funding.

The Health Statistics Centre has requested a copy of the review recommendations.

9. Arrows and Values

In Coding Matters Vol 16 No 2 the following advice was given by the NCCH pertaining to the use of abbreviations and symbols:

When can coders use abbreviations and symbols documented in the clinical record to assign conditions, eg ↓Hb or Hb 98 documented and transfusion given – can anaemia be assigned? ↓K or K2.9 documented and potassium supplements commenced – can hypokalaemia be assigned?

Clinicians sometimes use abbreviations and symbols to document conditions in the clinical record. Each case should be assessed on its own merits to determine if the documentation sufficiently describes a condition that meets the criteria in ACS 0001 Principal diagnosis or ACS 0002 Additional diagnoses, in order to be coded. When ↓Hb or ↓K is documented as the indication for an intervention such as a blood transfusion or commencement of medication, a code for the condition can be assigned if the test result or clinician confirms that the patient's haemoglobin or potassium is below the normal range; as the criteria for code assignment in ACS 0001 or ACS 0002 has been met. See ACS 0010 General abstraction guidelines. So, where ↓Hb is documented as the indication for a transfusion and the test results and/or clinician verifies the patient's haemoglobin is below the normal range – follow the index pathway, Low, haemoglobin and assign D64.9 Anaemia, unspecified. Where ↓K is documented as the indication for commencement of medication and the test results and/or clinician verifies the patient's potassium is below the normal range, follow the index pathway Deficiency, potassium (K); Depletion, potassium; Hypokalaemia; or Hypopotassaemia and assign E87.6 Hypokalaemia.

However, if ICD-10-AM does not provide an index look up or there is uncertainty or ambiguity in relation to such abbreviated forms of documentation, they should be confirmed with the clinician prior to code assignment. Coders should not assign codes on the basis of test results alone.

10. 7th Edition Implementation

7th Edition of ICD-10-AM/ACHI/ACS was implemented within Queensland Health. Consequently, all separations from 1 July 2010 are to be coded according to 7th Edition.

11. Multiple External Cause Codes

The QCC recently had a query regarding the requirement for additional external cause codes in the following scenario.

Query:

Patient presented to hospital with acute cholecystitis that was subsequently defined as a post op complication from a previous procedure

The codes used were:

T81.8 - Other complications of procedures not elsewhere classified

Y83.8 - Surgical procedure

Y92.22 - Health Service Area

K 81.0 - Acute cholecystitis

The dilemma of the enquiring hospital was, "Do we need to include another set of external cause codes under the cholecystitis code?"

QCC Response:

The QCC recommends that the duplication of external cause codes should occur where the chapter codes add information and are related to the condition requiring external cause codes.

Therefore, for the above scenario, the following code set would apply:

Where T81.8 (and the associated condition) is the principal diagnosis:

T81.8 - Other complications of procedures not elsewhere classified

Y83.8 - Surgical procedure

Y92.22 - Health Service Area

K81.0 - Acute cholecystitis

Y83.8 - Surgical procedure

Y92.22 - Health Service Area

Where T81.8 (and the associated condition) is an additional diagnosis:

T81.8 - Other complications of procedures not elsewhere classified

K81.0 - Acute cholecystitis

Y83.8 - Surgical procedure

Y92.22 - Health Service Area

Queensland Health Coders please note:

Within HBCIS, where an external cause is duplicated (including its prefix) a fatal error is generated. In the scenarios above it is important to note that the prefix **should not** be duplicated.

12. Coders InSite

Did you know that the Coders InSite website has a Clinical Coding Pool webpage? http://qheps.health.qld.gov.au/qhcs/html/careers_pool.htm This page offers a free service to individuals from Queensland Health facilities with relevant coding qualifications the opportunity to submit their availability to the Coding Pool. Your information will be displayed on the intranet for any Queensland Health personnel to peruse and possibly contact you if they have any clinical coding vacancies (for example, short term contracts).

There is also a vacancies page: http://qheps.health.qld.gov.au/qhcs/html/careers_vacancies.htm

This is a free service for individuals from Queensland Health facilities to submit vacancies limited to short-term contracts, expressions of interest and temporary vacancies related to Clinical Coding. To register your details on the Clinical Coding Pool or the Vacancies webpage please do so via the Coders InSite website.

If you have a coding resource you would like to submit to Coders InSite, or even an event you wish to advertise, please contact the Data Quality team at qcc@health.qld.gov.au. There are also helpful guidelines on how to submit a resource, located on the Coders InSite website:

http://qheps.health.qld.gov.au/qhcs/html/publish_process.htm

13. Codefile Comments, Queries and Suggestions

Please forward your Codefile comments, queries or suggestions to:

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