
TITLE : INTRODUCTION OF ICD-10-AM**DISTRIBUTION:** ALL PUBLIC HOSPITALS IN WESTERN AUSTRALIA

1. Purpose

The purpose of this bulletin is to describe the changes to the clinical classification system with the introduction of ICD-10-AM on 1st July 1999

2. Background

Clinical coding is the translation of narrative descriptions of diseases, injuries, other related health problems and procedures into code to ease the electronic storage and retrieval of the information.

Since 1988 the classification used for coding clinical information in Australia has been the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). There have been periodic updates to the classification since 1988. Until 30th June 1999, the coding system used in Western Australian hospitals was the Second Edition of the Australian Version of ICD- 9-CM. The changes have not always been able to keep pace with changes in medical practice or with new procedures and techniques.

In 1997 a decision was made by the Australian Health Ministers Advisory Council that all States would change to the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) by 1st July 1999. Some of the States began using ICD-10-AM on 1st July 1998.

The new classification ICD-10-AM, which is based on the World Health Organisation's (WHO) ICD-10, uses terminology that is more appropriate than ICD-9-CM for current medical practice. The Australian version of the classification was developed in consultation with Australian clinicians and coders.

WHO's ICD-10 does not have a procedure classification. ICD-10-AM has a procedure classification based on the Medicare Benefits Schedule (MBS) which was developed by Australian clinicians, nosologists and coders. This new procedure classification is called MBS-E. It will be maintained and updated in consultation with specialist clinicians. As doctors in Australia are familiar with the MBS classification system, they should be more willing and better able to describe the procedures as required by the closely related MBS-E system.

Significant changes to the Classification

The process of coding, the basic classification structure and coding conventions remain substantially unchanged with the introduction of ICD-10-AM. The most significant changes to the classification and its recording requirements are listed below:

Diseases

- Alphanumeric coding scheme will be used. These codes will be comprised of one alphabetic character followed by two, three or four numeric characters. Where three or four numbers follow the letter, the third or the third and fourth numbers are separated from the first two numbers by a dot point. Eg; A42.1; E10.70
- Dagger (+) and asterisk (*) symbols identifying aetiology and manifestation codes respectively require the use of a second code to fully describe a clinical diagnosis;
- Use of the term “sequelae” rather than late effect; and
- Changes to the axis for classifying injuries from type of injury (in ICD-9-CM) to body site (in ICD-10-AM).

Procedures

- Eight character alphanumeric codes comprising the five character numeric MBS item number, a hyphen and a two character numeric extension to represent the specific procedure (00000-00 to 99999-99) ;
- Logical hierarchical classification based on body system(s) affected, procedure type, technology and techniques used ; and
- Four character block numbers (0 to 9999) to provide sequential numbers as MBS-E codes are not in straight numeric order due to the reorganisation of codes in creating a hierarchical classification based on a fee schedule.

The ICD-10-AM books also provide guidance to coders. Specifically the Australian Coding Standards, Volume 5 of the classification books.

The following points about the organisation of the standards volume should be noted:

- Standards are arranged according to ICD-10-AM chapter;
- There is an alphabetic index of standard topics;
- There is an index by ICD-10-AM code for locating standards which relate to a selected code.

ICD-10-AM Books

There are 5 volumes in the printed text. These are :

- Volume 1 Tabular List of Diseases
- Volume 2 Index to Diseases
- Volume 3 Tabular List of Procedures
- Volume 4 Index of Procedures
- Volume 5 Standards for Coding

Standards

Standards appropriate to ICD-10-AM should be observed.

Preparation for the Implementation of ICD-10-AM

A comprehensive pre-implementation program has taken place during 1998 and the first half of 1999. This project is managed by a Steering Committee convened by the Health Information Centre (HIC). There are three special sub-committees looking at specific areas of impact. There is an Education Working Group, a Casemix Working Group and an Information Systems Working Group. A Private Hospital Working Group has also been established to assist in all facets of the implementation of the new classification in the private sector. These groups identified and worked to resolve issues which needed to be addressed to enable a smooth transition to ICD-10-AM.

Coding Study

A study was undertaken to identify coding differences between ICD-9-CM and ICD-10-AM. It also determined the difference in the time it took to code in the new system.

From the study, it appears that experienced coders will adapt quite quickly to the new classification although the length of the procedure codes may cause transposition errors. Some DRGs shifts have been identified, particularly in obstetric cases, but this may be corrected by complex mapping solutions.

Education Program

A comprehensive education program has been offered to all current WA coders by the Health Information Centre. The National Classification Centre for Health provided further educational workshops for coders in June 1999, shortly before the planned implementation date.

Clinicians and other users of morbidity data have been offered information sessions to ensure that users are aware of the major changes associated with the introduction of ICD-10-AM.

Workforce Issues

To assist during the period when the coders are becoming more proficient at using the new classification system, a register of all ICD-10-AM and ICD-9-CM trained coders has been compiled. This should help Health Service Managers to identify available coding staff resources to meet coding deadlines should they require them.

For further information on available coding staff contact Sue Stevens 9222 4170.

Information Systems

The information systems TOPAS and HCARE have been updated to accept ICD-10-AM codes for episodes discharged from 1st July 1999. The edit program has also been updated.

Mapping Tables

The term “mapping” refers to the process of finding an equivalent code or the best matched codes between two different classification systems. Mapping tables have been developed for the change to ICD-10-AM. ICD-9-CM and ICD-10-AM have forward and backward mapping tables respectively as well as historical and logical mapping tables to ensure that data users are able to interpret old and new data across the different classifications.

Historical maps are used to find codes which best fit from one ICD classification to another while logical maps ensure the codes are mapped to the equivalent DRG. Mapping will be internal to the DRG grouping process. If hospitals and health services need to compare sets of data which used different classifications and they require copies of the mapping tables, these are available from the National Centre for Classification in Health’s (NCCH) website - www.cchs.usyd.edu.au/ncch/

Continuing Coding Query Support

The Health Information Centre query service, the Coding Committee of Western Australian and the NCCH will continue to answer coding queries to support quality morbidity information.

AN-DRGs (Casemix) and the ICD Classification

The link between casemix and the ICD classification are summarised below. Clinicians document the diagnoses and treatments during an episode of care, on a discharge summary which is filed in the patient medical record. Clinical coders translate the written diagnostic information from the medical record or a discharge summary into an ICD code. These codes together with demographic information on the patients are used in a software program called a grouper into a casemix classification, the AN-DRG (Australian National Diagnosis Related Groups). The AN-DRG is a list of groupings of episodes stratified according to clinical and resource requirement characteristics. These groups describe the mix of patients treated by the hospital - its casemix.

Casemix is a patient classification scheme which relates the patient’s medical conditions and related health problems to the resources used for health care.

The keys to consistent assignment to the appropriate diagnosis related group (DRG) across the system are adequate clinical documentation and the correct translation of the information.

The version of the casemix tool used in Australia is revised periodically. In WA AN-DRG Version 3.1 of the grouper has been used since 1995 and will continue to be used during 1999/2000. This grouper requires ICD-9-CM codes. **The ICD-10-AM codes assigned by coders from 1 July 1999 will be mapped by the HDWA to ICD-9-CM before the grouping process begins.**

Further development of the casemix classification system will lead to the use of an ICD-10-AM grouper.