Australian Refined Diagnosis Related Groups Version 10.0 Consultation

Healthcare Purchasing and System Performance

Background

IHPA is seeking feedback from stakeholders on the Australian Refined Diagnosis Related Groups (AR-DRG) classification Version 10.0 consultation paper, which was released on 11 May for public feedback.

The AR-DRG classification is an established classification used in all public and private hospitals in Australia to group admitted episodes of care into clinical and cost coherent groups. It is reviewed regularly to ensure it remains clinically relevant, maintains currency with clinical terminology and practice, and continues to be fit for purpose.

The consultation paper seeks stakeholders' views on the proposed changes to Version 10.0 of the AR-DRG classification which is due for release in 2019.

Consultation

The Department of Health, Queensland Government (the Department) has consulted stakeholders within the Department and Hospital and Health Services (HHS). Stakeholders were also encouraged to respond directly to IHPA. Note that this feedback is from the Department, unless identified as being from a specific Queensland stakeholder.

Overall Comments

The Department supports the two-year AR-DRG development cycle to ensure clinical currency and stability.

Although not specifically discussed in the consultation paper, the Department also recommends that IHPA remove validation rules associated with the sex of the patient. With the recent transition to non-conformist gender identities, procedures and conditions that were originally isolated to specific gender groups can now occur across the patient spectrum.

Responses to Consultation Questions

2. Refinements in AR-DRG V10.0

2.1.1 Diagnoses excluded from complexity calculation

Consultation questions:

1. Are there diagnoses proposed for exclusion (refer to Appendix B) that are considered significant in contributing to the complexity of treating a patient in an admitted episode of care that should remain in the complexity calculation for AR-DRG V10?

2. Are there other diagnoses not proposed for exclusion that should be added to the exclusion list?

Generally, the Department supports the diagnosis codes in the proposed exclusion from the complexity calculation. However, there are a number of diagnoses (and their respective codes) which should be retained as these significantly increase clinical care, review and resources during an admission, regardless of the DRG. These include:

- Abscess diagnosis codes as abscess are generally quite severe and require significantly more medical and nursing care.
- Some of the codes are used in a paediatric setting often contribute to the complexity of care delivered to the patient. Thus, a strong evidence base including paediatric clinical consultation is required to understand how IHPA has determined that these conditions do not increase the complexity of care.

Queensland stakeholders have reviewed the proposed diagnoses for exclusion in Appendix B on the consultation paper, and identified those which should be retained in the complexity calculation for AR-DRG V10.0; this list is provided as Appendix A of this response. The Department recommends that the list of diagnoses in Appendix A be retained in the complexity calculation for AR-DRG V10.

2.1.2 Stability of complexity calculations between AR-DRG version

Consultation questions:

3. Do you support the introduction of stabilisation methods to the AR DRG complexity model?

4. Are there other areas of the complexity model IHPA should be investigating to ensure stability between AR-DRG versions?

The Department supports the assertion that the introduction of stabilisation methods will improve the consistency of the complexity category assignment for future AR-DRG versions. However, a decision regarding changes to any of the levels in the classification system must be based on evidence-based data.

The Department notes that prior to the introduction of the Episode Clinical Complexity Model, a systematic review of diagnosis complexity weights had not occurred since AR-DRG V4.0 was introduced in 2000. The paper states that “a primary benefit of the Episode Clinical Complexity Model is the possibility to continually refine the model based on the most recent cost and diagnosis data”. The Department welcomes the improved alignment between Episode Clinical Complexity Model and cost / diagnosis data however

recommends that IHPA consider incorporating monetary inflation factors similar to the National Efficient Price (NEP) indexation rate to standardise complexity calculations with current cost impacts.

2.2 Caesarean sections

Consultation questions:

5. Do you support the proposal to differentiate caesarean section types in the AR-DRG classification?

6. Do you support using in labour or not in labour as the measure for differentiating caesarean sections in the AR-DRG classification?

The Department notes that differentiating caesarean section types would be beneficial for research and health service planning. However, there is currently no code or way to identify when an emergency caesarean is performed after commencement of normal labour without complications, i.e. a patient with a planned caesarean section (for maternal or clinical reason), who goes into early spontaneous labour early (but at full term) and requires an emergency caesarean.

Standalone differentiator for caesarean sections is anecdotal i.e. non-labour caesarean section (elective repeat) is different from for example, a non-labour patient with vasa previa who has ruptured membranes, is bleeding, but not in labour who presents at 2am on a Saturday night to a regional hospital where theatres are not staffed after hours.

The Department recommends defining labour versus established labour in the coding standards to guide clinical coders of the “start of labour” definitions. This will help determine the emergency / elective subtype for caesarean sections.

2.3 Nephrolithiasis interventions

Consultation question:

7. Do you support the proposed grouping of nephrolithiasis interventions in the AR-DRG classification for V10.0?

In principle, the Department supports the proposed grouping of nephrolithiasis interventions in the AR-DRG classification for V10.0 as the revised criteria are more clinical coherent. However, as highlighted in the literature, the proposed L43 ADRG may absorb high cost episodes of care and the ADRG complexity thresholds will need to be fully evaluated.

2.4 Removal of DRG for rehabilitation

Consultation question:

8. Do you support the removal of Z60 *Rehabilitation* on the basis that this ADRG is obsolete as a result of changes to the Australian Coding Standards (ACS)?

The Department supports the removal of Z60 Rehabilitation due to the changes in the ACS.

2.5 Liver procurement from a living donor

Consultation question:

9. Do you support reassigning living donor liver procurement episodes to ADRG H01 Pancreas, Liver and Shunt Procedures?

The Department supports the reassigning of living donor liver.

2.6 Osseointegration interventions

Consultation question:

10. Do you support reassigning episodes with osseointegration interventions of the digits and limbs to ADRG I28 *Other Musculoskeletal Procedures*?

The Department notes that it is appropriate to remove osseointegration interventions of the digits and limbs from ADRG I15 Cranio Facial Surgery and supports that these procedures be added to a more appropriate ADRG such as I28 Other Musculoskeletal Procedures.

3. Proposals reviewed and not implemented in AR-DRG V10.0

3.2 Review of the classification of specific diagnoses and interventions

Consultation question:

11. Do you agree with the recommendations that no change be made for AR-DRG V10.0 for acute rheumatic fever, personality disorders, involuntary mental health patient episodes, alcohol and drug disorders, dental extractions and restorations, endovascular clot retrieval, transcatheter aortic valve implantation, repetitive transcranial magnetic stimulation and stereo electroencephalography?

The Department supports IHPA's recommendations that no change be made for AR-DRG V10.0 for personality disorders, involuntary mental health patient episodes, alcohol and drug disorders, dental extractions and restorations, endovascular clot retrieval, transcatheter aortic valve implantation, repetitive transcranial magnetic stimulation and stereo electroencephalography.

Through previous consultations, Queensland has recommended IHPA consider establishing a separate DRG for Acute Rheumatic Fever (ARF) as it is difficult to measure the prevalence of ARF and the ability to access accurate information for statistical analysis is problematic. Unfortunately, IHPA has recommended no change for ARF due to the small number of admissions and that ARF "highlights social issues and access to appropriate health care services not necessarily resolved through modifying the AR-DRG classification". However, this ignores the importance of ARF and the sequalae of Rheumatic Heart Disease. Small patient cohorts are not an appropriate reason to not distinguish clinically significant conditions, as evidenced by other low volume DRGs including organ transplantations.

With the national focus on improving the health outcomes for indigenous patients, it is critical that the classification system clearly identify ARF. Queensland recommends that IHPA reconsider the decision not to establish a separate DRG for ARF.

4. Further work on AR-DRG v10

4.5 Release of AR-DRG V10.0 system materials

Consultation question: Do you foresee any system issues with the increase in characters of the AR-DRG version number with the introduction of AR-DRG V10.0?

The Department is concerned that there may not be adequate time for some legacy systems to be enhanced to enable the character limit change and therefore recommends that grouping software be made available as a priority once AR-DRG V10.0 is endorsed to maximise lead time prior to implementation.

Appendix A

Table 1 **Diagnoses recommended for inclusion in the complexity calculation for AR-DRG V10 (remove from the exclusion list Appendix B)**

ICD-10-AM code	ICD-10-AM code description
B30.8	Other viral conjunctivitis
B30.9	Viral conjunctivitis, unspecified
B37.9	Candidiasis, unspecified
C88.01	Waldenstrom macroglobulinaemia, in remission
C88.21	Other heavy chain disease, in remission
C88.31	Immunoproliferative small intestinal disease, in remission
C88.41	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma], in remission
C88.71	Other malignant immunoproliferative diseases, in remission
C88.91	Malignant immunoproliferative disease, unspecified, in remission
C90.01	Multiple myeloma, in remission
C90.11	Plasma cell leukaemia, in remission
C90.21	Extramedullary plasmacytoma, in remission
C90.31	Solitary plasmacytoma, in remission
C91.01	Acute lymphoblastic leukaemia [ALL], in remission
C91.11	Chronic lymphocytic leukaemia of B-cell type, in remission
C91.31	Prolymphocytic leukaemia of B-cell type, in remission
C91.41	Hairy-cell leukaemia, in remission
C91.51	Adult T-cell leukaemia/lymphoma [HTLV-1-associated], in remission
C91.61	Prolymphocytic leukaemia of T-cell type, in remission
C91.71	Other lymphoid leukaemia, in remission
C91.81	Mature B-cell leukaemia Burkitt-type, in remission
C91.91	Lymphoid leukaemia, unspecified, in remission
C92.01	Acute myeloblastic leukaemia [AML], in remission
C92.11	Chronic myeloid leukaemia [CML], BCR/ABL-positive, in remission
C92.21	Atypical chronic myeloid leukaemia, BCR/ABL-negative, in remission
C92.31	Myeloid sarcoma, in remission, in remission
C92.41	Acute promyelocytic leukaemia [PML], in remission
C92.51	Acute myelomonocytic leukaemia, in remission
C92.61	Acute myeloid leukaemia with 11q23-abnormality, in remission
C92.71	Other myeloid leukaemia, in remission
C92.81	Acute myeloid leukaemia with multilineage dysplasia, in remission
C92.91	Myeloid leukaemia, unspecified, in remission
C93.01	Acute monoblastic/monocytic leukaemia, in remission

ICD-10-AM code	ICD-10-AM code description
C93.11	Chronic myelomonocytic leukaemia [CMML], in remission
C93.31	Juvenile myelomonocytic leukaemia, in remission
C93.71	Other monocytic leukaemia, in remission
C93.91	Monocytic leukaemia, unspecified, in remission
C94.01	Acute erythroid leukaemia, in remission
C94.21	Acute megakaryoblastic leukaemia, in remission
C94.31	Mast cell leukaemia, in remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.61	Myelodysplastic and myeloproliferative disease, not elsewhere classified, in remission
C94.71	Other specified leukaemias, in remission
C95.01	Acute leukaemia of unspecified cell type, in remission
C95.11	Chronic leukaemia of unspecified cell type, in remission
C95.71	Other leukaemia of unspecified cell type, in remission
C95.91	Leukaemia, unspecified, in remission
E55.9	Vitamin D deficiency, unspecified
E61.1	Iron deficiency
E66.3	Overweight
E83.3	Disorders of phosphorus metabolism and phosphatases
E83.4	Disorders of magnesium metabolism
E83.8	Other disorders of mineral metabolism
G47.0	Disorders of initiating and maintaining sleep [insomnias]
H10.9	Conjunctivitis, unspecified
H11.3	Conjunctival haemorrhage
I51.6	Cardiovascular disease, unspecified
J06.9	Acute upper respiratory infection, unspecified
J30.0	Vasomotor rhinitis
J30.1	Allergic rhinitis due to pollen
J30.2	Other seasonal allergic rhinitis
J30.3	Other allergic rhinitis
J30.4	Allergic rhinitis, unspecified
K21.9	Gastro-oesophageal reflux disease without oesophagitis
K25.9	Gastric ulcer, unspecified as acute or chronic, without haemorrhage or perforation
K55.9	Vascular disorder of intstive, unspecified
K57.10	Diverticulosis of small intestine, without perforation, abscess or mention of haemorrhage
K57.30	Diverticulosis of large intestine without perforation, abscess or mention of haemorrhage
K57.50	Diverticulosis of both small and large intestine without perforation, abscess or mention of haemorrhage
K60.0	Acute anal fissure
L02.9	Cutaneous abscess, furuncle and carbuncle, unspecified

ICD-10-AM code	ICD-10-AM code description
L03.19	Cellulitis of limb, not elsewhere classified
L22	Diaper [napkin] dermatitis
L29.0	Pruritus ani
L29.1	Pruritus scroti
L29.2	Pruritus vulvae
L29.3	Anogenital pruritus, unspecified
L29.8	Other pruritus
L29.9	Pruritus, unspecified
M08.09	Juvenile rheumatoid arthritis, site unspecified
M65.09	Abscess of tendon sheath, site unspecified
M71.09	Abscess of bursa, site unspecified
N18.1	Chronic kidney disease, stage 1
N18.2	Chronic kidney disease, stage 2
N18.3	Chronic kidney disease, stage 3
O23.0	Infections of kidney in pregnancy
O23.1	Infections of bladder in pregnancy
O23.2	Infections of urethra in pregnancy
O23.3	Infections of other parts of urinary tract in pregnancy
O23.4	Unspecified infection of urinary tract in pregnancy
O23.5	Infections of the genital tract in pregnancy
O24.0	Pre-existing diabetes mellitus, Type 1, in pregnancy
O24.12	Pre-existing diabetes mellitus, Type 2, in pregnancy, insulin treated
O24.13	Pre-existing diabetes mellitus, Type 2, in pregnancy, oral hypoglycaemic therapy
O24.14	Pre-existing diabetes mellitus, Type 2, in pregnancy, other
O24.19	Pre-existing diabetes mellitus, Type 2, in pregnancy, unspecified
O24.22	Pre-existing diabetes mellitus, other specified type, in pregnancy, insulin treated
O24.23	Pre-existing diabetes mellitus, other specified type, in pregnancy, oral hypoglycaemic therapy
O24.24	Pre-existing diabetes mellitus, other specified type, in pregnancy, other
O24.29	Pre-existing diabetes mellitus, other specified type, in pregnancy, unspecified
O24.32	Pre-existing diabetes mellitus, unspecified, in pregnancy, insulin treated
O24.33	Pre-existing diabetes mellitus, unspecified type, in pregnancy, oral hypoglycaemic therapy
O24.34	Pre-existing diabetes mellitus, unspecified type, in pregnancy, other
O24.39	Pre-existing diabetes mellitus, unspecified, in pregnancy, unspecified
O24.52	Pre-existing intermediate hyperglycaemia, in pregnancy, insulin treated
O24.53	Pre-existing intermediate hyperglycaemia, in pregnancy, oral hypoglycaemic therapy
O24.54	Pre-existing intermediate hyperglycaemia, in pregnancy, other
O24.59	Pre-existing intermediate hyperglycaemia, in pregnancy, unspecified
O71.9	Obstetric trauma, unspecified

ICD-10-AM code	ICD-10-AM code description
Z06.51	Resistance to penicillin
Z06.58	Resistance to other beta-lactam antibiotics
Z06.63	Resistance to quinolones
Z06.69	Resistance to other specified antibiotics
Z07	Resistance to antineoplastic drugs