



**IHACPA**

# **Development of ICD-10-AM/ACHI/ACS Thirteenth Edition and AR-DRG Version 12.0**

**Consultation Paper**

November 2023

## **Development of ICD-10-AM/ACHI/ACS Thirteenth Edition and AR-DRG Version 12.0 – Consultation Paper — November 2023**

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# Glossary

<b>ABF</b>	Activity based funding
<b>ACHI</b>	Australian Classification of Health Interventions
<b>ACS</b>	Australian Coding Standards
<b>ADA</b>	Australian Dental Association
<b>ADRG</b>	Adjacent Diagnosis Related Group
<b>AHCAC</b>	Australian Health Classification Advisory Committee
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>APC NMDS</b>	Admitted Patient Care National Minimum Data Set
<b>AR-DRG</b>	Australian Refined Diagnosis Related Groups
<b>AMHCC</b>	Australian Mental Health Care Classification
<b>AN-SNAP</b>	Australian National Subacute and Non-Acute Patient Classification
<b>CAC</b>	Clinical Advisory Committee
<b>CCAG</b>	Classifications Clinical Advisory Group
<b>COVID-19</b>	coronavirus disease 2019
<b>DCID</b>	Diagnosis Cluster Identifier
<b>DCL</b>	Diagnosis Complexity Level
<b>DRG</b>	Diagnosis Related Group
<b>DTG</b>	Diagnosis Related Groups (DRG) Technical Group
<b>ECC Model</b>	Episode Clinical Complexity Model
<b>ECL</b>	electronic code list
<b>GI</b>	General Intervention
<b>ICD-10</b>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
<b>ICD-10-AM</b>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
<b>ICD-11</b>	International Statistical Classification of Diseases and Related Health Problems, Eleventh Revision

<b>ICD-O-3.2</b>	International Classification of Diseases for Oncology, Third Edition, Second Revision
<b>IHACPA</b>	Independent Health and Aged Care Pricing Authority
<b>INR</b>	International Normalised Ratio
<b>IT</b>	Information Technology
<b>ITG</b>	International Classification of Diseases (ICD) Technical Group
<b>JAC</b>	Jurisdictional Advisory Committee
<b>MBS</b>	Medicare Benefits Schedule
<b>MDC</b>	Major Diagnostic Category
<b>NEP</b>	National Efficient Price
<b>NHCDC</b>	National Hospital Cost Data Collection
<b>NHDISC</b>	National Health Data and Information Standards Committee
<b>Pricing Authority</b>	IHACPA's board
<b>SAC</b>	Stakeholder Advisory Committee
<b>TAC</b>	Technical Advisory Committee
<b>WHO</b>	World Health Organization

# 1. Introduction

## 1.1 Admitted care classification systems

The Independent Health and Aged Care Pricing Authority (IHACPA) refines and maintains the clinical classifications and coding standards that are used to classify admitted care activity in public and private hospitals in Australia:

- International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) – used to classify diseases, injuries and related health problems
- Australian Classification of Health Interventions (ACHI) – used to classify surgeries, therapies and health interventions
- Australian Coding Standards (ACS) – guidelines designed for nationally consistent application of ICD-10-AM and ACHI; collectively known as ICD-10-AM/ACHI/ACS
- Australian Refined Diagnosis Related Groups (AR-DRGs).

The AR-DRG classification groups admitted episodes of care into clinically meaningful and cost coherent groups and is underpinned by ICD-10-AM/ACHI/ACS.

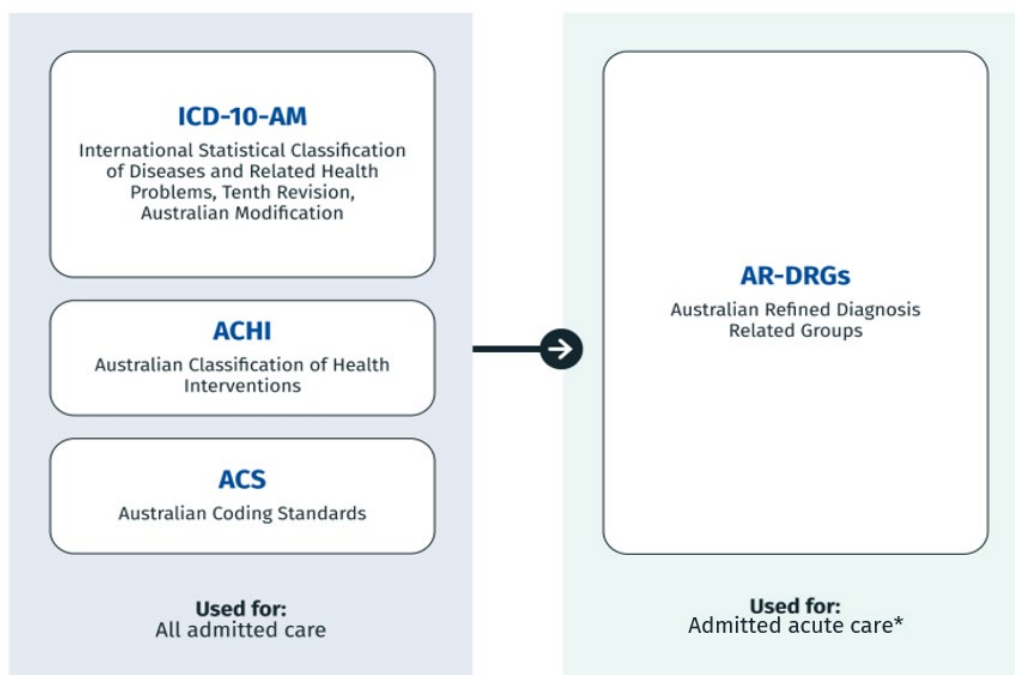
The classifications are developed in consultation with clinical, technical and jurisdictional stakeholders to ensure they remain current and fit for purpose.

The ICD-10-AM/ACHI/ACS and AR-DRG classification system underpins the activity based funding (ABF) framework for admitted acute care in public hospitals, but also serves multiple other purposes including research, education, epidemiology, health service planning and monitoring the quality of health care and patient safety.

AR-DRGs capture admitted acute activity and are used in calculating the National Efficient Price (NEP) for public hospital activity under ABF arrangements. The most recent version, AR-DRG Version 11.0 (V11.0), was released in July 2022 and has been implemented for pricing admitted acute care since 1 July 2023.

These classifications are interrelated but have different use cases as shown in **Figure 1**.

**Figure 1:** ICD-10-AM/ACHI/ACS is used for admitted patient care and underpins AR-DRGs for ABF.



\*AR-DRGs used for acute (including newborn) care.

## 1.2 Scope and purpose of public consultation

In addition to consultation through the clinical and technical advisory groups, IHACPA is undertaking a public consultation on major updates proposed for ICD-10-AM/ACHI/ACS Thirteenth Edition and AR-DRG Version 12.0 (V12.0) to ensure the broadest possible consultation across the public and private health sectors.

Submissions should be emailed to IHACPA Secretariat at [submissions.ihacpa@ihacpa.gov.au](mailto:submissions.ihacpa@ihacpa.gov.au).

Submissions close at 5pm AEDT on 1 December 2023.

All submissions will be published on [IHACPA's website](#) unless respondents specifically identify sections that they believe should be kept confidential due to commercial or other reasons.

This document assumes some knowledge of ICD-10-AM/ACHI/ACS and AR-DRG development. IHACPA recognises the importance of engaging a broader audience in this consultation process. Should your organisation require further resources to assist in understanding the ICD-10-AM/ACHI/ACS and/or AR-DRG development process, please contact IHACPA at [enquiries.ihacpa@ihacpa.gov.au](mailto:enquiries.ihacpa@ihacpa.gov.au).



# 2. Work programs for the admitted care classifications

In November 2022, Independent Health and Aged Care Pricing Authority (IHACPA) drafted work programs outlining development priorities for the Thirteenth Edition of ICD-10-AM/ACHI/ACS and AR-DRG V12.0.

Stakeholder feedback on priorities was sought and informed the work programs and included:

- issues held over from previous editions of ICD-10-AM/ACHI/ACS and AR-DRG V11.0 development
- areas identified through public and stakeholder submissions
- feedback received from stakeholders in response to public consultations on IHACPA's annual *Pricing Framework for Australian Public Hospital Services*
- areas referred from ICD-10-AM/ACHI/ACS to AR-DRG classification development and vice versa.

The work programs were reviewed by IHACPA's advisory committees and a list of priorities for ICD-10-AM/ACHI/ACS Thirteenth Edition and AR-DRG V12.0 were finalised.

## 2.1 Clinical and technical advisory committees for the admitted care classifications

In accordance with the [Governance framework for the development of the admitted care classifications](#) a number of clinical and technical advisory groups provide advice to IHACPA on the development of the admitted care classifications and ensure extensive consultation on proposed updates.

### 2.1.1 Classifications Clinical Advisory Group

The Classifications Clinical Advisory Group (CCAG) provides expert clinical advice on development proposals across the admitted care classifications. Members of this group have significant knowledge of classifications and casemix and include representatives from:

- Allied Health Professions Australia
- Australian College of Nursing
- Australian Commission on Safety and Quality in Health Care
- IHACPA's Clinical Advisory Committee nominee
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons.

### 2.1.2 International Classification of Diseases (ICD) Technical Group

The ICD Technical Group (ITG) is an advisory group that provides expert classification advice and technical input on ICD-10-AM/ACHI/ACS development.

ITG includes representatives from:

- Australian Government Department of Health and Aged Care
- State and territory health authorities
- Australian Commission on Safety and Quality in Health Care
- Australian Institute of Health and Welfare (AIHW)
- Australian Private Hospitals Association (APHA)
- Catholic Health Australia (CHA)
- Clinical Coders' Society of Australia (CCSA)
- Health Information Management Association of Australia (HIMAA)
- Classifications Clinical Advisory Group (CCAG)
- National Health Data and Information Standards Committee (NHDISC)
- New Zealand Ministry of Health
- Private Healthcare Australia (PHA).

### 2.1.3 Diagnosis Related Groups (DRG) Technical Group

The DRG Technical Group (DTG) is an advisory group that provides technical input and expert advice with respect to AR-DRG development and refinement.

DTG includes representatives from:

- Australian Government Department of Health and Aged Care
- State and territory health authorities
- Australian Private Hospitals Association (APHA)
- Catholic Health Australia (CHA)
- Classifications Clinical Advisory Group (CCAG)
- Clinical Coding Expert representative (Health Information Management Association of Australia) (HIMAA)
- New Zealand Ministry of Health
- Private Healthcare Australia (PHA).

### 2.1.4 Other advisory committees

Consultation on updates to the ICD-10-AM/ACHI/ACS classification system also occurs through IHACPA's [Clinical Advisory Committee](#), [Jurisdictional Advisory Committee](#), [Technical Advisory Committee](#) and [Stakeholder Advisory Committee](#).

# 3. ICD-10-AM/ACHI/ACS Thirteenth Edition Refinements

ICD-10-AM is an Australian Modification of the World Health Organization's (WHO) International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). The morphology of neoplasms in ICD-10-AM are also aligned with WHO's International Classification of Diseases for Oncology (ICD-O).

The WHO's International Statistical Classifications of Diseases and Related Health Problems, Eleventh Revision (ICD-11) is the new international standard for international disease reporting, having been adopted by the 72<sup>nd</sup> World Health Assembly in 2019 and coming into effect on 1 January 2022. ICD-10 is no longer being updated, with the last of its updates having been incorporated into ICD-10-AM Twelfth Edition, implemented in Australia from 1 July 2022. Updates to ICD-10-AM Thirteenth Edition align with ICD-11, where possible.

ACHI is based on the [Medicare Benefits Schedule](#) (MBS) and expanded to cover interventions not included within the MBS. The dental services chapter in ACHI is based on the Australian Dental Association's (ADA) publication [The Australian Schedule of Dental Services and Glossary \(ADA Schedule\)](#). **Table 1** provides a summary of updates from other classifications incorporated for ICD-10-AM Thirteenth Edition.

**Table 1:** Other classifications that have informed updates for ICD-10-AM/ACHI/ACS Thirteenth Edition.

Product	Version information
ADA	Thirteenth Edition of the ADA Schedule
MBS	Updates between July 2020 to March 2023
ICD-O	Updates based on Addendum to 2022 ICD-O Version 3.2

## 3.1 ICD-10-AM updates proposed for Thirteenth Edition

### 3.1.1 ICD-10-AM new and missing clinical concepts

Addressing gaps in the classification is considered a high priority. Public submissions were reviewed against the prioritisation principles detailed in the [Governance framework for the development of the admitted care classifications](#) and the Independent Health and Aged Care Pricing Authority's (IHACPA's) classification development principles to prioritise submissions that identify significant gaps in the classification that do not reflect contemporary clinical knowledge or practice.

The submissions were also assessed against other classifications including ICD-11 and other country modifications of ICD-10. Interventions have also been assessed against other international intervention classifications.

Most diseases and/or conditions in the admitted care setting can be classified to a code, even though sometimes the code might not specifically identify the disease or condition. The following updates are proposed for currency or to capture concepts that are either missing, important public health considerations or cannot be uniquely classified in ICD-10-AM:

- creation of a unique code for *postural orthostatic tachycardia syndrome [POTS]* as it is currently classified to a residual code for other disorders of autonomic nervous system
- expansion of R10.2 *Pelvic and perineal pain* to enable distinction between the male and female pelvis, completing the work commenced in Twelfth Edition to eliminate the need to use sex as a classification variable in the AR-DRG classification, i.e. this facilitates the removal of the last remaining sex edit in AR-DRGs
- removal of *Excludes* note to support R45.81 *Suicidal ideation* being assigned in addition to a mental health condition
- creation of R45.82 *Homicidal ideation*
- expansion of U73.8 *Other specified activity* to enable identification of intentional self-harm by poisoning or injury
- creation of Z72.7 *Use of vaping device*
- consideration of codes to capture concepts relating to voluntary assisted dying in admitted episodes of care
- broadening of terminology and the inclusion of more commonly used coagulation assays for anticoagulant monitoring as this is currently limited to international normalised ratio (INR).

1. Do you agree with the proposed changes to capture new, missing or important public health considerations in ICD-10-AM Thirteenth Edition?

### 3.1.2 Social factors

In ICD-10-AM Twelfth Edition, a new ACS *Socioeconomic and psychosocial circumstances* was introduced to encourage the capture of social factors in admitted patient care data collections with the intention to further refine social factors and cultural determinants of health for Thirteenth Edition to enhance data reporting.

Refinements have been made in ICD-10-AM Thirteenth Edition to better capture social factors such as homelessness, cultural determinants of health and concepts contextual to early parenting centres. It has also been identified that family, domestic and sexual abuse concepts in ICD-10-AM focus on physical rather than psychological abuse, so refinements have been made to include coercive control and emotional control at T74 *Psychological abuse*.

Specifically, ICD-10-AM codes have been created for:

- health literacy and other types of literacy
- workplace relationship and culture problems
- sheltered and unsheltered homelessness
- factors related to socioeconomic status or housing (for example, risk of homelessness)
- Aboriginal and Torres Strait Islander people and migrant cultural issues (for example, disconnect with culture and language barriers)

Other updates include enhancements to incorporate accommodating individuals following natural disaster events, such as floods, and other social factors related to bullying, employment issues such as job instability or difficult work schedules, air pollution exposure such as bushfire smoke and problems with social isolation in alignment with ICD-11.

An ACHI code for child protection assessment has also been created.

2. Are there additional considerations for the capture of social factors that should be considered for ICD-10-AM Thirteenth Edition (or a future edition)?

### 3.1.3 Other ICD-10-AM updates

Other enhancements to ICD-10-AM Thirteenth Edition, primarily in subacute settings, such as rehabilitation and palliative care include:

- creation of R41.81 for *Age associated cognitive decline* with age associated cognitive impairment as an *Inclusion* term
- amendment of the title of R54 to *Ageing associated decline* with the addition of ageing associated frailty and ageing associated decline in intrinsic capacity as *Inclusion* terms
- revision of category Z74 *Problems related to care-provider dependency* to improve specificity in areas of need for assistance with functional decline and to align with ICD-11
- expansion of Z75.2 *Other waiting period for investigation and treatment* to identify delays in discharge due to the need to wait for support services to be arranged.

## 3.2 ACHI updates for Thirteenth Edition

### 3.2.1 MBS updates between July 2020 to March 2023

Following the MBS Review Taskforce there have been changes to MBS items resulting in widespread changes across all chapters of ACHI, particularly the musculoskeletal chapter. Many concepts previously represented by separate MBS item numbers are now aggregated into one MBS item number requiring analysis to inform updates to ACHI. Major MBS updates for ACHI Thirteenth Edition encompass:

- amendments to block and code titles for microvascular repair, anastomosis and graft to include microsurgical techniques and anastomosis
- creation of codes for transcatheter mitral valvuloplasty, repair and replacement of aortic arch and heart valve explants of previous valve prostheses

- expansion of arthrodesis and excision of lesion codes to incorporate site specificity of ankle, hindfoot and midfoot with codes for revision of these interventions
- addition of codes to classify correction of hallux valgus or varus deformities
- addition of codes for neurolysis and nerve decompression of the arm and revision of carpal tunnel release
- simplification of oesophagectomy, laparoscopic abdominal wall hernia repairs and radical orchidectomy
- significant amendments to *Instructional* notes across all chapters of ACHI, particularly noting the inclusion of components of interventions and amendments to code titles in the circulatory and musculoskeletal chapters
- updating of terminology for clinical currency.

### 3.2.2 Updates to incorporate the Thirteenth Edition of the ADA Schedule

Major ADA updates proposed for ACHI Thirteenth Edition include:

- relocation of codes for intraoral osseointegrated dental implants from Chapter 5 *Procedures on nose, mouth and pharynx* to Chapter 6 *Dental Services* with expansion of codes
- creation of codes for guided endodontic repair, remodelling, repair and adjustment of prostheses
- updating terminology for clinical currency and addition of *Includes* notes at existing codes to capture more detail.

### 3.2.3 Updates relating to new or missing clinical concepts

A number of submissions have been received to incorporate new health technology in ACHI. These are mostly received through the Australian Classification Exchange (ACE) portal, that receives public submissions related to ICD-10-AM/ACHI/ACS and AR-DRGs. Submissions may also be made through IHACPA's [New Health Technology Policy](#). Submissions that identified gaps in ACHI were prioritised. Most interventions in the admitted care setting can be classified to a code even though sometimes the code might not be specific.

A review of Adjacent Diagnosis Related Group (ADRG) 801 *General Interventions Unrelated to Principal Diagnosis* also highlighted the absence of a code for pulmonary embolectomy, that caused grouping to ADRG 801 due to the lack of a specific intervention code.

Consequently, a number of new or revised codes are proposed for ACHI Thirteenth Edition:

- creation of a code for pulmonary embolectomy
- creation of a code for reconstruction of breast, not elsewhere classified that includes therapeutic mammoplasty
- creation of 30390-02 **[1926]** *Laparoscopic approach, not elsewhere classified* to enable identification of interventions performed laparoscopically separately from those performed for diagnostic/exploratory purposes.

3. Are there other new interventions that should be uniquely classifiable in ACHI for Thirteenth Edition (or a future edition)?

### 3.2.4 Organ, tissue and cell procurement and transplantation

As a result of the Department of Health and Aged Care's [National Strategy for Organ Donation, Retrieval and Transplantation and Transition Action Plan](#), a review of ICD-10-AM and ACHI codes related to the classification of organ donation, procurement and transplantation was undertaken.

The review demonstrated an opportunity to improve the classification of organ and tissue procurement and transplantation. Significantly, ACHI code 14203-01 *Direct living tissue implantation* is assigned for multiple tissue and stem cell transplants providing an opportunity to expand the classification to better identify the more common tissue and cell transplants.

Review of the classification of organ donation, procurement and transplantation led to the following updates proposed for ACHI and ICD-10-AM Thirteenth Edition:

- creation of intervention codes for transplantation of thyroid and parathyroid tissue, adrenal tissue, thymus, islet cells, amniotic stem cells, adipose-derived stem cells, and chondrocyte/cartilage
- creation of intervention codes for procurement for all the above
- addition to existing and new procurement codes to identify living and posthumous donors to allow these to be uniquely classified
- expansion of codes in ICD-10-AM at category Z52 *Donors of organs and tissues* to include unique codes for donor of chondrocyte/cartilage, limbal stem cells, lung, lung and heart, intestine, pancreas, and multiple organs and tissues.

4. Are there any additional considerations for organ, tissue and cell and procurement and transplantation that should be prioritised for ICD-10-AM and ACHI Thirteenth Edition?

## 3.3 ACS updates

### 3.3.1 Cluster coding

Cluster coding is a mechanism of linking related diagnosis codes through use of a diagnosis cluster identifier (DCID) to enhance the value of coded data.

Codes are considered 'related' when they connect the circumstances of an event or certain other code relationships together.

Currently, any relationship between ICD-10-AM codes is limited to what can be determined through the sequencing of codes in the clinical coding process. However, when complex conditions require multiple codes, sequencing alone is not sufficient for users to understand the relationship between codes. With cluster coding, the relationship between codes becomes clearer enhancing context and meaning, thereby improving the utility of the coded data.

Clustering will add value by:

- reducing assumptions in the interpretation of coded data

- enhancing safety and quality reporting
- enhancing reporting of chronic conditions
- eliminating the need to review coded data to establish relationships between codes
- supporting future funding models
- preparing for a potential future implementation of ICD-11 where clustering is a feature.

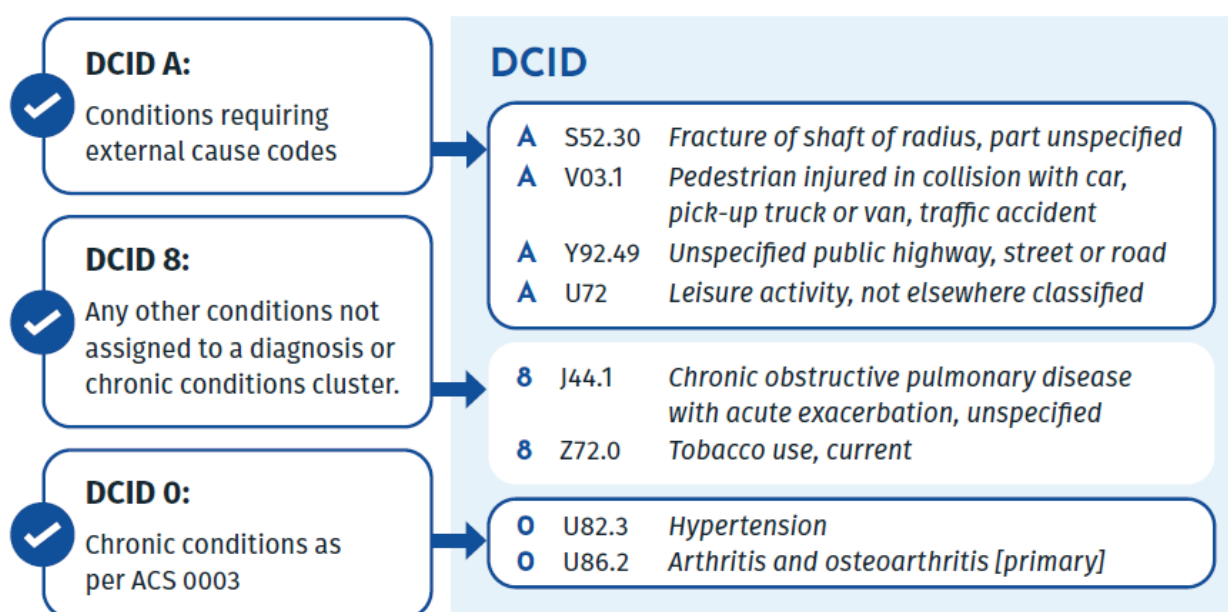
IHACPA is proposing a staged approach to the implementation of cluster coding. For ICD-10-AM Thirteenth Edition, the first stage will consist of clustering the following conditions:

- ICD-10-AM codes that require or are associated with the assignment of external cause codes
- supplementary codes for chronic conditions assigned in accordance with ACS 0003 *Supplementary codes for chronic conditions*.

While the latter has minimal impact, importantly it will socialise the concept of clustering.

Clustering will require certain DCID values to be assigned against each diagnosis code in an episode of care. DCID A through to ZZ will identify diagnosis clusters (each value representing a separate cluster), for example, DCID 0 will identify a chronic conditions cluster, and DCID 8 will identify codes that are not in a diagnosis cluster or a chronic conditions cluster.

**Figure 2:** How the DCID will cluster codes in an episode of care



ACS 0004 *Diagnosis cluster identifier (DCID)* has been developed to provide classification guidelines for cluster coding.

IHACPA will also conduct a pilot in early 2024 to test the proposed classification guidelines. The results will be used to refine ACS 0004 prior to implementation and to inform areas for new edition education.



IHACPA is also working with NHDISC on the metadata design of the diagnosis cluster identifier data item. IHACPA will seek to integrate this data item into the Admitted Patient Care National Minimum Data Set (APC NMDS) 2025–26 to align with the proposed implementation of Thirteenth Edition on 1 July 2025.

The introduction of cluster coding will also require an amendment to the ICD-10-AM electronic code list (ECL) (see [3.5.1 New field for cluster coding](#)).

5. Are there any additional considerations for the implementation of cluster coding that should be prioritised for ICD-10-AM Thirteenth Edition?

### 3.3.2 Refinement of ACS 1904 *Procedural complications*

ACS 1904 *Procedural complications* guides clinical coders in the classification of injury or harm arising from surgical or medical care, also known as procedural complications, that are complications of health care interventions that result in harm to a patient.

In July 2016, ACS 1904 *Procedural complications* was amended for Tenth Edition with an aim to clarify what is routine and enhance specificity in the classification of complications arising out of surgical and medical care in an admitted episode of care.

Since that time, IHACPA has received multiple requests from stakeholders identifying issues with ambiguity in application of the guidelines. In addition, the presence of end-of chapter residual complication codes in the ICD-10-AM Tabular List has led to complexity and inconsistency, including uncertainty in assigning additional codes for specificity.

A review of these areas has identified value in revising the structure of the standard, the ICD-10-AM Tabular List codes and the external cause codes for procedural complications, without changing the principles of the standard. An overlap in classification advice between ACS 1904 and ACS 0002 *Additional diagnoses* was noted and consequently ACS 1904 has been amended to maintain focus on the classification guidelines required to assign codes for complications of surgical and medical care.

The following updates are proposed for Thirteenth Edition:

- renaming of ACS 1904 to *Complications of surgical and medical care* to align with terminology in the ICD-10-AM Tabular List
- elimination of circular ICD-10-AM Tabular List *Instructional* notes, by siting *Excludes* notes at the broader concept where possible, and cross referencing to the more specific concept
- new ACHI codes to capture stone spill during cholecystectomy and haematoma following cardiovascular catheter-based interventions
- simplification and clarification of the language and terminology
- elimination of ambiguity and overlap with other standards
- removal of redundant end of chapter residual codes from the ICD-10-AM Tabular List
- expansion of certain external cause codes for health care intervention complications to improve intervention specificity.

IHACPA is continuing to work with ICD Technical Group (ITG) to clarify and refine the guidelines and is planning to pilot the revised ACS 1904 for Thirteenth Edition.

6. Are there any additional considerations for the implementation of ACS 1904 *Complications of surgical and medical care* that should be prioritised for Thirteenth Edition?

### 3.3.3 Clarification of ACS 1924 *Difficult intubation*

ACS 1924 *Difficult intubation* contains guidelines for code assignment where difficult intubation is specified. IHACPA has received query submissions from stakeholders identifying ambiguity in applying the guidelines in ACS 1924. In consultation with ITG and clinical advice from the Classifications Clinical Advisory Group, ACS 1924 has been revised to address this ambiguity in code assignment where difficult intubation is specified in the health care record.

This has been achieved through amendment of the ACS description, addition of examples and creation of directives for the revised classification and splitting concepts of difficult intubation into 2 codes:

- T88.42 *Complication of difficult intubation* and
- new code Z98.3 *Difficult airway for intubation*.

7. Are there any additional considerations for difficult intubation that should be prioritised for Thirteenth Edition?

### 3.3.4 Standardisation of structure and format of the ACS

The ACS are the coding guidelines applicable to the application of ICD-10-AM andACHI in admitted care. The level of detail in the ACS reflects the assumption that users of the document have had training in abstracting relevant information from health care records and in the use of ICD-10-AM andACHI.

The ACS have been developed and revised over many editions, including an ongoing review to consolidate and delete redundant content. However, this has been conducted without a formal guide to support consistent structure or content.

At the March 2020 meeting of the Australian Health Classification Advisory Committee (AHCAC), the Australian Institute of Health and Welfare (AIHW) updated members on a national stakeholder consultation for the potential implementation of ICD-11, known as the [ICD-11 Review](#).

The *ICD-11 Review* recommended several projects to support Australia's readiness for a potential transition to ICD-11. One of those was a review of the ACS (recommendation 4.4).

Apart from this, IHACPA recognised the need to organise the content of the ACS to make it more compatible with a digital environment, as the current design is based on publishing as hard copy. An overall aim of the review is to implement a concise, standard structure with consistent formatting and language to ensure unambiguous and consistent guidelines across the ACS.

For Twelfth Edition, the guidelines from 41 standards were either relocated to another ACS or incorporated into the classifications using the relevant conventions.

For Thirteenth Edition, a standard template has been developed in consultation with ITG that will be applied to all chapters of the ACS.

Application of the revised format and the continuing work to either relocate content to another ACS or include within relevant conventions, for example ACS *Double coding* will no longer be an ACS but its contents will instead be included in the conventions. This has led to the following ACS being proposed for deletion in Thirteenth Edition:

- ACS 0015 *Combination codes*
- ACS 0025 *Double coding*
- ACS 0037 *Paediatric procedures*
- ACS 0039 *Reopening of operative site*
- ACS 0304 *Pancytopenia*
- ACS 0402 *Cystic fibrosis*
- ACS 1549 *Streptococcal group B infection/carrier in pregnancy*
- ACS 1611 *Observation and evaluation of newborn and infants for suspected condition not found*
- ACS 1805 *Acopia*
- ACS 1910 *Skin loss*
- ACS 1912 *Sequelae of injuries, poisoning, toxic effects and other external causes*
- ACS 2005 *Poisonings and injuries – indication of intent*
- ACS 2105 *Long term/nursing home type inpatients*
- ACS 2108 *Assessment.*

The titles of the following ACS are also proposed for amendment in Thirteenth Edition:

- ACS 1901 *Poisoning by drugs*
- ACS 1902 *Adverse effects of drugs and radiotherapy*
- ACS 1904 *Complications of surgical and medical care*
- ACS 1905 *Head injury, concussive injury and coma*
- ACS 1909 *Adult and child abuse (neglect or maltreatment)*
- ACS 1918 *Fracture and dislocation, and fracture blisters*
- ACS 1920 *Open intrathoracic or intra-abdominal injury*
- ACS 1922 *Crushing injury and crush syndrome.*

8. Are there any additional considerations in relation to the standardisation of the ACS that should be prioritised for Thirteenth Edition?

## 3.4 Updates in Thirteenth Edition resulting from AR-DRG V12.0 development

Some development proposals for AR-DRG Version 12.0 (V12.0) have led to updates to ICD-10-AM and ACHI. These updates have emanated from a review of sex edits commenced in Twelfth Edition and a review of Adjacent Diagnosis Related Group (ADRG) 801 *General Interventions Unrelated to Principal Diagnosis*. Please refer to sections [3.1.1](#), [3.2.3](#) for the consequent updates proposed for ICD-10-AM and ACHI for Thirteenth Edition.

## 3.5 Amendments to electronic code lists (ECLs)

### 3.5.1 New field for cluster coding

To support implementation of cluster coding, an additional field will be added to the ICD-10-AM ECL. This field (*Clustering required*) will be used to identify the codes that are to be clustered.

Flagging relevant codes will assist software vendors in the application of the diagnosis cluster identifier (DCID) and allow data collection agencies to formulate edits that will enhance the quality and application of the DCID.

### 3.5.2 Other ECL amendments

The ECLs will be amended to integrate changes based on Twelfth Edition Errata 1–6, and incidental issues identified by IHACPA, such as typographic errors or inconsistencies in conventions.

In response to feedback from ITG Members, IHACPA will also amend existing quality edits, based on age (for example, certain conditions that are not unique to adolescence but continue into adulthood), or sex (for example, interventions that may or may not be performed on both males and females).

9. Do you have any additional feedback on the proposed changes for ICD-10-AM/ACHI/ACS Thirteenth Edition?

# 4. AR-DRG V12.0 Refinements

The AR-DRG classification is updated in conjunction with the underpinning ICD-10-AM/ACHI/ACS to maintain clinical currency and statistical robustness. AR-DRG Version 12.0 (V12.0) development has been undertaken in consultation with clinical and technical stakeholders, and has considered feedback received during previous development cycles and the [Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2023–24](#).

## 4.1 AR-DRG updates proposed for V12.0

### 4.1.1 Data used in AR-DRG V12.0 development

AR-DRG V12.0 development is undertaken using activity data reported against the APC NMDS and cost data from the National Hospital Cost Data Collection (NHCDC), from the years 2018–19 to 2020–21. This data undergoes filtering and processing before being used in AR-DRG development<sup>1</sup>. To ensure that this data preparation produces a classification that supports clinical and resource homogeneity 2 areas of the data preparation process were investigated for AR-DRG V12.0.

#### 4.1.1.1 Care types used in AR-DRG V12.0 development

The development of AR-DRG Version 8.0 (V8.0) to Version 11.0 (V11.0) was undertaken using episodes with a care type<sup>2</sup> of acute, newborn, and mental health care. Episodes with a care type of subacute or non-acute care were excluded. For the purposes of pricing, admitted subacute and non-acute care is classified using the Australian National Subacute and Non-Acute Patient (AN-SNAP) classification whereas admitted mental health care is classified using the Australian Mental Health Care Classification (AMHCC) although in both instances, the AR-DRG classification is used as a fallback when insufficient data is available. Consequently, in the AR-DRG V12.0 development cycle, IHACPA explored extending common treatment to both mental health care and subacute and non-acute care for the purposes of AR-DRG development, either through the removal of mental health care or inclusion of subacute and non-acute care in classification development.

The analysis clarified the impact of such a change. The removal of mental health care episodes would diminish the volume of Major Diagnostic Category (MDC) 19 *Mental, Behavioural and Neurodevelopmental Disorders*. Consequently, certain Adjacent Diagnosis Related Groups (ADRGs), such as U68 *Neurodevelopmental Disorders and Symbolic Dysfunctions*, would likely have fewer complexity splits or would need to be consolidated into other ADRGs if this were implemented. Conversely, the inclusion of subacute and non-acute care was dispersed throughout

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<sup>1</sup> The details of this process will be described in the education material distributed when AR-DRG V12.0 is finalised. The process will closely resemble that described in the [AR-DRG V11.0 Technical Specifications](#).

<sup>2</sup> AIHW Metadata Online Registry (METEOR), 'Hospital service–care type, code N[N]', METEOR identifier 711010.

several MDCs with only a small number of ADRGs, such as I78 *Fractures of Neck of Femur* greatly increasing in sample size.

In each case, there was limited benefit to undertaking the change in terms of model performance due to the relatively small size of mental health and subacute and non-acute care relative to acute and newborn care. The impact on the Reduction in Deviance (RID) for acute and newborn episodes of care was less than 0.01 per cent, regardless of whether mental health and subacute and non-acute care were included or excluded.

IHACPA found that implementing changes to the inclusion of mental health care or to subacute and non-acute care would introduce volatility with little measurable benefit in model performance. Therefore, episodes of mental health care are to be retained and episodes of subacute and non-acute care are to be excluded from AR-DRG V12.0 development. This retains the status quo for the development of AR-DRG V8.0-V11.0.

#### **4.1.1.2. The impact of coronavirus disease 2019 (COVID-19) on AR-DRG V12.0 development**

AR-DRG V12.0 development uses data from 2018–19 to 2021–22. Therefore, a large portion of this data has been impacted by changes to hospital service delivery during the COVID-19 pandemic. IHACPA continues to investigate the impact of the pandemic on data used for development to ensure that AR-DRG V12.0 is appropriate for use during its life cycle. The first 2 areas prioritised for investigation were:

- volatility of cost per episode of care
- the ICD-10-AM coding practices employed during the pandemic that differ from those of ICD-10-AM Twelfth Edition and subsequent editions.

The pandemic caused fluctuations in the volume of hospital activity – most prominently a sharp decrease in separations in early 2020 – while most costs remained stable or increased, such as those for salaries and wages. Consequently, there was a risk that the cost of a given episode may have varied depending on the time in which it took place, even after taking into account the care delivered. In AR-DRG development, cost is used as a proxy for complexity. There was therefore a risk that all episodes of care taking place in early 2020 would be high cost, and therefore interpreted to be high complexity, due to the economic impact of the pandemic rather than factors intrinsic to the care rendered to each patient.

The impact of these volume fluctuations is, however, ameliorated by the indexation methodology employed in data preparation, which reduces the impact of cost per episode increases from one year to the next. Moreover, while overall volumes were volatile, the proportions of each diagnosis and procedure were relatively stable over time with some exceptions such as elective surgery. This reduced the risk that the complexity model would be biased toward a particular diagnosis. IHACPA will continue to monitor this phenomenon as the complexity model is finalised later in the development cycle.

ICD-10-AM Eleventh Edition emergency use codes were activated to capture data about patients tested for, or diagnosed with, COVID-19 during the pandemic. As emergency use codes, these could not be listed as an episode's principal diagnosis. Moreover, the principal diagnosis may have represented a symptom rather than a code indicating COVID-19 or unknown pathogen. This carried

the risk that episodes contained in certain ADRGs during classification development differed from the episodes in that same ADRG in AR-DRG V12.0.

Preliminary investigation suggested, however, that the impact of ICD-10-AM coding change did not warrant further measures as the complexity model was not unduly impacted. For example, the volume of episodes with a principal diagnosis of R05 *Cough* increased from fewer than 250 per month in 2019–20 and 2020–21 to 1,000 or more episodes per month during the Omicron wave in early 2022. ADRG E67 *Respiratory Signs and Symptoms* saw an increased volume during this time but the cost profile of this ADRG remained stable. Consequently, the risk that the complexity model will interpret this activity as being much higher than previous E67 *Respiratory Signs and Symptoms* activity is low. IHACPA will continue to monitor the impact of COVID-19 on data used to develop AR-DRG V12.0.

## 4.1.2 Guiding principles for intervention type

### 4.1.2.1 Proposed guiding principles for intervention type

In the AR-DRG classification, episodes are assigned to an MDC based on their principal diagnosis. Most MDCs<sup>3</sup> are divided into 2 partitions – the intervention partition or the medical partition. If an episode has an intervention of sufficient significance, it will be assigned to an ADRG in the intervention partition. Whereas episodes are assigned to an ADRG in the medical partition, generally based on their principal diagnosis. However, the term ‘significant’ has never been precise in this context.

Similarly, some interventions are designated General Interventions (GIs). Episodes of care containing a GI are never assigned to an ADRG in the medical partition. If no intervention ADRG in their MDC is suitable, these episodes are assigned to ADRG 801 *General Interventions (GIs) Unrelated to Principal Diagnosis*. The category of GIs is intended to capture interventions that are significant to an episode of care, regardless of which MDC it falls within. As was the case with interventions defining the intervention partition, there are no principles to determine which interventions should be GIs.

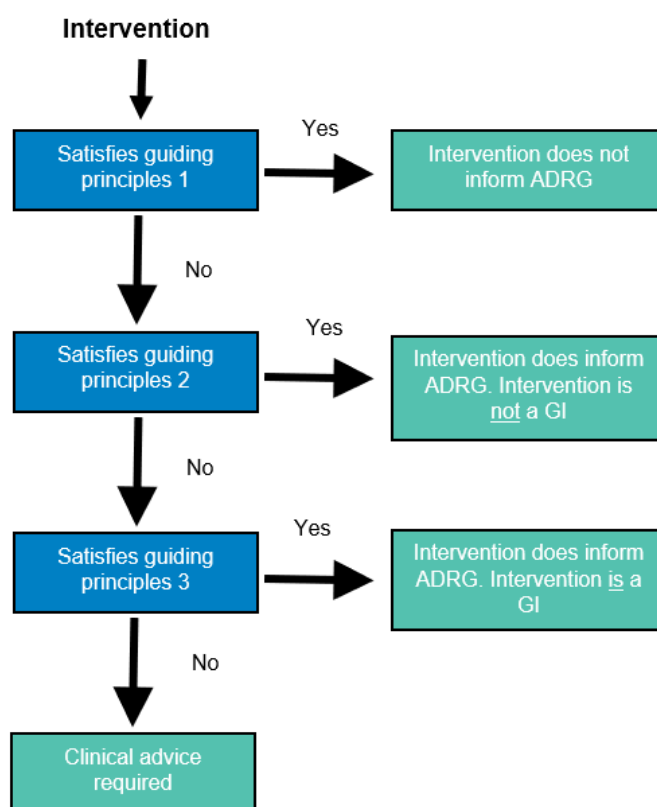
Due to this ambiguity, similar interventions may result in episodes grouping to very different ADRGs. For example, in AR-DRG Version 11.0 (V11.0) ACHI code 30094-00 *Percutaneous [needle] biopsy of soft tissue* is a GI and will always result in an episode being grouped to an intervention ADRG or ADRG 801, if these options are available in the episode’s MDC. Conversely, ACHI code 30092-02 *Percutaneous [needle] biopsy of adrenal gland* does not inform assignment to any intervention ADRG in AR-DRG V11.0. This reduces the clinical homogeneity of the classification.

The characteristic of whether an intervention informs grouping to the intervention partition, and whether it is a GI, is referred to as its *intervention type*. IHACPA has proposed guiding principles to determine the *intervention type* of ACHI codes used in the AR-DRG classification. A flow diagram depicting the order that the principles are applied and their use in determining the *intervention type* of an ACHI code is provided in **Figure 3**. The guiding principles are also listed in **Figure 3**.

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<sup>3</sup> The only MDC not divided into two partitions is MDC 20 *Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders* which does not have any intervention ADRGs.

**Figure 3:** Guiding principles 1, 2 and 3 for determining the *intervention type* of an ACHI code.



*Proposed guiding principles 1: Interventions that do not inform grouping to the intervention partition*

An intervention code satisfies proposed *guiding principles 1* and should not inform grouping to the intervention partition of any MDC if it satisfies one of the following criteria:

- the intervention is routinely performed as a component of another intervention
- the intervention is an assessment, evaluation, examination, or radiological imaging
- the intervention is a non-incisional insertion, removal or replacement of an implant or device
- the intervention is pharmacotherapy or dialysis – ADRGs informed by these procedures are defined by ICD-10-AM codes
- the intervention is represented by an ACHI placeholder code.<sup>4</sup>

*Proposed guiding principles 2: Interventions that inform grouping to the intervention partition (excluding GIs)*

An intervention code meets proposed *guiding principles 2* if it satisfies one of the following criteria:

- the intervention is suitable to be performed in a specialist procedure suite, whether or not such a suite is available.

<sup>4</sup> ACHI codes in blocks (8888 – 8889) are reserved as placeholders to identify specific new or emerging health technologies or specific interventions requiring immediate collection so they can be used immediately upon instruction via National Coding Advice.



- the intervention is one of the following, that define existing intervention ADRGs:
  - continuous ventilatory support (CVS)
  - extracorporeal membrane oxygenation (ECMO)
  - cardiopulmonary bypass (CPB) in open-heart surgery.

If an intervention code satisfies proposed *guiding principles 2* and does not satisfy proposed *guiding principles 1* then it should inform grouping to the intervention partition, but it is not a GI.

For the purposes of this definition, a specialist procedure suite<sup>5</sup> is defined in accordance with IHACPA's Australian Hospital Patient Costing Standards:

*Specialist procedure suite services are dedicated suites where specific procedures are performed, some of which are invasive and some are non-invasive in nature.*

*With the advancements in technology, most specialist procedure suites are day procedure centres and the patient is usually discharged on the same day.*

*Proposed guiding principles 3: general interventions (GIs)*

An intervention code meets proposed *guiding principles 3* if it satisfies each of the following criteria:

- the intervention is invasive in nature
- the intervention requires general anaesthesia or regional anaesthesia, for example, spinal or epidural anaesthesia. This principle excludes from consideration situations where a patient's age or medical condition necessitates or prevents the use of a particular type of anaesthesia
- the intervention requires specialised surgical training and skills.

If an intervention code does not meet proposed *guiding principles 1* and *2* but satisfies *guiding principles 3* then it is a GI.

Interventions that do not meet the criteria of the proposed principles may require clinical advice to determine an appropriate *intervention type*.

Conversely, while an intervention may meet the criteria of one of the categories listed above, clinical judgement may also be required to determine whether the intervention or principal diagnosis is a better explanation of the resources required in an episode of care.

10. Do you support the proposed guiding principles for *intervention type*?

#### 4.1.2.2 Updates to usage of ACHI codes in AR-DRG V12.0 to align with guiding principles

A comprehensive review to assess the intervention type of all ACHI Twelfth Edition codes against the proposed guiding principles was undertaken. This review identified a large number of ACHI codes with an *intervention type* in AR-DRG V11.0 that contravenes the proposed guiding principles for *intervention type*.

<sup>5</sup> Independent Health and Aged Care Pricing Authority (2023). Australian Hospital Patient Costing Standards Version 4.2.

These codes can broadly be assigned into 4 categories:

- interventions performed as a component of another intervention
- diagnostic interventions, for example biopsy or sampling
- interventions performed endoscopically or percutaneously
- other specific examples, such as internal or external fixation, telemetric electroencephalography (EEG) monitoring and percutaneous neurotomy.

IHACPA proposes a staged approach to the remediation of these codes to ensure appropriate consultation and analysis before changes are implemented.

In the first stage of implementation, for AR-DRG V12.0, IHACPA proposes to amend the intervention type of 42 ACHI codes that are components of other interventions, diagnostic interventions, endoscopies of the digestive system or internal or external fixations. These 42 ACHI codes are provided in **Appendix A**, detailing current *intervention types* in AR-DRG V11.0 and its proposed *intervention type* in AR-DRG V12.0.

In subsequent stages, the amendments to the *intervention type* of the ACHI codes for remaining endoscopic and percutaneous interventions and diagnostic procedures – notably percutaneous needle biopsies – as well as telemetric EEG monitoring will be investigated.

11. Do you support the proposed amendments for ACHI code *intervention types*, listed in **Appendix A**, to align with the proposed guiding principles for *intervention type*?

### 4.1.3 Review of MDC 14 *Pregnancy, Childbirth and the Puerperium*

IHACPA developed review criteria to assess ADRG and MDC performance. This led to a review of MDC 14 *Pregnancy, Childbirth and the Puerperium* and informed potential refinements to improve the clinical meaningfulness and resource homogeneity within this MDC.

#### 4.1.3.1 Creation of ADRG to distinguish mental and behavioural disorders associated with the puerperium

In AR-DRG V11.0, among the ICD-10-AM codes that may result in an episode grouping to ADRGs O04 *Postpartum and Post Abortion with General Interventions* or O61 *Postpartum and Post Abortion without General Interventions* are those episodes with either a principal or additional diagnosis from category F53 *Mental and behavioural disorders associated with the puerperium, not elsewhere classified*. These codes are listed in **Table 2**.

**Table 2:** ICD-10-AM codes for postnatal mental and behavioural disorders that inform grouping to ADRG O04 *Postpartum and Post Abortion with GIs* or O61 *Postpartum and Post Abortion without GIs* in AR-DRG V11.0

ICD-10-AM Twelfth Edition code	Description
F53.0	Mild mental and behavioural disorders associated with the puerperium, not elsewhere classified
F53.1	Severe mental and behavioural disorders associated with the puerperium, not elsewhere classified
F53.8	Other mental and behavioural disorders associated with the puerperium, not elsewhere classified
F53.9	Puerperal mental disorder, unspecified

Episodes with a principal diagnosis from **Table 2** are characterised by documented evidence of a mental or behavioural disorder associated with the puerperium, or a diagnosis of postnatal depression without further specificity or qualification. Conversely, if there is a diagnosis of postnatal depression, with sufficient specificity, a principal diagnosis from **Table 3** is assigned. In AR-DRG V11.0, these episodes are grouped to either ADRG U63 *Major Affective Disorders* or U64 *Other Affective and Somatoform Disorders* in MDC 19 *Mental, Behavioural and Neurodevelopmental Disorders*.

**Table 3:** ICD-10-AM codes for postnatal mental and behavioural disorders that inform grouping to ADRG U63 *Major Affective Disorders* or ADRG U64 *Other Affective and Somatoform Disorders* in AR-DRG V11.0

ICD-10-AM Twelfth Edition code	Description
F32.01	Mild depressive episode, arising in the postnatal period
F32.11	Moderate depressive episode, arising in the postnatal period
F32.21	Severe depressive episode without psychotic symptoms, arising in the postnatal period
F32.31	Severe depressive episode with psychotic symptoms, arising in the postnatal period
F32.81	Other depressive episodes, arising in the postnatal period
F32.91	Depressive episode, unspecified, arising in the postnatal period

In ADRGs O04 *Postpartum and Post Abortion with General Interventions* and O61 *Postpartum and Post Abortion without General Interventions*, episodes with an ICD-10-AM code from category F53 *Mental and behavioural disorders associated with the puerperium, not elsewhere classified* have significantly higher average cost and longer average length of stay than those without. Consequently, IHACPA recommends grouping these codes with other postnatal depressive episodes that presently group to ADRGs U63 *Major Affective Disorders* and

U64 *Other Affective and Somatoform Disorders* in MDC 19 *Mental, Behavioural and Neurodevelopmental Disorders* to their own ADRG.

IHACPA considered whether the placement of this new ADRG should be in MDC 14 *Pregnancy, Childbirth and the Puerperium* or MDC 19 *Mental, Behavioural and Neurodevelopmental Disorders*. However, further analysis demonstrated that episodes with a principal diagnosis listed in **Table 2** have a similar cost profile to those with a principal diagnosis listed in **Table 3**. Most of their costs originate from mental health related cost centres, rather than obstetric related cost centres. Moreover, a majority of these episodes have a care type of Mental health care<sup>6</sup>. This indicates that the focus of care for these episodes is mental health care rather than obstetric care.

Therefore, IHACPA recommends grouping all the postnatal mental health episodes to new ADRG U69 *Mental and Behavioural Disorders Associated with the Puerperium* in MDC 19 *Mental, Behavioural and Neurodevelopmental Disorders*.

The principal diagnoses proposed to inform episode grouping to the new ADRG U69 *Mental and Behavioural Disorders Associated with the Puerperium* are listed in **Appendix B**.

12. Do you support the creation of ADRG U69 *Mental and Behavioural Disorders Associated with the Puerperium* in MDC 19 *Mental, Behavioural and Neurodevelopmental Disorders*, using the ICD-10-AM codes listed in **Appendix B**?

#### 4.1.3.2 Disaggregation of ADRG O66 *Antenatal and Other Admissions related to Pregnancy, Childbirth and the Puerperium* and implementation of four new ADRGs in MDC 14

ADRG O66 *Antenatal and Other Admissions related to Pregnancy, Childbirth and the Puerperium* is a residual (catch-all) ADRG, defined by the presence of one of 303 ICD-10-AM principal diagnosis codes for episodes of care related to pregnancy, childbirth or the puerperium. It captures varying obstetric episodes with differing cost and complexity that are not classifiable to other ADRGs in MDC 14 *Pregnancy, Childbirth and the Puerperium*. Consequently, it performs poorly when assessed against performance criteria.

In addition, a submission in response to the *Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2023–24* requested that IHACPA review ADRG O66 *Antenatal and Other Admissions related to Pregnancy, Childbirth and the Puerperium*. The submission identified considerable variation in volume and average cost within this ADRG at tertiary maternity services. The submission noted that maternity services across Australia have a wide range of admission criteria for antenatal care and that some episodes grouping to ADRG O66 *Antenatal and Other Admissions related to Pregnancy, Childbirth and the Puerperium* tended to have significantly higher volume, shorter length of stay and lower episode complexity than those at peer services.

IHACPA is proposing to disaggregate ADRG O66 *Antenatal and Other Admissions related to Pregnancy, Childbirth and the Puerperium* and separate its principal diagnoses into four new medical ADRGs in MDC 14, described in **Table 4**.

<sup>6</sup> AIHW Metadata Online Registry (METEOR), 'Hospital service–care type, code N[N]', METEOR identifier 711010.

**Table 4:** Four ADRGs proposed for AR-DRG V12.0 to replace ADRG O66 *Antenatal and Other Admissions related to Pregnancy, Childbirth and the Puerperium*

Proposed ADRG	Contents
O67 <i>Diabetes Mellitus and Intermediate Hyperglycaemia in Pregnancy or the Puerperium</i>	Episodes with a principal diagnosis in category O24 <i>Diabetes mellitus and intermediate hyperglycaemia in pregnancy, childbirth and the puerperium</i> .
O68 <i>Conditions classifiable elsewhere Complicating Pregnancy or the Puerperium</i>	Episodes with a principal diagnosis that indicates a condition complicating pregnancy or the puerperium but is generally classifiable to a different ICD-10-AM chapter.
O69 <i>Maternal and Gestational Conditions not classifiable elsewhere Complicating Pregnancy or the Puerperium</i>	Episodes with a principal diagnosis that indicates a condition complicating pregnancy or the puerperium that is inherently maternal or gestational (not generally classifiable to another ICD-10-AM chapter).
O70 <i>Other Pregnancy Related Admissions without Delivery</i>	All remaining episodes, that group to ADRG O66 <i>Antenatal and Other Admissions related to Pregnancy, Childbirth and the Puerperium</i> in AR-DRG V11.0 without delivery.

The principal diagnoses proposed to inform episode grouping to the four new medical ADRGs are listed in **Appendix C**.

13. Do you support the disaggregation of ADRG O66 *Antenatal and Other Admissions related to Pregnancy, Childbirth and the Puerperium* and creation of four medical ADRGs in MDC 14 *Pregnancy, Childbirth and the Puerperium*?
14. Do you support the proposed grouping of ICD-10-AM codes to form the four new medical ADRGs in MDC 14 *Pregnancy, Childbirth and the Puerperium*, listed in **Appendix C**?

#### 4.1.3.3 Relocation of episodes pertaining to infections of breast and other disorders of breast and lactation associated with childbirth

ACS 1548 *Puerperal/postpartum condition or complication* states that an ICD-10-AM code from one of the following categories:

- O91 *Infections of breast associated with childbirth*
- O92 *Other disorders of breast and lactation associated with childbirth*

is to be assigned when a patient has a condition relating to lactation.

In AR-DRG V11.0, episodes with the following ICD-10-AM codes assigned as principal diagnosis are grouped to ADRG O66 *Antenatal and Other Admissions related to Pregnancy, Childbirth and the Puerperium*:

- O91.00 *Infection of nipple associated with childbirth, **without** mention of attachment difficulty*
- O91.10 *Abscess of breast associated with childbirth, **without** mention of attachment difficulty*

- O91.20 *Nonpurulent mastitis associated with childbirth, **without** mention of attachment difficulty*
- O92.00 *Retracted nipple associated with childbirth, **without** mention of attachment difficulty*
- O92.10 *Cracked nipple associated with childbirth, **without** mention of attachment difficulty*
- O92.20 *Other and unspecified disorders of breast associated with childbirth, **without** mention of attachment difficulty.*

Episodes with all other codes in categories O91 *Infections of breast associated with childbirth* and O92 *Other disorders of breast and lactation associated with childbirth* (**with** or **without** mention of attachment difficulty) assigned as a principal or additional diagnosis group to ADRGs O04 *Postpartum and Post Abortion with General Interventions* or O61 *Postpartum and Post Abortion without General Interventions*<sup>7</sup>.

ICD-10-AM codes in categories O91 *Infections of breast associated with childbirth* and O92 *Other disorders of breast and lactation associated with childbirth* capture conditions that are clinically similar, irrespective of whether they are observed with or without mention of attachment difficulty. Consequently, IHACPA recommends grouping these episodes to the same ADRG. Many codes within this group already inform grouping to ADRGs O04 *Postpartum and Post Abortion with General Interventions* or O61 *Postpartum and Post Abortion without General Interventions*. Therefore, IHACPA proposes that, for clinical appropriateness and classification stability, all codes in categories O91 *Infections of breast associated with childbirth* and O92 *Other disorders of breast and lactation associated with childbirth* should inform grouping to the aforementioned ADRGs.

15. Do you support the grouping of mastitis and other infections of the breast to ADRGs O04 *Postpartum and Post Abortion with General Interventions* or O61 *Postpartum and Post Abortion without General Interventions*, regardless of attachment difficulty?

#### 4.1.4 Enhancement of diagnosis complexity level (DCL) precision for diabetes mellitus

The Episode Clinical Complexity (ECC) model is used to calculate a complexity score for each episode by determining a DCL for each in-scope ICD-10-AM code assigned to that episode. ECC scores are used to distinguish between different AR-DRGs within the same ADRG. Episodes with the highest ECC scores are assigned to the highest-complexity AR-DRG within their ADRG, similarly episodes with the lowest ECC scores are assigned to the lowest-complexity AR-DRG within their ADRG.

The DCL of an ICD-10-AM code assigned to a given episode is calculated using the following information:

- the episode's ADRG
- the first three characters of the ICD-10-AM code

<sup>7</sup> The ADRG assignment criteria for ADRGs O04 and O61 are informed by an identical list of ICD-10-AM codes, with the exception that ADRG O04 requires the presence of a general intervention and ADRG O61 does not.

- the medical ADRG to which episodes with the given ICD-10-AM code would be grouped if it was the episode's principal diagnosis<sup>8</sup>.

This grouping of episodes sharing common information for the purposes of DCL calculation has been adopted to balance the need for robust sample sizes, against the need to ensure that only clinically similar ICD-10-AM codes receive the same DCL. This reduces volatility of DCLs over time, however it also reduces the capacity to distinguish between different codes, especially where clinically similar codes reflect differing levels of severity.

IHACPA has identified codes pertaining to diabetes mellitus as candidates for incorporating more granularity. These codes were selected because:

- diabetes is one of few conditions coded that does not need to meet ACS 0002 *Additional diagnoses*, which means robust samples are obtained at the fourth character code level.
- the third character code categories for diabetes mellitus contain the following four-character codes:
  - E10.6 *Type 1 diabetes mellitus with other specified complication*
  - E10.9 *Type 1 diabetes without complication*
  - E11.6 *Type diabetes mellitus with other specified complication*
  - E11.9 *Type 2 diabetes mellitus without complication*
  - E13.6 *Other specified diabetes mellitus with other specified complication*
  - E13.9 *Other specified diabetes mellitus without complication.*

Therefore, incorporating the fourth character codes provides a more meaningful distinction between diabetes mellitus with and without complication. Moreover, episodes with a code specifying 'without complication' generally make up the majority of the third character code category, resulting in this code having a large influence on the DCL value assigned.

For AR-DRG V12.0 IHACPA proposes to calculate DCL values using the first four characters of 25 ICD-10-AM codes from the following three-character code categories:

- E10.- *Type 1 diabetes mellitus*
- E11.- *Type 2 diabetes mellitus*
- E13.- *Other specified diabetes mellitus.*

The 25 selected codes are listed in **Appendix D** and were selected based on the following criteria:

- each four-character code category must have a sample size of at least 1,000 episodes per year in the data used for development
- the four-character code category must have a distinct cost profile to that of the three-character code category to which it belongs

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<sup>8</sup> If the ICD-10-AM code is not a valid principal diagnosis then it has been assigned a medical ADRG based on clinical advice.

- if assigned as principal diagnosis, the code causes an episode to group to ADRG K60 *Diabetes*, so are commonly assigned the same DCL as a code specifying ‘without complication’.

As noted above, the diabetes mellitus codes E10.9 *Type 1 diabetes mellitus without complication*, E11.9 *Type 2 diabetes mellitus without complication* and E13.9 *Other specified diabetes mellitus without complication* generally form most of their respective three-character categories and have a substantial influence on the DCL score assigned. The ECC model was modified to integrate the changes in precision level, resulting in an impact across 192 ADRGs. Subsequently, in 171 ADRGs (90 per cent) affected by this proposal, the DCL assigned to the four-character code category was higher than that assigned to the three-character category for the same code. However, 10 per cent (21 ADRGs) do not conform to this pattern and appears to be related to ADRGs in which diabetes mellitus ‘without complication’ is relatively uncommon.

IHACPA proposes to address this issue by only implementing four-character DCL precision when it results in the impacted ICD-10-AM code receiving a higher DCL score than that obtained at the three-character level.

16. Do you support increased DCL precision for the 25 diabetes mellitus codes listed in Appendix D?

#### 4.1.5 Posthumous organ procurement

IHACPA is proposing the creation of an ADRG to capture posthumous organ procurement<sup>9</sup>. The creation of this ADRG will facilitate more accurate data and may assist in the future pricing of posthumous organ procurement activity using AR-DRGs.

Activity pertaining to posthumous organ procurement is submitted via the APC NMDS on a best endeavours basis. Nonetheless, in the period 2018–19 to 2020–21 used in the development of AR-DRG V12.0, all jurisdictions submitted some posthumous organ procurement activity in each year. Moreover, 6 jurisdictions have submitted NHCDC data linked to posthumous organ procurement activity in these years.

The new ADRG A41 *Posthumous Organ Procurement* is proposed to be a pre-MDC because of the inherent high cost of the posthumous organ procurement activity, and because these episodes are more appropriately classified according to the intervention than by principal diagnosis. This is in accordance with the defining principles for pre-MDC ADRGs, listed in the [Governance framework for the development of the admitted care classifications](#).

For the purposes of classification development, the proposed ADRG A41 *Posthumous Organ Procurement* will be defined by ACHI Thirteenth Edition codes related to posthumous organ procurement. See Section [3.2.4](#) for details on the development of these codes.

17. Do you support the proposal to create ADRG A41 *Posthumous Organ Procurement*?

<sup>9</sup> AIHW Metadata Online Registry (METEOR), ‘Organ procurement–posthumous’, METEOR identifier 711000.



### 4.1.6 Review of ADRG 801 General Interventions (GIs) Unrelated to Principal Diagnosis

Since March 2020, IHACPA has received several public submissions and internally identified instances of grouping to ADRG 801 *General Interventions (GIs) Unrelated to Principal Diagnosis*. Submissions request assessment of scenarios where a principal diagnosis with certain intervention codes group to ADRG 801 rather than more specific ADRGs.

IHACPA reviewed the ADRG 801 groupings to determine if more appropriate ADRGs were possible and proposed grouping alternatives for each scenario. An analysis of the cost profile and episode movement was then conducted to confirm the appropriateness of the proposed grouping alternatives. The final recommendations are provided in **Appendix E**.

18. Do you support the proposed ADRGs for episodes that currently group to ADRG 801 *General Interventions (GIs) Unrelated to Principal Diagnosis* as outlined in **Appendix E**?
19. Do you have any additional feedback on the proposed changes for AR-DRG V12.0?

## 4.2 Areas assessed and not progressed for AR-DRG V12.0

A number of other areas were reviewed for AR-DRG V12.0 development, however, following analysis and in some instances consultation with IHACPA's clinical and technical advisory committees, they have not been proposed for inclusion in AR-DRG V12.0 as detailed below.

### 4.2.1 Continuous ventilatory support

Hours of continuous ventilatory support is used as a classification variable for some ADRGs, which refers to the application of ventilation via an invasive artificial airway. In AR-DRG V11.0, there are 2 ways to identify hours of continuous ventilatory support in the AR-DRG classification grouping logic:

- duration of continuous ventilatory support value as recorded in the APC NMDS<sup>10</sup>
- intervention code (ACHI):
  - 13882-01 *Management of continuous ventilatory support, more than 24 hours but less than 96 hours*
  - 13882-02 *Management of continuous ventilatory support, 96 hours or more.*

Consequently, inconsistency is possible between the use of the duration of continuous ventilatory support value as recorded in the APC NMDS as opposed to the less granular duration of continuous ventilatory support information obtained from ACHI codes.

IHACPA investigated whether there was consistency between the 2 modes of identification using the 4 years of data (2018–19 to 2021–22) used in the development of AR-DRG V12.0. Analysis

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<sup>10</sup> AIHW Metadata Online Registry (METEOR), 'Episode of admitted patient care–duration of continuous ventilatory support, total hours NNNNN', METEOR identifier 746676.

demonstrated that there was only minimal inconsistency. However, IHACPA recommends eliminating this inconsistency by removing the use of ACHI codes to inform duration of continuous ventilatory support in several ADRG criteria and modifying the ADRG criteria to use the duration of continuous ventilatory support value as the single source to inform duration of continuous ventilatory support. IHACPA will consult with its clinical and technical advisory committees to determine the feasibility of this change in the future.

### 4.2.2 Gestational age

In AR-DRG V11.0, the main variable for assigning an ADRG to episodes in MDC 15 *Newborns and Other Neonates* is admission weight<sup>11</sup>. IHACPA received a public submission from the Australian and New Zealand Neonatal Network (ANZNN) indicating that gestational age is a better predictor of clinical complexity than admission weight for episodes in MDC 15. IHACPA also received 2 submissions in response to the *Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2021–22* requesting that consideration be given to using gestational age in the AR-DRG classification rather than neonatal admission weight to estimate patient complexity in MDC 15 *Newborns and Other Neonates*.

Gestational age is not collected as part of the APC NMDS, however limited gestational age information can be inferred from some ICD-10-AM Eleventh Edition codes. The code set for gestational age was significantly expanded for ICD-10-AM Twelfth Edition (implemented 1 July 2022), providing more granular information on gestational age. However, costed data that has been coded using ICD-10-AM Twelfth Edition will not be available until the AR-DRG Version 13.0 development cycle.

IHACPA will consider using gestational age in MDC 15 *Newborns and Other Neonates* in the next development cycle when costed activity data using ICD-10-AM Twelfth Edition is available. This data will contain more granular information about gestational age and allow IHACPA to conduct more robust analysis.

## 4.3 Finalisation of AR-DRG V12.0

There are a number of other development tasks that are considered standard reviews for each development cycle that need to be completed prior to finalising AR-DRG V12.0. Some of these tasks are contingent on finalising development tasks proposed in this consultation and include reviewing components of the AR-DRG classification using the most recent activity and cost data such as:

- reviewing codes in scope for contributing to complexity
- refining the complexity scoring system
- reviewing the splitting of ADRGs into end classes (DRGs) that reflect different levels of complexity
- reviewing the intervention hierarchy

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<sup>11</sup> AIHW Metadata Online Registry (METEOR), 'Person–weight (measured), total grams NNNN', METEOR identifier 310245.

- incorporation of ICD-10-AM/ACHI/ACS Thirteenth Edition.

More information on the standard AR-DRG reviews and related principles are detailed in the [Governance framework for the development of the admitted care classifications](#). A standard review of ADRG 801 *General Interventions (GIs) Unrelated to Principal Diagnosis*, however, has been conducted see [4.1.6](#) above.

# 5. Next steps

Feedback received in response to this consultation will be reviewed and, if necessary, further analysis of proposals and consultation will occur through the Independent Health and Aged Care Pricing Authority's (IHACPA's) advisory committees. IHACPA will consult with the Classifications Clinical Advisory Group, ICD Technical Group and DRG Technical Group on any changes that arise from public consultation.

The final ICD-10-AM/ACHI/ACS Thirteenth Edition and AR-DRG Version 12.0 (V12.0) will be reviewed by IHACPA's advisory committees. Approval of the final ICD-10-AM/ACHI/ACS Thirteenth Edition will be sought from the Pricing Authority in late 2024 and approval of the final AR-DRG V12.0 will be sought from the Pricing Authority in early 2025.

## 5.1 ICD-10-AM/ACHI/ACS Thirteenth Edition

The following will be made available in late 2024 and early 2025, to assist users in implementing ICD-10-AM/ACHI/ACS Thirteenth Edition:

- Electronic code lists (ECLs) for ICD-10-AM and ACHI
- Mapping tables for Twelfth Edition to Thirteenth Edition
- Mapping tables between ICD-10-AM Thirteenth Edition and ICD-10 (2019)
- ICD-10-AM/ACHI/ACS Thirteenth Edition Final Report
- Classification manuals:
  - ICD-10-AM Tabular List of Diseases (Volume 1)
  - ICD-10-AM Alphabetic Index of Diseases (Volume 2)
  - ACHI Tabular List of Interventions (Volume 3)
  - ACHI Alphabetic Index of Interventions (Volume 4)
  - Australian Coding Standards (Volume 5)
- ICD-10-AM/ACHI/ACS Thirteenth Edition education modules on IHACPA Learn
- ICD-10-AM/ACHI/ACS Chronicle.

## 5.2 AR-DRG V12.0

Prior to the release of AR-DRG V12.0 in July 2025, the following will be made available in the first half of 2025:

- AR-DRG V12.0 Final Report
- AR-DRG V12.0 Technical Specifications
- AR-DRG V12.0 Definitions Manual

- AR-DRG V12.0 education modules on IHACPA Learn
- AR-DRG V12.0 Developer Specifications.

## 6. The future of ICD-10-AM

The Independent Health and Aged Care Pricing Authority (IHACPA) is currently conducting an ICD-11 mapping project, having garnered support from various stakeholders, including through its *Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2023–24*.

A single source of mapping will provide a consistent foundation to be applied over different implementation projects, to compare the benefits of ICD-11 over the current edition of ICD-10-AM and also establish any gaps in ICD-11. This is an important first step in assessing the impact of ICD-11 on morbidity reporting and activity based funding classifications to inform decisions on the implementation of ICD-11.

The mapping project is technically a crosswalk as it is a comparison between 2 different classifications rather than a mapping between different versions of the same classification, however, it is referred to as the ICD-11 mapping project.

IHACPA has developed an ICD-11 mapping process document that outlines the goals of the project and details the process whereby the mapping is being conducted. Several mapping specialists have been engaged to undertake the mapping, which commenced in May 2023. To date 13 of the 21 ICD-11 chapters have been mapped from ICD-10-AM to ICD-11 and another 4 are in progress.

Once the entire mapping has been completed, IHACPA plans to engage with jurisdictions to review the maps.

The ICD-11 mapping project is providing valuable insight into differences, including the gaps and benefits, between the 2 classifications and will inform how Australia might proceed in consideration of those benefits and gaps.

Aside from the mapping project, IHACPA is also considering other avenues to engage with jurisdictions in developing an ICD-11 strategy for the classifications that IHACPA has development and refinement responsibility for.

# Appendix A—Proposed amendments to intervention types assigned to ACHI codes

**Table A1** lists the 42 ACHI codes proposed for intervention type amendment in line with the proposed guiding principles for *intervention* type change discussed in Section [4.1.2](#).

Table legend:

- GI: this intervention is a General intervention
- informs int. partition, not GI: This intervention informs the intervention partition but is not a GI
- does not inform int. partition: The intervention does not inform the intervention partition.

The cells shaded grey in the ‘Proposed intervention type’ column are the 42 codes proposed for *intervention type* remediation. The unshaded cells are included for reference, as they denote similar ACHI codes that are already in alignment with the proposed guiding principles.

**Table A1** List of ACHI codes proposed for intervention type changes, including intervention types of similar codes

Current intervention type	ACHI code	ACHI code description	Proposed intervention type
<b>Administration of therapeutic agent</b>			
GI	18360-02	<i>Administration of agent into salivary gland</i>	Does not inform int. partition
GI	37415-00	<i>Administration of agent into penis</i>	Does not inform int. partition
GI	41870-01	<i>Administration of agent into larynx or vocal cord</i>	Does not inform int. partition
GI	42740-02	<i>Administration of therapeutic agent into anterior chamber</i>	Does not inform int. partition
GI	42740-03	<i>Administration of therapeutic agent into posterior chamber</i>	Does not inform int. partition
GI	45027-02	<i>Administration of agent into vascular lesion</i>	Does not inform int. partition
GI	47900-01	<i>Administration of agent into bone cyst</i>	Does not inform int. partition
GI	90114-01	<i>Administration of agent into middle ear</i>	Does not inform int. partition
GI	90118-01	<i>Administration of agent into inner ear</i>	Does not inform int. partition

Current intervention type	ACHI code	ACHI code description	Proposed intervention type
<b>Procurement of tissue</b>			
GI	47726-00	<i>Procurement of bone for graft via separate incision</i>	Does not inform int. partition
GI	47732-00	<i>Procurement of vascularised pedicle of bone for graft</i>	Does not inform int. partition
GI	32760-00	<i>Procurement of vein from limb for bypass or replacement graft</i>	Does not inform int. partition
GI	33551-00	<i>Procurement of vein from limb for patch graft</i>	Does not inform int. partition
GI	90577-00	<i>Procurement of muscle or fascia for graft</i>	Does not inform int. partition
GI	90578-00	<i>Procurement of tendon for graft</i>	Does not inform int. partition
GI	90669-00	<i>Excision of skin for graft</i>	Does not inform int. partition
Does not inform int. partition	45018-02	<i>Fat graft</i>	Does not inform int. partition
Does not inform int. partition	45018-04	<i>Procurement of fat for graft via separate incision</i>	Does not inform int. partition
Does not inform int. partition	90608-00	<i>Procurement of cartilage</i>	Does not inform int. partition
Does not inform int. partition	90608-01	<i>Arthroscopic procurement of cartilage</i>	Does not inform int. partition
Does not inform int. partition	13700-00	<i>Procurement of bone marrow for transplantation</i>	Does not inform int. partition
GI	36516-04	<i>Laparoscopic complete nephrectomy for transplantation, living donor</i>	GI
GI	36516-05	<i>Complete nephrectomy for transplantation, living donor</i>	GI
GI	36516-06	<i>Complete nephrectomy for transplantation, cadaver</i>	GI
GI	38438-03	<i>Removal of donor lung for transplantation</i>	GI
<b>Localisation</b>			
Does not inform int. partition	31536-00	<i>Localisation of lesion of breast</i>	Does not inform int. partition
GI	96260-00	<i>Localisation of lesion, not elsewhere classified</i>	Does not inform int. partition
Does not inform int. partition	90724-00	<i>Breast stereotactic localisation</i>	Does not inform int. partition
<b>Soft tissue biopsy</b>			
GI	30075-17	<i>Biopsy of abdominal wall or umbilicus</i>	Does not inform int. partition
GI	30094-00	<i>Percutaneous [needle] biopsy of soft tissue</i>	Does not inform int. partition
GI	30075-01	<i>Biopsy of soft tissue</i>	Does not inform int. partition
GI	96216-00	<i>Percutaneous [needle] biopsy of chest wall, mediastinum or diaphragm</i>	Does not inform int. partition
<b>Endoscopic interventions on the digestive system</b>			
Informs int. partition, not GI	30473-03	<i>Oesophagoscopy</i>	Informs int. partition, not GI
Informs int. partition, not GI	30473-04	<i>Oesophagoscopy with biopsy</i>	Informs int. partition, not GI
GI	30490-02	<i>Endoscopic removal of oesophageal prosthesis</i>	Informs int. partition, not GI



Current intervention type	ACHI code	ACHI code description	Proposed intervention type
Informs int. partition, not GI	30490-00	<i>Endoscopic insertion of oesophageal prosthesis</i>	Informs int. partition, not GI
GI	30490-01	<i>Endoscopic replacement of oesophageal prosthesis</i>	Informs int. partition, not GI
GI	32023-00	<i>Endoscopic insertion of colonic prosthesis</i>	Informs int. partition, not GI
GI	32023-01	<i>Endoscopic replacement of colonic prosthesis</i>	Informs int. partition, not GI
GI	32023-02	<i>Endoscopic removal of colonic prosthesis</i>	Informs int. partition, not GI
GI	32023-03	<i>Endoscopic insertion of rectal prosthesis</i>	Informs int. partition, not GI
GI	32023-04	<i>Endoscopic replacement of rectal prosthesis</i>	Informs int. partition, not GI
GI	32023-05	<i>Endoscopic removal of rectal prosthesis</i>	Informs int. partition, not GI
GI	52035-00	<i>Endoscopic laser therapy of upper aerodigestive tract</i>	Informs int. partition, not GI
GI	90950-03	<i>Endoscopic removal of gastric band</i>	Informs int. partition, not GI
GI	90942-02	<i>Endoscopic removal of device from stomach</i>	Informs int. partition, not GI
Informs int. partition, not GI	30475-00	<i>Endoscopic dilation of gastric stricture</i>	Informs int. partition, not GI
Informs int. partition, not GI	30475-01	<i>Endoscopic dilation of gastroduodenal stricture</i>	Informs int. partition, not GI
Informs int. partition, not GI	30476-03	<i>Endoscopic banding of gastric varices</i>	Informs int. partition, not GI
Informs int. partition, not GI	30478-00	<i>Panendoscopy to duodenum with removal of foreign body</i>	Informs int. partition, not GI
Informs int. partition, not GI	30478-01	<i>Panendoscopy to duodenum with diathermy</i>	Informs int. partition, not GI
Informs int. partition, not GI	30478-02	<i>Panendoscopy to duodenum with heater probe coagulation</i>	Informs int. partition, not GI
Informs int. partition, not GI	30478-03	<i>Panendoscopy to duodenum with laser coagulation</i>	Informs int. partition, not GI
Informs int. partition, not GI	30478-04	<i>Panendoscopy to duodenum with excision of lesion</i>	Informs int. partition, not GI
<b>Internal and external fixation</b>			
GI	50130-00	<i>Application of external fixation device, not elsewhere classified</i>	GI
Does not inform int. partition	47483-00	<i>External fixation of fracture of pelvis</i>	GI
Does not inform int. partition	52420-00	<i>External fixation of mandible by intermaxillary wiring following reconstruction</i>	GI
GI	47513-00	<i>Internal fixation of disruption of sacro-iliac joint</i>	GI
GI	47456-01	<i>Closed reduction of fracture of distal humerus with internal fixation</i>	GI
GI	47921-00	<i>Insertion of internal fixation device, not elsewhere classified</i>	GI
GI	47621-01	<i>Closed reduction of fracture of tarsometatarsal joint with internal fixation</i>	GI
Does not inform int. partition	47009-01	<i>Closed reduction of dislocation of shoulder with internal fixation</i>	GI

<b>Current intervention type</b>	<b>ACHI code</b>	<b>ACHI code description</b>	<b>Proposed intervention type</b>
Does not inform int. partition	47018-01	<i>Closed reduction of dislocation of elbow with internal fixation</i>	GI
Does not inform int. partition	47024-01	<i>Closed reduction of dislocation of proximal radio-ulnar joint w internal fixation</i>	GI
Does not inform int. partition	47024-03	<i>Closed reduction of dislocation of distal radio-ulnar joint with internal fixation</i>	GI
Does not inform int. partition	47063-01	<i>Closed reduction of dislocation of ankle with internal fixation</i>	GI
Does not inform int. partition	47069-01	<i>Closed reduction of dislocation of toe with internal fixation</i>	GI
Does not inform int. partition	47609-05	<i>Closed reduction of dislocation of talus with internal fixation</i>	GI
Does not inform int. partition	47609-07	<i>Closed reduction of dislocation of calcaneum with internal fixation</i>	GI

# Appendix B—Principal diagnoses for proposed ADRG U69 Mental and Behavioural Disorders Associated with the Puerperium

**Table B1** lists the principal diagnoses that will inform grouping to the proposed ADRG U69 *Mental and Behavioural Disorders Associated with the Puerperium* as described in Section [4.1.3.1](#).

**Table B1** Principal diagnoses to be used to inform grouping to the proposed ADRG U69 *Mental and Behavioural Disorders Associated with the Puerperium*

ICD-10-AM Twelfth Edition code
F32.01 <i>Mild depressive episode, arising in the postnatal period</i>
F32.11 <i>Moderate depressive episode, arising in the postnatal period</i>
F32.21 <i>Severe depressive episode without psychotic symptoms, arising in the postnatal period</i>
F32.31 <i>Severe depressive episode with psychotic symptoms, arising in the postnatal period</i>
F32.81 <i>Other depressive episode, arising in the postnatal period</i>
F32.91 <i>Depressive episode, unspecified, arising in the postnatal period</i>
F53.0 <i>Mild mental and behavioural disorders associated with the puerperium, not elsewhere classified</i>
F53.1 <i>Severe mental and behavioural disorders associated with the puerperium, not elsewhere classified</i>
F53.8 <i>Other mental and behavioural disorders associated with the puerperium, not elsewhere classified</i>
F53.9 <i>Puerperal mental disorder, unspecified</i>

# Appendix C—Principal diagnoses for four new ADRGs in MDC 14 Pregnancy, Childbirth and the Puerperium

**Table C1 –Table C4** list the principal diagnoses that are proposed to inform grouping of episodes to four new proposed ADRGs within MDC 14 *Pregnancy, Childbirth and the Puerperium*, as described in Section [4.1.3.2](#).

**Table C1** Principal diagnoses to inform grouping to the proposed ADRG O67 *Diabetes Mellitus and Intermediate Hyperglycaemia in Pregnancy or the Puerperium*

ICD-10-AM code for ADRG O67 <i>Diabetes Mellitus and Intermediate Hyperglycaemia in Pregnancy or the Puerperium</i>
O24.0 <i>Pre-existing Type 1 diabetes mellitus in pregnancy, childbirth and the puerperium</i>
O24.12 <i>Pre-existing Type 2 diabetes mellitus in pregnancy, childbirth and the puerperium, insulin treated</i>
O24.13 <i>Pre-existing Type 2 diabetes mellitus in pregnancy, childbirth and the puerperium, oral hypoglycaemic therapy</i>
O24.14 <i>Pre-existing Type 2 diabetes mellitus in pregnancy, childbirth and the puerperium, other</i>
O24.19 <i>Pre-existing Type 2 diabetes mellitus in pregnancy, childbirth and the puerperium, unspecified</i>
O24.22 <i>Pre-existing other specified diabetes mellitus in pregnancy, childbirth and the puerperium, insulin treated</i>
O24.23 <i>Pre-existing other specified diabetes mellitus in pregnancy, childbirth and the puerperium, oral hypoglycaemic therapy</i>
O24.24 <i>Pre-existing other specified diabetes mellitus in pregnancy, childbirth and the puerperium, other</i>
O24.29 <i>Pre-existing other specified diabetes mellitus in pregnancy, childbirth and the puerperium, unspecified</i>
O24.32 <i>Pre-existing unspecified diabetes mellitus in pregnancy, childbirth and the puerperium, insulin treated</i>
O24.33 <i>Pre-existing unspecified diabetes mellitus in pregnancy, childbirth and the puerperium, oral hypoglycaemic therapy</i>
O24.34 <i>Pre-existing unspecified diabetes mellitus in pregnancy, childbirth and the puerperium, other</i>
O24.39 <i>Pre-existing unspecified diabetes mellitus in pregnancy, childbirth and the puerperium, unspecified</i>
O24.42 <i>Diabetes mellitus arising during pregnancy, insulin treated</i>
O24.43 <i>Diabetes mellitus arising during pregnancy, oral hypoglycaemic therapy</i>
O24.44 <i>Diabetes mellitus arising during pregnancy, other</i>

<b>ICD-10-AM code for ADRG O67 Diabetes Mellitus and Intermediate Hyperglycaemia in Pregnancy or the Puerperium</b>
O24.49 Diabetes mellitus arising during pregnancy, unspecified
O24.52 Pre-existing intermediate hyperglycaemia in pregnancy, childbirth and the puerperium, insulin treated
O24.53 Pre-existing intermediate hyperglycaemia in pregnancy, childbirth and the puerperium, oral hypoglycaemic therapy
O24.54 Pre-existing intermediate hyperglycaemia in pregnancy, childbirth and the puerperium, other
O24.59 Pre-existing intermediate hyperglycaemia in pregnancy, childbirth and the puerperium, unspecified
O24.92 Diabetes mellitus in pregnancy, childbirth and the puerperium, unspecified onset, insulin treated
O24.93 Diabetes mellitus in pregnancy, childbirth and the puerperium, unspecified onset, oral hypoglycaemic therapy
O24.94 Diabetes mellitus in pregnancy, childbirth and the puerperium, unspecified onset, other
O24.99 Diabetes mellitus in pregnancy, childbirth and the puerperium, unspecified onset, unspecified

**Table C2** Principal diagnoses to inform grouping to the proposed ADRG O68 Conditions classifiable elsewhere Complicating Pregnancy or the Puerperium

<b>ICD-10-AM codes for ADRG O68 Conditions classifiable elsewhere Complicating Pregnancy or the Puerperium</b>
A34 Obstetrical tetanus
O10 Pre-existing hypertension in pregnancy, childbirth and the puerperium
O16 Unspecified maternal hypertension
O22.4 Haemorrhoids in pregnancy
O22.9 Venous condition in pregnancy
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
O23.9 Other and unspecified genitourinary tract infection in pregnancy
O25 Malnutrition in pregnancy, childbirth and the puerperium
O26.6 Liver disorders in pregnancy, childbirth and the puerperium
O26.81 Kidney disorders in pregnancy, childbirth and the puerperium
O98.0 Tuberculosis in pregnancy, childbirth and the puerperium
O98.1 Syphilis in pregnancy, childbirth and the puerperium
O98.2 Gonorrhoea in pregnancy, childbirth and the puerperium
O98.3 Other infections with a predominantly sexual mode of transmission in pregnancy, childbirth and the puerperium
O98.4 Viral hepatitis in pregnancy, childbirth and the puerperium
O98.5 Other viral diseases in pregnancy, childbirth and the puerperium
O98.6 Protozoal diseases in pregnancy, childbirth and the puerperium
O98.7 Human immunodeficiency virus [HIV] disease in pregnancy, childbirth and the puerperium
O98.8 Other maternal infectious and parasitic diseases in pregnancy, childbirth and the puerperium
O98.9 Unspecified maternal infectious or parasitic disease in pregnancy, childbirth and the puerperium
O99.00 Anaemia in pregnancy, childbirth and the puerperium, unspecified
O99.01 Anaemia in pregnancy

**ICD-10-AM codes for ADRG O68 Conditions classifiable elsewhere Complicating Pregnancy or the Puerperium**

O99.02 Anaemia in pregnancy, with mention of pre-existing anaemia
O99.03 Anaemia in childbirth and the puerperium
O99.04 Anaemia in childbirth and the puerperium, with mention of pre-existing anaemia
O99.1 Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism in pregnancy, childbirth and the puerperium
O99.2 Endocrine, nutritional and metabolic diseases in pregnancy, childbirth and the puerperium
O99.31 Mental disorders in pregnancy, childbirth and the puerperium
O99.32 Diseases of the nervous system in pregnancy, childbirth and the puerperium
O99.4 Diseases of the circulatory system in pregnancy, childbirth and the puerperium
O99.5 Diseases of the respiratory system in pregnancy, childbirth and the puerperium
O99.6 Diseases of the digestive system in pregnancy, childbirth and the puerperium
O99.7 Diseases of the skin and subcutaneous tissue in pregnancy, childbirth and the puerperium
O99.8 Other specified diseases and conditions in pregnancy, childbirth and the puerperium

**Table C3** Principal diagnoses proposed to inform grouping to the proposed ADRG O69 *Maternal and Gestational Conditions not classifiable elsewhere Complicating Pregnancy or the Puerperium*

NB: This table contains codes for labour and delivery complications that may be assigned as principal diagnosis without delivery, for example, when a patient is transferred in labour.

**ICD-10-AM codes for ADRG O69 Maternal and Gestational Conditions not classifiable elsewhere Complicating Pregnancy or the Puerperium**

O00.0 Abdominal pregnancy
O00.1 Tubal pregnancy
O00.2 Ovarian pregnancy
O00.8 Other ectopic pregnancy
O00.9 Ectopic pregnancy, unspecified
O11 Pre-eclampsia superimposed on chronic hypertension
O12.0 Gestational oedema
O12.1 Gestational proteinuria
O12.2 Gestational oedema with proteinuria
O13 Gestational [pregnancy-induced] hypertension
O14.0 Mild to moderate pre-eclampsia
O14.1 Severe pre-eclampsia
O14.2 HELLP syndrome
O14.9 Pre-eclampsia, unspecified
O15.0 Eclampsia in pregnancy
O15.1 Eclampsia in labour
O15.9 Eclampsia, unspecified as to time period
O20.0 Threatened abortion
O20.8 Other haemorrhage in early pregnancy
O20.9 Haemorrhage in early pregnancy, unspecified
O40 Polyhydramnios
O41.0 Oligohydramnios
O41.1 Infection of amniotic sac and membranes
O41.8 Other specified disorders of amniotic fluid and membranes

**ICD-10-AM codes for ADRG O69 Maternal and Gestational Conditions not classifiable elsewhere Complicating Pregnancy or the Puerperium**

O41.9 Disorder of amniotic fluid and membranes, unspecified
O42.0 Premature rupture of membranes, onset of labour within 24 hours
O42.11 Premature rupture of membranes, onset of labour between 1-7 days later
O42.12 Premature rupture of membranes, onset of labour more than 7 days later
O42.2 Premature rupture of membranes, labour delayed by therapy
O42.9 Premature rupture of membranes, unspecified
O43.0 Placental transfusion syndromes
O43.1 Malformation of placenta
O43.8 Other placental disorders
O43.9 Placental disorder, unspecified
O44.0 Placenta praevia specified as without haemorrhage
O44.1 Placenta praevia with haemorrhage
O45.0 Premature separation of placenta with coagulation defect
O45.8 Other premature separation of placenta
O45.9 Premature separation of placenta, unspecified
O46.0 Antepartum haemorrhage with coagulation defect
O46.8 Other antepartum haemorrhage
O46.9 Antepartum haemorrhage, unspecified
O67.0 Intrapartum haemorrhage with coagulation defect
O67.8 Other intrapartum haemorrhage
O67.9 Intrapartum haemorrhage, unspecified
O68.0 Labour and delivery complicated by fetal heart rate anomaly
O68.1 Labour and delivery complicated by meconium in amniotic fluid
O68.2 Labour and delivery complicated by fetal heart rate anomaly with meconium in amniotic fluid
O68.3 Labour and delivery complicated by biochemical evidence of fetal stress
O68.8 Labour and delivery complicated by other evidence of fetal stress
O68.9 Labour and delivery complicated by fetal stress, unspecified
O69.0 Labour and delivery complicated by prolapse of cord
O69.1 Labour and delivery complicated by cord around neck, with compression
O69.2 Labour and delivery complicated by other cord entanglement, with compression
O69.3 Labour and delivery complicated by short cord
O69.4 Labour and delivery complicated by vasa praevia
O69.5 Labour and delivery complicated by vascular lesion of cord
O69.8 Labour and delivery complicated by other cord complications
O69.9 Labour and delivery complicated by cord complication, unspecified
O71.00 Rupture of uterus before onset of labour, unspecified
O71.01 Spontaneous rupture of uterus before onset of labour
O71.02 Traumatic rupture of uterus before onset of labour
O71.10 Rupture of uterus during labour, unspecified
O71.11 Spontaneous rupture of uterus during labour
O71.12 Traumatic rupture of uterus during labour
O71.3 Obstetric laceration of cervix
O71.4 Obstetric high vaginal laceration (alone)
O71.5 Other obstetric injury to pelvic organs

**ICD-10-AM codes for ADRG O69 Maternal and Gestational Conditions not classifiable elsewhere Complicating Pregnancy or the Puerperium**

O71.6 Obstetric damage to pelvic joints and ligaments
O71.7 Obstetric haematoma of pelvis
O71.81 Obstetric uterine laceration or tear
O71.82 Diastasis of recti abdominal muscle in pregnancy or delivery
O71.88 Other specified obstetric trauma
O71.9 Obstetric trauma, unspecified
O75.0 Maternal distress during labour and delivery
O75.1 Shock during or following labour and delivery
O75.2 Pyrexia during labour, not elsewhere classified
O75.3 Other infection during labour
O75.5 Delayed delivery after artificial rupture of membranes
O75.6 Delayed delivery after spontaneous or unspecified rupture of membranes
O75.7 Vaginal delivery following previous caesarean section
O75.9 Complication of labour and delivery, unspecified
O88.0 Obstetric air embolism
O88.1 Amniotic fluid embolism
O88.2 Obstetric blood clot embolism
O88.3 Obstetric pyaemic and septic embolism
O88.8 Other obstetric embolism

**Table C4** Principal diagnoses to inform grouping to the proposed ADRG O70 *Other Pregnancy Related Admissions without Delivery*

NB: This table contains codes for labour and delivery complications that may be assigned as principal diagnosis without delivery, for example, when a patient is transferred in labour.

**ICD-10-AM codes for ADRG O70 Other Pregnancy Related Admissions without Delivery**

O21.0 Hyperemesis gravidarum
O21.2 Vomiting in late pregnancy
O21.9 Vomiting in pregnancy, not elsewhere classified
O26.0 Excessive weight gain in pregnancy
O26.1 Low weight gain in pregnancy
O26.2 Pregnancy care of habitual aborter
O26.3 Retained intrauterine contraceptive device in pregnancy
O26.4 Pemphigoid gestationis [herpes gestationis]
O26.5 Maternal hypotension syndrome
O26.7 Subluxation of symphysis (pubis) in pregnancy, childbirth and the puerperium
O26.88 Other specified pregnancy-related conditions
O26.9 Pregnancy-related condition, unspecified
O28.0 Abnormal haematological finding on antenatal screening of mother
O28.1 Abnormal biochemical finding on antenatal screening of mother
O28.2 Abnormal cytological finding on antenatal screening of mother
O28.3 Abnormal ultrasonic finding on antenatal screening of mother
O28.4 Abnormal radiological finding on antenatal screening of mother
O28.5 Abnormal chromosomal and genetic finding on antenatal screening of mother



**ICD-10-AM codes for ADRG O70 Other Pregnancy Related Admissions without Delivery**

O28.8 Other abnormal findings on antenatal screening of mother
O28.9 Abnormal finding on antenatal screening of mother, unspecified
O30.0 Twin pregnancy
O30.1 Triplet pregnancy
O30.2 Quadruplet pregnancy
O30.8 Other multiple gestation
O30.9 Multiple gestation, unspecified
O31.0 Papyraceous fetus
O31.1 Continuing pregnancy after abortion of one fetus or more
O31.2 Continuing pregnancy after intrauterine death of one fetus or more
O31.8 Other complications specific to multiple gestation
O32.0 Maternal care for unstable lie
O32.1 Maternal care for breech presentation
O32.2 Maternal care for transverse and oblique lie
O32.3 Maternal care for face, brow and chin presentation
O32.4 Maternal care for high head at term
O32.6 Maternal care for compound presentation
O32.8 Maternal care for other malpresentation of fetus
O32.9 Maternal care for malpresentation of fetus, unspecified
O33.0 Maternal care for disproportion due to deformity of maternal pelvic bones
O33.1 Maternal care for disproportion due to generally contracted pelvis
O33.2 Maternal care for disproportion due to inlet contraction of pelvis
O33.3 Maternal care for disproportion due to outlet contraction of pelvis
O33.4 Maternal care for disproportion of mixed maternal and fetal origin
O33.5 Maternal care for disproportion due to hydrocephalic fetus
O33.6 Maternal care for disproportion due to other fetal deformities
O33.7 Maternal care for (suspected) central nervous system malformation in fetus
O33.8 Maternal care for disproportion of other origin
O33.9 Maternal care for disproportion, unspecified
O34.0 Maternal care for congenital malformation of uterus
O34.1 Maternal care for tumour of corpus uteri
O34.2 Maternal care due to uterine scar from previous surgery
O34.3 Maternal care for cervical incompetence
O34.4 Maternal care for other abnormalities of cervix
O34.5 Maternal care for other abnormalities of gravid uterus
O34.6 Maternal care for abnormality of vagina
O34.7 Maternal care for abnormality of vulva and perineum
O34.8 Maternal care for other abnormalities of pelvic organs
O34.9 Maternal care for abnormality of pelvic organ, unspecified
O35.0 Maternal care for (suspected) chromosomal abnormality in fetus
O35.1 Maternal care for (suspected) hereditary disease in fetus
O35.2 Maternal care for (suspected) damage to fetus from viral disease in mother
O35.3 Maternal care for (suspected) damage to fetus from alcohol
O35.4 Maternal care for (suspected) damage to fetus by drugs
O35.5 Maternal care for (suspected) damage to fetus by radiation

**ICD-10-AM codes for ADRG O70 Other Pregnancy Related Admissions without Delivery**

O35.6 Maternal care for (suspected) damage to fetus by other medical procedures

O35.7 Maternal care for other (suspected) fetal abnormality and damage

O35.8 Maternal care for (suspected) fetal abnormality and damage, unspecified

O35.9 Maternal care for hydrops fetalis

O36.0 Maternal care for rhesus isoimmunisation

O36.1 Maternal care for other isoimmunisation

O36.2 Maternal care for hydrops fetalis

O36.3 Maternal care for signs of fetal hypoxia

O36.4 Maternal care for intrauterine death

O36.5 Maternal care for poor fetal growth

O36.6 Maternal care for excessive fetal growth

O36.7 Maternal care for viable fetus in abdominal pregnancy

O36.8 Maternal care for other specified fetal problems

O36.9 Maternal care for fetal problem, unspecified

O47.0 False labour before 37 completed weeks of gestation

O47.1 False labour at or after 37 completed weeks of gestation

O47.2 Labour without delivery

O47.9 False labour, unspecified

O48 Prolonged pregnancy

O60.0 Preterm labour without delivery

O61.0 Failed medical induction of labour

O61.1 Failed surgical induction of labour

O61.2 Failed medical with surgical induction of labour

O61.8 Other failed induction of labour

O61.9 Failed induction of labour, unspecified

O62.0 Primary inadequate contractions

O62.1 Secondary uterine inertia

O62.2 Other uterine inertia

O62.3 Precipitate labour

O62.4 Hypertonic, incoordinate, and prolonged uterine contractions

O62.8 Other abnormalities of forces of labour

O62.9 Abnormality of forces of labour, unspecified

O63.0 Prolonged first stage (of labour)

O63.1 Prolonged second stage (of labour)

O63.2 Delayed delivery of second or subsequent fetus in multiple delivery

O63.3 Prolonged third stage (of labour)

O63.9 Long labour, unspecified

O64.0 Labour and delivery affected by incomplete rotation of fetal head

O64.1 Labour and delivery affected by breech presentation

O64.2 Labour and delivery affected by face presentation

O64.3 Labour and delivery affected by brow presentation

O64.4 Labour and delivery affected by shoulder presentation

O64.5 Labour and delivery affected by compound presentation

O64.8 Labour and delivery affected by other malposition and malpresentation

O64.9 Labour and delivery affected by malposition and malpresentation, unspecified

**ICD-10-AM codes for ADRG O70 Other Pregnancy Related Admissions without Delivery**

O65.0 Labour and delivery affected by deformed pelvis
O65.1 Labour and delivery affected by generally contracted pelvis
O65.2 Labour and delivery affected by pelvic inlet contraction
O65.3 Labour and delivery affected by pelvic outlet and mid-cavity contraction
O65.4 Labour and delivery affected by fetopelvic disproportion, unspecified
O65.5 Labour and delivery affected by abnormality of maternal pelvic organs
O65.8 Labour and delivery affected by other maternal pelvic abnormalities
O65.9 Labour and delivery affected by maternal pelvic abnormality, unspecified
O66.0 Labour and delivery affected by shoulder dystocia
O66.1 Labour and delivery affected by locked twins
O66.2 Labour and delivery affected by unusually large fetus
O66.3 Labour and delivery affected by other abnormalities of fetus
O66.4 Failed trial of labour, unspecified
O66.5 Failed application of vacuum extractor and forceps, unspecified
O66.8 Labour and delivery affected by other dystocia
O66.9 Labour and delivery affected by dystocia, unspecified
Z34.0 Supervision of normal first pregnancy
Z34.8 Supervision of other normal pregnancy
Z34.9 Supervision of normal pregnancy, unspecified
Z35.0 Supervision of pregnancy with history of infertility
Z35.1 Supervision of pregnancy with history of abortive outcome
Z35.2 Supervision of pregnancy with other poor reproductive or obstetric history
Z35.3 Supervision of pregnancy with history of insufficient antenatal care
Z35.4 Supervision of pregnancy with grand multiparity
Z35.51 Supervision of primigravida with advanced maternal age
Z35.52 Supervision of multigravida with advanced maternal age
Z35.6 Supervision of (very) young primigravida
Z35.7 Supervision of high-risk pregnancy due to social problems
Z35.8 Supervision of other high-risk pregnancies
Z35.9 Supervision of high-risk pregnancy, unspecified
Z36.0 Antenatal screening for chromosomal anomalies
Z36.1 Antenatal screening for raised alpha-fetoprotein level
Z36.2 Other antenatal screening based on amniocentesis
Z36.3 Antenatal screening for malformations using ultrasound and other physical methods
Z36.4 Antenatal screening for fetal growth retardation using ultrasound and other physical methods
Z36.5 Antenatal screening for isoimmunisation
Z36.8 Other antenatal screening
Z36.9 Antenatal screening, unspecified

# Appendix D—Diabetes mellitus codes proposed for enhanced DCL precision in AR-DRG V12.0

**Table D1** lists the diabetes mellitus codes proposed for enhanced DCL precision as described in Section [4.1.4](#).

**Table D1** ICD-10-AM Twelfth Edition diabetes mellitus codes proposed for fourth character DCL precision in AR-DRG V12.0

Three-character code used in AR-DRG V11.0	Four-character code proposed for AR-DRG V12.0	ICD-10-AM Twelfth Edition code and description
E10	E10.1	<i>E10.11 Type 1 diabetes mellitus with ketoacidosis, without coma</i>
		<i>E10.12 Type 1 diabetes mellitus with ketoacidosis, with coma</i>
		<i>E10.13 Type 1 diabetes mellitus with lactic acidosis, without coma</i>
		<i>E10.14 Type 1 diabetes mellitus with lactic acidosis, with coma</i>
		<i>E10.15 Type 1 diabetes mellitus with ketoacidosis, with lactic acidosis, without coma</i>
		<i>E10.16 Type 1 diabetes mellitus with ketoacidosis, with lactic acidosis, with coma</i>
	E10.6	<i>E10.64 Type 1 diabetes mellitus with hypoglycaemia</i>
		<i>E10.65 Type 1 diabetes mellitus with poor control</i>
		<i>E10.69 Type 1 diabetes mellitus with other specified complication</i>
E11	E11.0	<i>E11.01 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycaemic-hyperosmolar coma [NKHHC]</i>
		<i>E11.02 Type 2 diabetes mellitus with hyperosmolarity with coma</i>
	E11.1	<i>E11.11 Type 2 diabetes mellitus with ketoacidosis, without coma</i>
		<i>E11.12 Type 2 diabetes mellitus with ketoacidosis, with coma</i>

Three-character code used in AR-DRG V11.0	Four-character code proposed for AR-DRG V12.0	ICD-10-AM Twelfth Edition code and description
		<i>E11.13 Type 2 diabetes mellitus with lactic acidosis, without coma</i>
		<i>E11.14 Type 2 diabetes mellitus with lactic acidosis, with coma</i>
		<i>E11.15 Type 2 diabetes mellitus with ketoacidosis, with lactic acidosis, without coma</i>
		<i>E11.16 Type 2 diabetes mellitus with ketoacidosis, with lactic acidosis, with coma</i>
	<b>E11.6</b>	<i>E11.64 Type 2 diabetes mellitus with hypoglycaemia</i>
		<i>E11.65 Type 2 diabetes mellitus with poor control</i>
		<i>E11.69 Type 2 diabetes mellitus with other specified complication</i>
	<b>E11.7</b>	<i>E11.72 Type 2 diabetes mellitus with features of insulin resistance</i>
		<i>E11.73 Type 2 diabetes mellitus with foot ulcer due to multiple causes</i>
		<i>E13.64 Other specified diabetes mellitus with hypoglycaemia</i>
<b>E13.6</b>	<i>E13.65 Other specified diabetes mellitus with poor control</i>	
	<i>E13.69 Other specified diabetes mellitus with other specified complication</i>	
	<b>E13</b>	<b>E13.6</b>

# Appendix E—Proposed ADRGs for GIs to remediate ADRG 801 episodes

**Table E1** lists the GIs impacted by the proposed changes listed in Section [4.1.6](#), as well as the ADRGs that will have their definitions expanded to incorporate those GIs.

**Table E5** Proposed ADRGs for GIs currently grouping to ADRG 801 and the ADRGs to which episodes with those GIs will be assigned in AR-DRG V12.0

General Intervention	MDC	Proposed ADRG
90230-00 [702] <i>Embolectomy or thrombectomy of other artery</i>	MDC 04 <i>Diseases and Disorders of the Respiratory System</i>	E01 <i>Major Chest Interventions</i>
51073-00 [53] <i>Removal of spinal intramedullary lesion</i>	MDC 05 <i>Diseases and Disorders of the Circulatory System</i>	F14 <i>Vascular Interventions, Excluding Major Reconstruction without CPB Pump</i>
51071-00 [53] <i>Removal of spinal intradural lesion</i>		
39112-00 [75] <i>Intracranial decompression of other cranial nerve</i>	MDC 02 <i>Diseases and Disorders of the Eye</i>	C02 <i>Enucleations and Orbital Interventions</i>
33812-04 [729] <i>Thrombectomy of other large vein</i>	MDC 07 <i>Diseases and Disorders of the Hepatobiliary System and Pancreas</i>	H06 <i>Other Hepatobiliary and Pancreas Interventions</i>
90147-00 [422] <i>Other procedures on pharynx</i>	MDC 04 <i>Diseases and Disorders of the Respiratory System</i>	E02 <i>Other Respiratory System GIs</i>
30375-14 [976] <i>Incision and drainage of pancreas</i>	MDC 06 <i>Diseases and Disorders of the Digestive System</i>	G12 <i>Other Digestive System GIs</i>
45515-00 [1657] <i>Revision of scar of other site 7 cm or less in length</i>	MDC 08 <i>Diseases and Disorders of the Musculoskeletal System and Connective Tissue</i>	I28 <i>Other Musculoskeletal Interventions</i>
45515-00 [1657] <i>Revision of scar of other site 7 cm or less in length</i>	MDC 13 <i>Diseases and Disorders of the Female Reproductive System</i>	N11 <i>Other Female Reproductive System GIs</i>
30017-02 [1627] <i>Debridement of burn</i>	MDC 09 <i>Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast</i>	J08 <i>Other Skin Grafts and Debridement Interventions</i>
		J12 <i>Lower Limb Interventions with Ulcer or Cellulitis</i>
		J13 <i>Lower Limb Interventions without Ulcer or Cellulitis</i>
30017-02 [1627] <i>Debridement of burn</i>	MDC 21A <i>Injuries, Poisoning and Toxic Effects of Drugs: Multiple Trauma</i>	W04 <i>Multiple Significant Trauma with Other GIs</i>
30017-02 [1627] <i>Debridement of burn</i>	MDC 21B <i>Injuries, Poisoning and Toxic Effects of Drugs</i>	X06 <i>Other Interventions for Other Injuries</i>
31350-00 [1566] <i>Excision of lesion of soft tissue, not elsewhere classified</i>	MDC 13 <i>Diseases and Disorders of the Female Reproductive System</i>	N11 <i>Other Female Reproductive System GIs</i>

# Appendix F—List of consultation questions

Consultation question	Page number
1. Do you agree with the proposed changes to capture new, missing or important public health considerations in ICD-10-AM?	Page 12
2. Are there any additional considerations for the capture of social factors that should be considered for Thirteenth Edition (or a future edition)?	Page 13
3. Are there other new interventions that should be uniquely classifiable in ACHI for Thirteenth Edition (or a future edition)?	Page 15
4. Are there any additional considerations for organ, tissue and cell and procurement and transplantation that should be prioritised for Thirteenth Edition?	Page 15
5. Are there any additional considerations for the implementation of cluster coding that should be prioritised for Thirteenth Edition?	Page 17
6. Are there any additional considerations for the implementation of ACS 1904 <i>Complications of surgical and medical care</i> that should be prioritised for Thirteenth Edition?	Page 18
7. Are there any additional considerations for difficult intubation that should be prioritised for Thirteenth Edition?	Page 18
8. Are there any additional considerations in relation to the standardisation of the ACS that should be prioritised for Thirteenth Edition?	Page 20
9. Do you have any additional feedback on the proposed changes for ICD-10-AM/ACHI/ACS Thirteenth Edition?	Page 20
10. Do you support the proposed guiding principles for <i>intervention type</i> ?	Page 25
11. Do you support the proposed amendments for ACHI code <i>intervention types</i> , listed at <b>Appendix A</b> , to align with the proposed guiding principles for <i>intervention type</i> ?	Page 26
12. Do you support the creation of ADRG U69 <i>Mental and Behavioural Disorders Associated with the Puerperium</i> in MDC 19 <i>Mental, Behavioural and Neurodevelopmental Disorders</i> , using the ICD-10-AM codes listed in <b>Appendix B</b> ?	Page 28
13. Do you support the disaggregation of ADRG O66 <i>Antenatal and Other Admissions related to Pregnancy, Childbirth and the Puerperium</i> and creation of four medical ADRGs in MDC 14 <i>Pregnancy, Childbirth and the Puerperium</i> , found in <b>Appendix C</b> ?	Page 29

14. Do you support the grouping of ICD-10-AM codes to form the four new medical ADRGs in MDC 14 *Pregnancy, Childbirth and the Puerperium*, found in **Appendix C**? **Page 29**
15. Do you support the grouping of mastitis and other infections of the breast to ADRGs O04 *Postpartum and Post Abortion with General Interventions* or O61 *Postpartum and Post Abortion without General Interventions*, regardless of attachment difficulty? **Page 30**
16. Do you support increased DCL precision for the 25 diabetes mellitus codes listed in **Appendix D**? **Page 32**
17. Do you support the proposal to create ADRG A41 *Posthumous Organ Procurement*? **Page 32**
18. Do you support the proposed ADRGs for episodes that currently group to ADRG 801 *General Interventions (GIs) Unrelated to Principal Diagnosis* as outlined in **Appendix E**? **Page 33**
19. Do you have any additional feedback on the proposed changes for AR-DRG V12.0? **Page 33**





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Consultation paper