From: Susithra Satheakeerthy [redacted]
Sent: Thursday, 30 November 2023 12:58 PM
To: submissions.ihacpa <submissions.ihacpa@ihacpa.gov.au>
Subject: Some feedback

Hi,
These are some suggestions from a coder/manager/documentation auditor perspective.
I randomly typed them as I'm not sure which 'consultation questions' they fall into:

1. (?consultation question 6) Vaginal vault prolapse with cystocoele/rectocoele - Both AP repair and Sacrospinal ligament fixation are done (2 conditions; both are treated):

   When we code N99.3 as the PDx, we're omitting the Adx N81.1/N81.6 because of the following logic. The cystocoele/female/with prolapse of uterus pathway refers us only to code 'prolapse uterus'. The vault prolapse is a similar condition.

   This affects the DRG complexity. When the ADx (N81.1/N81.6) are not coded as Adx, the DRG is N06B. When they are added, the DRG is N06A. I think, a complex DRG (N06A) is appropriate to reflect that 2 procedures are performed here (AP repair and SSLF)

2. (?consultation question 3) More specific codes for the procedure 'Internal fixation' are needed:
   When the 'internal fixation of the bone' is the only procedure (withOUT a bone graft), we had to choose 47921-00[1554], which is not specific to any bones. Hence, the DRG does not reflect the correct classification (eg: long bones like radius/ulna/humerus/tibia/fibula and short bones like metatarsal/metacarpal/phalanges)

3. (?consultation question 9) Mesothelioma pathway for secondaries:
   Mesothelioma pathway for 'site classification' gives the codes only the primary neoplasms. There should be an option for 'secondaries' in that pathway to redirect us (especially the new coders) to the neoplasm table. (eg: mesothelioma with peritoneal secondaries)

4. Malignant effusions (pleural/ascites/pericardial):
   The coding pathway for effusion/pleura/malignant takes you to C78.2 which is the pleural secondaries. This leads to 2 problems:
   4.1: (?consultation question 9) When the pleural effusion is caused by a primary pleural mesothelioma, we need an indentation to choose 'primary' in this pathway (especially for the new coders)
   4.2: (?consultation question 8) Because of the above pathway, all effusions are now coded to 'malignancies'. We even have coding rules to support this (Q3588), quoting the exclusion notes on top of I codes (& also J codes). This contradicts another part of ACS0001 that says that 'when the underlying condition is known, the problem should be the PDx' (ACS0001 - example 3). In a broad aspect, this should be applicable to all effusions too. Coders need clarification on this. There should be an instruction for coders to code J90 as the PDx when a known primary pleural mesothelioma patient gets admitted only for a pleural tap

   .....perhaps the exclusion notes can be modified???

5. (?consultation question 9) To revise Q3527 transgender procedures:
   The coding rule advises to code F64 as Adx. F64 falls under the block 'disorders of adult personality and behaviour'. Therefore Z41.89 is a better PDx for gender dysphoria surgeries (Z41.1 represents 'cosmetic' but the a 'hysterectomy' in a male is not for an unacceptable appearance.

6. (?consultation question 9) ACS0010, viewing from a private hospital set-up:
   The above ACS states "Accurate clinical documentation is the responsibility of the treating clinician". In a private hospital set-up, the surgeons are not part of the hospital staff. It's very difficult to get accurate documentation by sending documentation queries. This delays the APC submission in time. Is that appropriate for hospitals to nominate a different (AHPRA qualified) resident medical officer to clarify coding queries related to the events occurred in the ward (outside the surgery time).

7. (?consultation question 9) External course code for 'vaginal vault prolapse after hysterectomy' N99.3. I think, N99.3 can be added to the list of codes that need no external course code (under ACS2001), because the code itself shows that it's caused by 'hysterectomy'.

Susithra Satheakeerthy
Clinical Documentation Improvement Audior

BURNSIDE HOSPITAL
Toorak Gardens

[redacted]
T [redacted] | File Share
E [redacted]
burnsidehospital.asn.au

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We recognise their Native Title Rights to Country, and we pay our respects to Elders past, present and emerging.