Impact of changes to coding of rehabilitation episodes of care

Statistical Services Branch, Queensland Health

For further information contact:

Statistical Services Branch
Queensland Health
GPO Box 48
Brisbane Queensland 4001 Australia
tel (+61) (07) 3708 5702
hlthstat@health.qld.gov.au
www.health.qld.gov.au

Contributors: Chris Moser, Sandra Martyn and Sue Cornes

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What is the purpose of this technical report? This report outlines the significant changes to the coding standards for rehabilitation episodes of care that were implemented as part of The International Statistical Classification for Diseases and Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) Ninth Edition on 1 July 2015. This is impacting reporting continuity.

What are the implications for users of the data?
When analysing data relating to principal diagnosis, consideration should be given to the impact of these changes and to the selection of care types used for deriving counts.

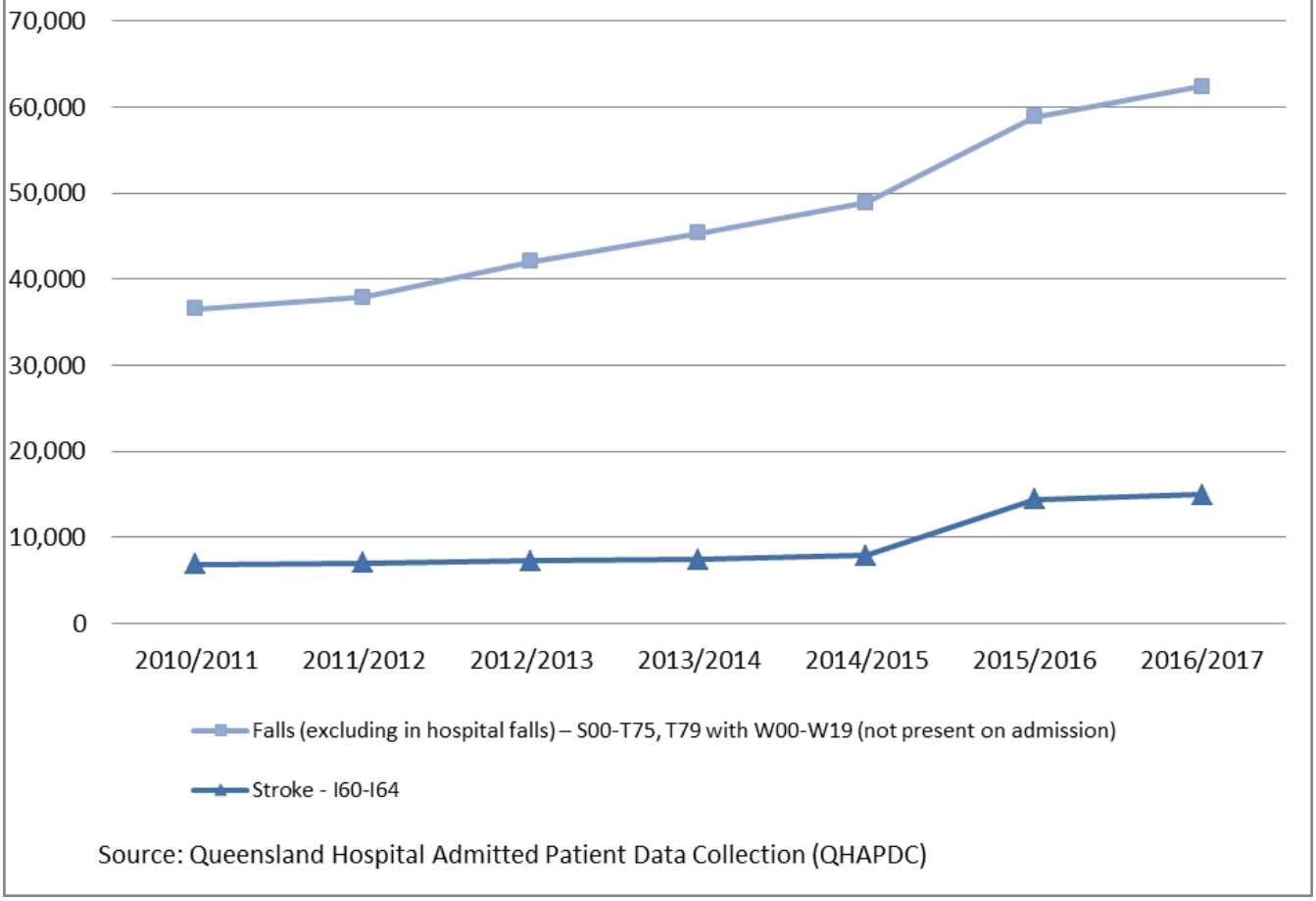
The implementation of The International Statistical Classification for Diseases and Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) Ninth Edition on 1 July 2015 and subsequent changes to the Australian Coding Standards (ACS) relating to rehabilitation episodes of care has significantly impacted reporting and analysis.

Prior to 1 July 2015, a code from the range Z50.- *Care involving use of rehabilitation procedures* had to be assigned as the principal diagnosis code for rehabilitation episodes of care. The changes included in the ICD-10-AM and ACS Ninth Edition required the underlying condition that necessitated rehabilitation care to be the principal diagnosis and the Z50.- diagnosis code to be assigned as an additional diagnosis code. See Appendix A for background information.

A number of state-wide and national indicators use principal diagnosis for reporting on specific conditions. There is an apparent spike in conditions such as stroke[1] and falls[2] (excluding in hospital falls) for admitted episodes of care from 2015/2016 (Figure 1). Prior to 2015/2016 these episodes had a principal diagnosis of Z50.- for the rehabilitation episode of care, as required by the coding standards. Strokes and falls were being recorded as additional diagnoses, but they were masked by the coding standards requiring Z50.- to be assigned as the principal diagnosis code.

[1] Stroke includes diagnosis codes in the range I60-I64.
[2] Falls (excluding hospital falls) includes diagnosis codes in the range S00-T75, T79 with W00-W19 (not present on admission).

Figure 1: Admitted episodes of care for falls (excluding in hospital falls) and stroke, public and private hospitals, Queensland 2010/2011 to 2016/2017



Source: Queensland Hospital Admitted Patient Data Collection (QHAPDC)

Some conditions with relatively small numbers of episodes of care, such as rheumatic heart disease, are showing a significant increase in counts since 1 July 2015, now that they must be coded as a principal diagnosis in a rehabilitation episode of care.

Table 1 shows the impact of the changes from July 2015, as codes in the range Z50.-have been added to Australian Coding Standard 0050 *Unacceptable principal diagnosis codes* which listed ICD-10-AM codes that must never be assigned as the principal diagnosis.

Table 1: Admitted episodes with Z50.- *Care involving use of rehabilitation procedures* as the principal diagnosis, public and private hospitals Queensland, 2010/2011 to 2016/2017

2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
50,314	58,247	65,140	67,393	75,177	0	0

While the change to the coding standard only applied to rehabilitation episodes of care, the range of care types now able to be used for reporting has increased (Table 2).

Table 2: Admitted episodes of care with stroke (I60-I64) as the principal diagnosis, public and private hospitals Queensland, 2010/2011 to 2016/2017

Care type	2013-14	2014-15	2015-16	2016-17
Acute	6,849	7,182	7,487	7,873
Newborn	-	3	6	1
Geriatric evaluation and management	175	218	192	191
Psychogeriatric	2	1	2	-
Maintenance	38	41	78	17
Mental health	-	-	-	1
Rehabilitation	-	-	6,131	6,411
Palliative Care	371	451	473	441

Conclusion

The changes to coding standards as part of ICD-10-AM Ninth Edition have led to a significant shift in the assignment of principal diagnosis codes for many conditions and diseases.

Therefore when analysing data relating to principal diagnosis, consideration should be given to the impact of these changes and to the selection of care types used for deriving counts.

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

Appendix A: Background to ICD-10-AM and ACS Ninth Edition change

Prior to 1 July 2015, the Independent Hospital Pricing Authority (IHPA) commissioned a subacute tools project, which highlighted inconsistency in practice with assignment of principal diagnosis between patients in the palliative and rehabilitation care type episodes. The Australian Coding Standards at that time required that a code from Z50.- *Care involving use of rehabilitation procedures* be assigned as the principal diagnosis for rehabilitation episodes of care. The project recommended that the rehabilitation coding standard be revised to instruct use of Z50.- codes as an additional diagnosis code only (mirroring the classification guidelines for assignment of Z51.5 *Palliative care* to episodes of care involving palliative care). This would permit allocation of rehabilitation Z codes in acute episodes, and facilitate identification of patients who commence structured rehabilitation treatment programs before their acute episode of care is complete.[3]

[3] Australian Consortium for Classification Development (2015) TN630 Z50 *Care involving use of rehabilitation procedures,* Sydney, ACCD