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Professor Michael Pervan  
Chief Executive Officer  
Independent Hospital & Aged Care Pricing Authority  
PO Box 483  
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*Michael.*

Dear Professor Pervan

**RE: DEVELOPMENT OF ICD-10-AM/ACHI/ACS THIRTEENTH EDITION AND AR-DRG  
VERSION 12.0**

Thank you for the opportunity to be able to comment on the work of the Independent Hospital and Aged Care Pricing Authority concerning the development of the ICD-10-AM/ACHI/ACS Thirteenth Edition and AR-DRG Version 12.0.

To facilitate support for a statewide response, the document was circulated to Local Health Networks and workshops were provided to facilitate an understanding of key changes being promulgated through the consultation process and issues or concerns that they may have with the proposals.

I am happy to advise that SA Health supports the majority of the proposals as they provide realistic opportunities to improve the admitted patient classification and pricing systems that come from them. Attached are responses to the consultation questions, including appropriate minor points that may warrant further consideration.

SA Health will continue to work with IHACPA to develop these classifications through the associated technical groups. Should you require additional information concerning these responses, please contact me on [REDACTED] or email [REDACTED]

Yours sincerely



**KRYSTYNA PARROTT**  
Associate Director, Activity Based Management and Funding

*01 / 12 / 2023*

Att: Responses to Consultation Questions

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### Responses to Consultation Questions

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

The importance of supporting public health measures is recognised and the current proposals are good inclusions and can therefore be supported noting that they can be feasibly obtained from the patient record.

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

There is support these changes as they recognise the importance in describing the patient and factors that can contribute to their health and care. It is recognised that these items may be realistic to obtain from the patient records.

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

No new codes were raised in this consultation process.

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

The consultation did not provide further points, but SA is willing to encourage measures that support improved classification of organ, tissue and cell and procurement and transplantation.

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

The proposed methodology of implementing cluster coding is currently supported noting there are digital health system requirements that must be worked through.

There were two questions raised by a regional LHN that focussed on –

- Whether cluster coding could support the common problem of patients that are being transferred for further care and treatment and
- Sometimes transfers suspected “secondary” diagnoses that during the course of care become more self-evident as the underlying cause for admission.

The question therefore arose whether there are avenues for cluster coding to support this additional work being performed in regional SA. For example, the Z.56 “transfer” code could be clustered with a “lung lesion” that is a secondary/suspected condition that (in the fullness of time) actually explains the patient’s condition and reason for transfer.

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**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?**

It was commented that when educating new coders, this standard was often difficult or ambiguous in being able to work through. For example, body system functions that supported immunity compared to T-cell coding. Improvements in this standard to make it easier to understand are therefore welcomed by SA.

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

It was commented that the proposal provided better clarity than the existing processes.

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

ACS0012 considering Drug Resistant Organisms was provided as an example where it wasn't clear whether the "carrier state" as opposed to the "current state" should be used in a condition such as ESVL or whether U.93 is required instead to support the idea that there is an additional diagnosis.

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

No further comments other than to note that SA supports proposals covered by the consultation paper.

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

Yes – it is recognised that the DRG Technical Group spent some time developing a sound set of principles and definitions that could be applied to support the new intervention types. It is also recognised this will promote admitted classification improvement and better consistency and alignment to actual costs.

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

Yes, the proposed amendments are supported.

**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?**

Yes, this change has the support of SA Health's Mental Health directorate. It is commented that this change may provide better focus on mental health in the puerperium and therefore support the development of treatment in this area.

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- 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, found in Appendix C?**
- 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?**

Yes, these changes will likely improve the use of the classification system within MDC14 and again support the development and support of treatment for patients.

- 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?**

Yes, this change is supported. It was mentioned by a clinical coder that in their experience, the analysis of "attachment difficulty" has never occurred.

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

Yes, DCL precision is supported for diabetes (and other conditions) where diagnosis and treatment can be precisely delineated to the third level.

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

Yes – SA notes that this will support wider organ procurement, donation and transplantation changes being promulgated at the national level.

- 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?**

Yes, it is recognised that the review of AR-DRG 801 (General Interventions unrelated to Principal Diagnosis) provides for classification improvement and consistency.

- 19. Do you have any additional feedback on the proposed changes for AR-DRG V12.0?**

It is recognised that the change to the timing of the classification process has contributed to the number and extent of change proposals being proposed.