

Important announcement

The NCCH's Coding Standards Advisory Committee (CSAC) has made two important decisions, both effective from 1 July 2008. They are:

NCCH Query Database and Code-L

The NCCH Query Database and Code-L services for clinical coders will be discontinued from 1 July 2008. Some of the issues which influenced this decision are:

- Advice changes from edition to edition.
- Advice may no longer be valid.
- Lack of NCCH resources to remove or update previous advice – moreover, this is an historical document for the NCCH i.e. a working document that provides information on how decisions were made.
- Advice in the database is not ratified by CSAC and sometimes when a '10-AM Commandment' is created, the advice changes and there is risk of contradiction – possibly resulting in inconsistent coding practice.
- Advice related to specific queries may be incorrectly applied to other cases, i.e. there have been instances where a coder(s) has used previous advice to support decisions in the coding of a case which is different to the case for which the original query advice was intended.
- Possible use of the database answers as a punitive tool by auditors.

- Use of the database for purposes other than originally intended, i.e. to influence changes to the classification rather than using the public submission process. '10-AM Commandments' sometimes appears to be used as a similar tool.
- It is another source of reference for coders and there is a view that too many sources (ACS, Query database, answers to queries in Coding Matters, answers on Code-L, answers by state-based coding committees) can potentially create more confusion and therefore errors.

We advise you to cease using any saved versions of the database due to the outdated nature of the advice.

The only national authoritative sources of coding guidance from 1 July will be the Australian Coding Standards and the ICD-10-AM Commandments.

The NCCH's priority now is to ensure that 10-AM Commandment advice is implemented into subsequent ICD-10-AM/ACHI/ACS editions.

Also, clinical coders should follow the official coding query process which remains unchanged. See page 22 for details of the coding query process.

Coders are advised to contact HIMAA in regard to advertising coding positions as NCCH will not be providing this service from 1 July 2008.

ICD-10-AM/ACHI/ACS coding queries

The ICD-10-AM/ACHI/ACS coding queries mechanism is a two-way process that has two major roles. Firstly, it provides an avenue for coders to resolve coding problems they encounter when coding actual medical records, enabling them to assign correct and relevant codes. Secondly, it becomes a feedback process to the NCCH, highlighting any problem areas within the classification. These areas may then be reviewed and updated for subsequent editions of ICD-10-AM, ACHI and the ACS.

Individual queries

The query process requires clinical coders to follow these steps before submitting a query to their State coding advisory committee:

1. Review the current edition of ICD-10-AM, ACHI and ACS including any errata
2. Reference texts, perform a web search (if available)
3. Seek advice from peers/local coding group/clinicians

If a problem remains, the query should then be sent to the State/Territory coding committee. It is important that coding queries directed to the State/Territory coding advisory committees include any supporting documents, references and clinical advice.

State/Territory coding advisory committee queries

The coding advisory committees (CAC) act as reference groups in each State/Territory who request assistance on coding issues. These committees are responsible for responding to coding queries from coders. Any query sent to the NCCH from the state/territory CAC must be of a significantly complex/difficult nature or require a national consensus. The following steps must be performed by the committee before submitting a query to the NCCH:

1. Review the current edition of ICD-10-AM, ACHI and ACS including any errata
2. Reference texts, perform a web search (if available)
3. Seek advice from clinicians (if available)
4. Review and discuss the query using the documentation and any references or clinical advice supplied and decide if a State decision can be made.
5. Determine if the query is significantly complex or of a difficult nature or requires national consensus before forwarding to the NCCH.

These submissions need to include supporting documents, references and clinical advice. Without these the NCCH cannot definitively answer queries.

NCCH query process

The NCCH carefully reviews and considers every query received in order to provide consistent and relevant coding advice. This may be a lengthy process, especially if clinical or other support is required prior to a decision being made. Significant queries will be selected for ratification by the Coding Standards Advisory Committee (CSAC) and publication in the 10-AM Commandments.

The process includes:

1. Reviewing the current edition of ICD-10-AM, ACHI and ACS including any errata
2. Checking the historical query database (now removed from public view) for any similar/related queries
3. Checking other classifications
4. Referencing texts
5. Performing a web search
6. Seeking clinical advice from the appropriate CCCG or other affiliated clinicians
7. Reviewing NCCH documentation pertaining to development of ICD-10-AM, ACHI and ACS
8. Where relevant, seeking international advice (WHO and members of the Update Reference Committee) on issues of ICD-10 convention
9. Circulating and discussing the query at the Classification Support Division (CSD) query meeting
10. Preparing a response based on information gained through the previous steps
11. Submitting selected responses to the Coding Standards Advisory Committee (CSAC) for ratification
12. Publishing the query and answer in 10-AM Commandments featured in Coding Matters
13. Adding to a new edition of 10-AM as relevant

Grouping issues

Queries about AR-DRG grouping should be forwarded directly to the Acute Care Division, Australian Government Department of Health and Ageing (www.health.gov.au).

When a query sent to the NCCH involves both coding and grouping issues, the NCCH will address the coding issue and then liaise with the Acute Care Division, Australian Government Department of Health and Ageing.