Secretary

Department of Health

50 Lonsdale Street
Melbourne Victoria 3000
Telephone: 1300 650 172
GPO Box 4057
Melbourne Victoria 3001
www.health.vic.gov.au
DX 210081

BAC-CO-41198

Professor Michael Pervan
Chief Executive Officer
Independent Health and Aged Care Pricing Authority
Via e-mail: submissions.ihacpa@ihacpa.gov.au

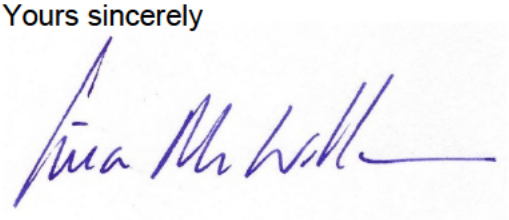
Dear Professor Pervan

Thank you for the opportunity to comment on the Independent Health and Aged Care Pricing Authority's (IHACPA) consultation paper on the Development of ICD-10-AM/ACHI/ACS Thirteenth Edition and AR-DRG Version 12.0. Please refer to the attachment for Victoria's response.

Victoria acknowledges the role a fit-for-purpose classification system plays in delivering a sustainable and effective public hospital system. We look forward to continued engagement with IHACPA to further improve and refine classifications and coding standards.

Should you wish to discuss this matter further, please contact Andrew Haywood, Executive Director, Funding Policy, Accountability and Data Insights, at the Department of Health on [redacted] or [redacted]

Yours sincerely



Professor Euan M Wallace AM
Secretary
20/11/2023

Encl. Response to the Independent Health and Aged Care Pricing Authority's consultation paper on the Development of ICD-10-AM/ACHI/ACS Thirteenth Edition and AR-DRG Version 12.0

VICTORIA State Government

Victorian Department of Health

Response to the Independent Health and Aged Care Pricing Authority's consultation paper on the Development of ICD-10-AM/ACHI/ACS Thirteenth Edition and AR-DRG Version 12.0

Contents

ICD-10-AM/ACHI/ACS Thirteenth Edition Refinements (Section 3)

Consultation Question: Do you agree with the proposed changes to capture new, missing or important public health considerations in ICD-10-AM?

Victoria agrees with the proposed changes to uniquely classify the missing and important public health considerations in ICD-10-AM outlined in the consultation paper.

Consultation Question: Are there any additional considerations for the capture of social factors that should be considered for Thirteenth Edition (or a future edition)?

Victoria notes that while ICD-10-AM codes have been created, feedback from the Victorian clinical coding workforce notes that it is important that the Index is also reviewed and updated accordingly to support the assignment of social factor codes based on the documentation in the episode.

Victoria also considers financial abuse an important concept to classify at T74 Abuse, neglect and other maltreatment.

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

Victoria asks IHACPA to consider the creation of ACHI codes to uniquely identify Disability Liaisons and Aboriginal Health Liaisons. There is precedence with creating liaison type for health interventions with the creation of the psychiatry liaison intervention code in a previous edition.

Consultation Question: Are there any additional considerations for organ, tissue and cell and procurement and transplantation that should be prioritised for Thirteenth Edition?

Victoria does not have additional considerations for the creation of new codes related to organ, tissue and cell and procurement and transplantation.

Consultation Question: Are there any additional considerations for the implementation of cluster coding that should be prioritised for Thirteenth Edition?

Victoria in-principle supports the introduction of cluster coding for the benefits noted in the consultation paper. However, Victoria continues to receive feedback about the additional clinical coder burden to record the cluster identifier as well as the cost to health services software systems to enable reporting of the new data item.

Additionally, there is a cost to jurisdictional systems to be able to receive and process the additional data. Victoria appreciates IHACPA's staged approach to implementation that will help mitigate some of these issues.

Victoria considers the pilot to test this significant change is critical to the success of the development of ACS 0004 Diagnosis cluster identifier (DCID). Victoria also notes that even with a pilot, it may not uncover all the

issues or deficiencies with the new standard. As such Victoria would like a commitment from IHACPA to provide extensive education on the implementation of ACS 0004.

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

Victoria considers that providing clear direction about what documentation constitutes a causal relationship when determining if a condition is a procedural complication should be the priority for refining ACS 1904 and that this direction is fully contained within the standard so that clinical coders do not have to refer to other IHACPA resources. IHACPA also needs to avoid subjective terms such as 'strong' or 'weak' to promote consistency in coding of procedural complications.

Regarding the removal of end of chapter residual codes, Victoria is concerned with the impact on DRG grouping and HAC reporting and therefore asks IHACPA to undertake modelling of the proposed changes and present this to relevant IHACPA groups for their review and comment prior to the removal of these codes.

Consultation Question: Are there any additional considerations for difficult intubation that should be prioritised for Thirteenth Edition?

Victoria welcomes the creation of new code Z98.3 Difficult airway for intubation and asks IHACPA to clarify if this code includes a difficult intubation event not resulting in a complication as opposed to a difficult airway.

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

Victoria asks that when standards are deleted through this process, that the directions within those standards are fully incorporated into the classification and that IHACPA advice is fully incorporated into a standard or classification prior to its retirement.

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

To support national reporting of palliative care indicators to the Australian Institute of Health and Welfare (AIHW), Victoria has identified a gap in the classification of palliative care. Victoria asks that IHACPA considers either the creation of fifth characters at Z51.5 to separately identify:

- end of life care delivered by a treating clinician who does not have specialist training or expertise in palliative care
- specialist palliative care delivered under the management of a clinician with specialised expertise in palliative care
- palliative care informed by a clinician with specialist expertise in palliative care (i.e. result of secondary consultation with a specialist palliative care clinician).

Alternatively, IHACPA may consider the creation of ACHI codes to identify the type of palliative care provided in the admitted episode.

The 'national information priorities' document distinguishes specialist palliative care, palliative care, and end of life care (last 12 months of life). Specialist consultants provide support and assistance (including direct

care) to people with life limiting illness across the range of admitted care types (as well as in an emergency department, non-admitted specialist/outpatient clinics, and they support care in the community such as rapid discharge or until such time as the community palliative care provider can take over).

AR-DRG V12.0 Refinements (Section 4)

Consultation Question: Do you support the proposed guiding principles for *intervention type?*

Victoria supports the guiding principles for determining intervention type. However, it notes the limitation that in some circumstances it is the same ACHI code that is assigned for a procedure whether it is performed on a ward or in theatre and can therefore satisfy more than one guiding principle. An example is debridement of skin and subcutaneous tissue, the same ACHI code is assigned whether when it is performed by a podiatrist or in a theatre.

Consultation Question: 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*?

Victoria supports the proposed amendments to ACHI codes intervention types in Appendix A except for ACHI code 45018-02 Fat graft. Victoria notes ACHI code 45018-01 is currently a GI and asks IHACPA to consider whether 45018-02 should also have been a GI.

Victoria also supports a staged approach to enable consideration of impacts of movement of episodes across ADRGs which may result in further refinement of the principles.

Consultation Question: 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**?

Based on initial analysis conducted by IHACPA indicating that the majority of these episodes have a mental health care type, at this stage Victoria supports the creation of ADRG U69 in MDC 19. However, further analysis at a jurisdictional level would be appreciated to inform a final decision.

Consultation Question: 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*?

Victoria supports the disaggregation of ADRG O66 Antenatal and Other Admissions related to *Pregnancy, Childbirth and the Puerperium* and the creation of four medical ADRGs in MDC 14 *Pregnancy, Childbirth and the Puerperium*, to improve clinical coherency.

Consultation Question: 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?

Victoria supports the grouping of ICD-10-AM codes to form the four new medical ADRGs in MDC 14 *Pregnancy, Childbirth and the Puerperium.*

Consultation Question: 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?

Victoria supports 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.

Consultation Question: Do you support increased DCL precision for the 25 diabetes mellitus codes listed in Appendix D?

Victoria supports increased DCL precision for the 25 diabetes mellitus codes listed in Appendix D.

Consultation Question: Do you support the proposal to create ADRG A41 *Posthumous Organ Procurement?*

Victoria supports the proposal to create ADRG A41 *Posthumous Organ Procurement*.

Consultation Question: 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**?

Victoria supports the proposed ADRGs for episodes that currently group to ADRG 801 as outlined in Appendix E.