
Supplementary codes for chronic conditions: twelve months on

Statistical Services Branch, Queensland Health

For further information contact:

Statistical Services Branch
Queensland Health
GPO Box 48
Brisbane Queensland 4001 Australia
hlthstat@health.qld.gov.au
www.health.qld.gov.au

Contributors: Chris Moser and Sandra Martyn

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On the 1st July 2015, a new temporary subset of diagnosis codes (U78 to U88) was implemented as part of The International Statistical Classification for Diseases and Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) Ninth Edition, as supported by the new Ninth Edition Australian Coding Standard (ACS) 0003 *Supplementary codes for chronic conditions*. These new diagnosis codes are able to be assigned for chronic conditions that are present on admission and where the condition does not meet the criteria for coding (as instructed in ACS 0002 *Additional diagnoses* and other general and specialty standards, coding conventions, and coding rules),* i.e. supplementary codes for chronic conditions represent conditions that would normally not be included in the admitted patient data collection.

The new subset of codes is included in Chapter 22 *Codes for special purposes* and gathered into disease groups using 3 character categories. Each 3 character category includes the newly created individual chronic condition diagnosis codes. The specific conditions included are a subset of recognised chronic conditions. Not all chronic conditions have been assigned a supplementary code.

The supplementary codes for chronic conditions are also excluded from the Australian Refined - Diagnosis Related Group (AR-DRG) Version 8.0 grouper. This means that the supplementary codes for chronic conditions are not used in the grouping of diagnosis related group (DRG) allocation but are available for analysis and will allow for greater understanding of additional diagnoses.

Online training was provided for clinical coders in the assignment of the supplementary codes for chronic conditions. Additional Index information was provided to the coding community in Errata 2 (September 2015) to provide further clarity in regards to which diagnosis codes in chapters other than Chapter 22 related to which supplementary codes for chronic conditions.

There has been a sizable uptake in the assignment of these codes. For the financial year 2015-2016, 1,100,303 supplementary codes for chronic conditions were assigned as part of the Queensland Hospital Admitted Patient Data Collection (QHAPDC).

Table 1: Supplementary codes for chronic condition, Queensland 2015-16

3 character category	Description	Count
U78	Endocrine, nutritional and metabolic diseases	75,570
U79	Mental and behavioural disorders	141,101
U80	Diseases of the nervous system	30,575
U82	Diseases of the circulatory system	492,462
U83	Diseases of the respiratory system	156,118
U84	Diseases of the digestive system	4,968
U86	Disorders of the musculoskeletal system and connective tissue	166,107
U87	Diseases of the genitourinary system	31,784
U88	Congenital malformations, deformities and chromosomal abnormalities	1,618

* Australian Consortium for Classification Development (2015) *Australian Coding Standards Ninth Edition - 1 July 2015*. Darlinghurst: Independent Hospital Pricing Authority.

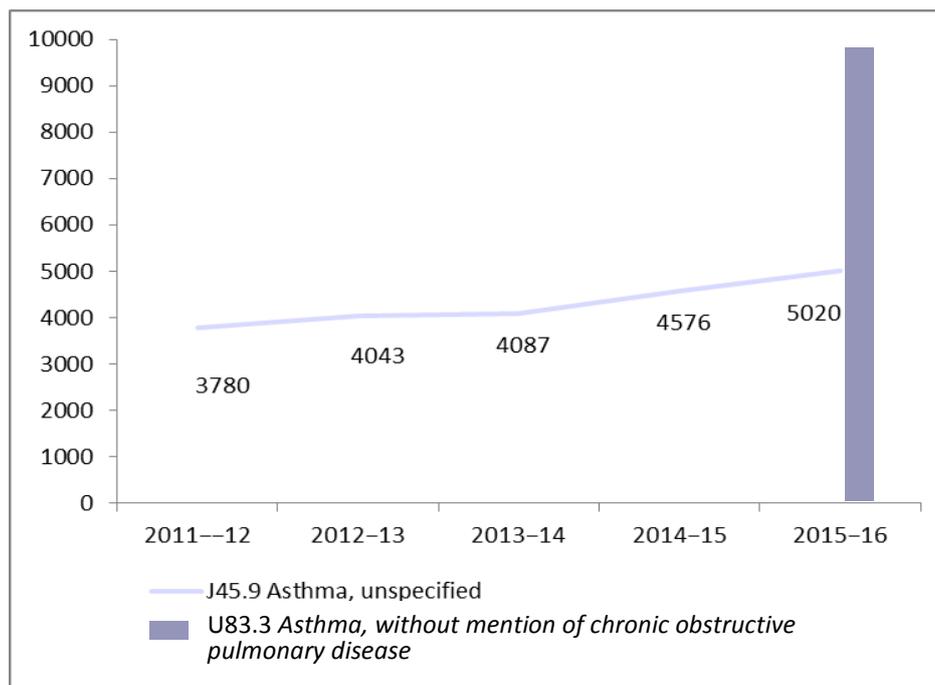
Within each of the 3 character categories, there may be one or more specific chronic conditions included. All supplementary codes for chronic conditions were assigned at least once in 2015-16. The rate of code assignment for each supplementary code for chronic conditions ranges from 366,052 (U82.3 *Hypertension*) to 101 (U83.5 *Chronic respiratory failure*). The top 5 most assigned supplementary codes for chronic conditions (Table 2) demonstrate the variety and frequency of chronic conditions which did not meet the criteria to enable assignment of diagnosis codes in alignment with ACS 0002 *Additional diagnoses*.

Table 2: Top 5 most assigned supplementary codes for chronic conditions, Queensland 2015-16

ICD-10-AM code	Description	Count
U82.3	Hypertension	366,052
U79.3	Depression	113,468
U86.2	Arthritis and osteoarthritis	108,679
U82.1	Ischaemic heart disease	106,828
U83.3	Asthma, without mention of chronic obstructive pulmonary disease	94,151

The collection of this additional subset of chronic condition diagnosis codes is allowing for a greater understanding of the pervasiveness of chronic conditions in the population. This can be seen in regards to asthma (J45.9 *Asthma, unspecified*). The incidence of hospitalised patients being treated (principal or additional diagnosis) for asthma while admitted has continued to increase over the past 5 years (Figure 1). The ability to capture the underlying chronic condition of asthma via the assignment of supplementary chronic condition code U83.3 *Asthma, without mention of chronic obstructive pulmonary disease* demonstrates the prevalence of this condition in the population which has previously not been able to be observed via the QHAPDC data set.

Figure 1. Code assignment for J45.9 *Asthma, unspecified* 2011-12 to 2015-16 and U83.3 *Asthma, without mention of chronic obstructive pulmonary disease* 2015-16.



When analysing data for the subset of chronic conditions from a treatment perspective, the Chapter codes should be used. If the analysis of the data relates to prevalence of chronic conditions, both the Chapter and supplementary codes for chronic conditions should be used.

It is recommended that anyone intending to analyse this data should contact the Statistical Services Branch for further information.

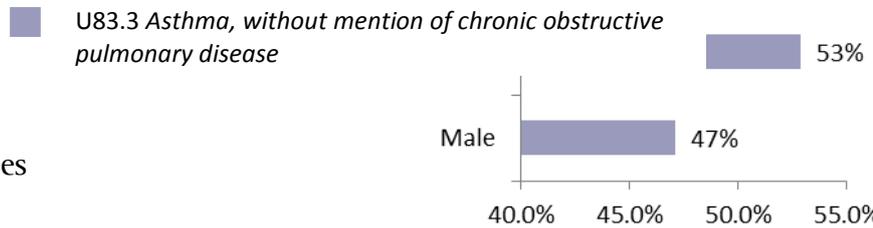
The ability to analyse this data with associated attributes has the promise to provide a greater understanding of chronic conditions.

Supplementary codes for chronic conditions with associated attributes

Sex

53%

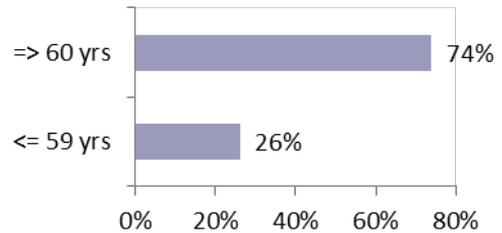
of codes are assigned to females



Age

74%

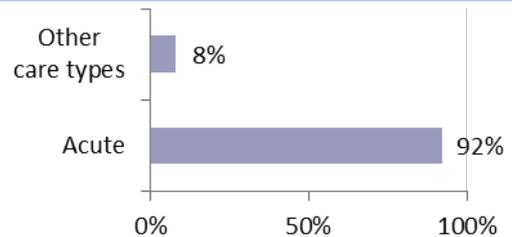
of chronic condition codes were assigned for patients 60 years or older



Care type

92%

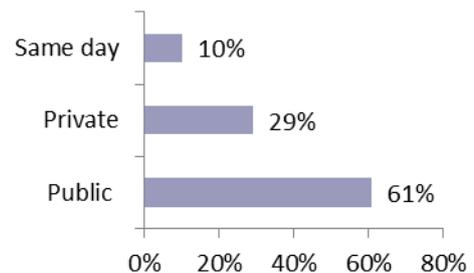
relate to acute episodes of care



Facility type

61%

of chronic conditions were assigned in public facilities



Source: Queensland Hospital Admitted Patient Data Collection.

Conclusion

Access to this new additional data will allow for greater understanding and awareness of those chronic conditions that are comorbidities for admitted patients. These are conditions that would have otherwise remained unavailable and invisible for reporting, clinical research and patient health management processes.

It is important to note that the implementation of the supplementary codes for chronic conditions also coincided with other coding changes as part of ICD-10-AM Ninth Edition, which may have impacted assignment of all diagnosis codes that are part of the QHAPDC.