

# QHAPDC Standard:

## Clinical Coding

### Purpose

This document has been created with the intention of promoting good practice and consistency of the morbidity data produced during the clinical coding process undertaken at Queensland Health facilities and supplied data to the Queensland Hospital Admitted Patient Data Collection (QHAPDC).

Queensland Health is a signatory to the National Health Information Agreement. The requirements for the collection and reporting of these data by Hospital and Health Services are mandated by Schedule 4 of the 2016/17 - 2018/19 Service Agreements.

Data relating to admitted episodes of care are to be coded using the current version of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification; Australian Classification of Health Interventions; and Australian Coding Standards (ICD-10-AM/ACHI/ACS).

ICD-10-AM and ACHI are statistical disease and intervention classifications. QHAPDC utilises these classifications as a means by which admitted patient activity can be reported, monitored, evaluated, planned for and researched, thereby allowing improved and objective decision-making.

### Applicability

This requirement is applicable to relevant staff within clinical coding and health information areas that are required to code, manage and supply admitted patient care data to the QHAPDC.

### Requirements

All clinical coders and health information managers required to assign codes for conditions (including certain health status and circumstances of injury and poisoning) and health interventions, manage and supply data relating to episodes of admitted patient care are to:

- Adhere to the rules, conventions and national standards, in accordance with:
  - ACS
  - ICD-10-AM and ACHI
  - Australian Consortium for Classification Development (ACCD) Coding Rules accessed via the [Classification Information Portal \(CLIP\)](#)
  - [Queensland Hospital Admitted Patient Data Collection \(QHAPDC\) Manual](#) requirements
  - Clinical Coding Authority Queensland (CCAQ) [Coding Queries and Responses](#).
- Ensure complete and specific coding of all conditions and procedures performed to accurately reflect the complexity of the episode and care provided whilst avoiding addition of codes not substantiated by documentation or as directed by ACS or current state and or national coding advice.

- Raise clinical/documentation queries where further information or clarification is required in order to accurately assign codes and identify condition onset.
- Undertake regular training in order to maintain and develop clinical coding skills and knowledge, regardless of experience and length of service.
- Ensure continual improvement of clinical coded information within Queensland Health through ongoing systematic audit and quality assurance processes and procedures.
- Input accurate and complete coded information as documented by clinicians during the episode of care into the Queensland Health Patient Administration System (PAS), Hospital Based Corporate Information System (HBCIS), at the time of coding and within the designated time scales to support the information requirements of Queensland Health.

The application of local coding rules is not permitted as this may affect state and national data reporting and analysis.

Clinical coding queries from a facility or Hospital and Health Service, for which there is no index pathway or current ACCD/CCAQ advice, should be forwarded to CCAQ, following the [Coding Query Guide](#) of the CCAQ.

## Compliance, monitoring and evaluation

Hospital and Health Services are responsible for monitoring their compliance with this requirement.

The System Manager will monitor compliance with this requirement through the edit validation process and data audits.

The Healthcare Purchasing and System Performance Division may provide updates to Chief Executives of Health and Health Services, the Director General, the Chief Executives of Private Health Care Providers and other relevant persons regarding the findings of the compliance monitoring activities.

## Related Resources

- Australian Consortium for Classification Development (ACCD) Coding Rules accessed via the [Classification Information Portal \(CLIP\)](#)
- [Queensland Hospital Admitted Patient Data Collection \(QHAPDC\) Manual](#)
- Clinical Coding Authority Queensland (CCAQ) [Coding Queries and Responses](#) and [Coding Query Guide](#).