Updating ICD-10-AM/ACHI/ACS

HIMAA Conference – October 2012

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• What informs updates to the classification?

• How do we prioritise updates?

• How do we process updates?
What informs updates?

- Mandatory updates
  - WHO
  - MBS/ADA
- Public submissions
  - ICD
  - DRG
- Queries/Other
How do we prioritise updates?

Evaluation Criteria (Scorecard)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Disease score</th>
<th>Procedure score</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th Edition</td>
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<td>Stats?</td>
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<td>MBS/ADA</td>
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</tbody>
</table>
How do we prioritise updates?

Submissions are scored and ranked:

- Very low: < 20
- Low: 20 – 39
- Medium: 40 – 59
- High: > 60
How do we prioritise updates?

• Overlap between ICD and DRG submissions
How do we prioritise updates?

• DRG Submission regarding fat grafts

“Allocation of the ACHI code for fat graft 45018-02 [1668] when performed in spinal surgery changes the AR-DRG from I10* Other Back and Neck Procedures or I09* Spinal Fusion to I02* Skin Graft - Hand. Hospitals are avoiding coding fat grafts in spinal surgery because of this 'inappropriate DRG'.”
How do we prioritise updates?

1. DRG Team reviewed
2. Error in DRG hierarchy noted, but too late to be corrected in AR-DRG v7.0 and consequently held over
3. ICD Team consulted to assess whether there is a solution in ACHI
4. Clinical advice sought to determine whether fat grafts during spinal surgery should be coded
Decompression of thoracic and thoracolumbar spinal cord

*Includes:* fat graft that for spinal stenosis

*Code also when performed:*
- procurement of fat for graft via separate incision (45018-04 [1666])
- rhizolysis (40330-00 [49])
- spinal fusion (48642-00, 48645-00, 48648-00, 48651-00, 48660-00, 48669-00 [1389])
How do we prioritise updates?

• Sometimes a DRG submission is really an ICD Submission
How do we prioritise updates?

• DRG Submission regarding pancreas neoplasm

“It is unsatisfactory for a neoplasm of uncertain or unknown behaviour of the pancreas to be assigned to MDC 06 Diseases and disorders of the digestive system while benign and malignant tumours of the pancreas are correctly assigned to MDC 07 Diseases and disorder of the hepatobiliary system and pancreas.”
How do we prioritise updates?

• Reviewed by ICD Team
• Determined to be a classification issue rather than a grouping issue
• In ICD-10-AM neoplasms of uncertain or unknown behaviour of pancreas are currently classified to D37.7 Neoplasm of uncertain or unknown behaviour of other digestive organs
How do we prioritise updates?

D37.7  **Neoplasm of uncertain or unknown behaviour of other digestive organs**

*D37.71  Pancreas*

*D37.79  Other specified digestive organs*

**Anal:**
- canal
- sphincter

Anus NOS
Intestine NOS
Oesophagus

*Excludes: anal:
- margin (D48.5)
- skin (D48.5)
- perianal skin (D48.5)*
How do we prioritise updates?

- Tasks allocated to work program based on score
How do we prioritise updates?

Work Plan:

- Determined principally by scorecard
- Influenced by
  - contract deliverables
  - Synchronous release of ICD & DRG
- Major content development ceased August 2011
- Updates that didn’t impact AR-DRG classification progressed
- Queries made a priority
How do we prioritise updates?

Submissions received:

• ICD Public Submissions – 297
• DRG Public Submissions – 75
• Queries – 204

Tasks

• Created – 389
• Completed – 233

Queries

• Answered/published – 105
How do we process updates?

• Updates to the classification are written up as a proposal following a standard template, which includes the following:
  • Classification systems and relevant resources
  • Clinical currency imperatives
  • Statistical benefits
  • Implications for funding mechanisms (DRG impact)
  • Fit with Commonwealth health system priorities
How do we process updates?

- Classification systems and relevant resources
  - CCAM (Common Classification of medical procedures) (France)
  - ICD-10-CA and CCI (Canada)
  - ICD-10-CM and ICD-10-PCS (US)
  - ICD-10-GM and OPS (Operations and Key Procedures) (Germany)
  - MBS (Medicare Benefits Schedule)
  - OPCS (UK)
  - SNOMED CT
  - ICD-11
How do we process updates?

- Clinical currency imperative for SEMLS

“SEMLS has not been reviewed by ASERNIP-S or MSAC. However this procedure is now widely performed for children affected by cerebral palsy and has resulted in significant improvement in overall gait (Romei, 2007). In Australia, it is currently performed at Royal Children Hospital, Melbourne, Westmead Children Hospital, Sydney and some private hospitals. A SEMLS randomised clinical trial from the Royal Children’s Hospital, Melbourne was published in which a 50% improvement in gait parameters towards normality was documented (Thomason et al, 2011).”
How do we process updates?

- Statistical benefits for SEMLS

“It is difficult to isolate SEMLS cases in the current dataset by searching a particular group of codes as patients may have only a component of SEMLS performed. The creation of new codes for this procedure will provide statistics for future assessment of this procedure.”
How do we process updates?

• Implications for funding mechanisms (DRG impact) for Necklift

“In AR-DRG Version 6.0, assignment of 45587-00 [1675] Facelift, unilateral or 45588-00 Facelift, bilateral for necklift both result in assignment of DRG J10Z Skin, Subcutaneous Tissue and Breast Plastic OR procedures. However, if 90586-00 [1573] Other plastic procedures on muscle, not elsewhere classified is assigned for necklift cases then this results in assignment of DRG J11Z Other Skin, Subcutaneous Tissue and Breast Plastic OR procedures.

This task will be referred to the DRG team for assessment of any new codes created.”
How do we process updates?

Fit with Commonwealth health system priorities

• Arthritis and musculoskeletal conditions
• Asthma
• Cancer control
• Cardiovascular health
• Diabetes mellitus
• Injury prevention and control
• Mental health
• Obesity
How do we process updates?

- A proposal to update the classification will also include the following:
  - Literature review/research
  - Clinical consultation (CTG)
  - Liaise with international colleagues
  - Previously published advice
  - Review by key stakeholders (including ITG/DTG)
How do we process updates?

- Once recommended for inclusion into the next edition the following components will be added to the proposal:
  - Historical maps
  - DRG Content
  - Education content
  - Chronicle content
  - Coding Q&A (10-AM Commandment)
  - Q&A publication?
How do we process updates?

• DRG Content for laparoscopic procedure proceeding to open procedure

“The NCCC DRG team, supported by the DTG, have considered the DRG implications relating to this proposal and have no concerns with the inclusion of the proposed changes to ICD-10-AM/ACHI/ACS for 8th edition.”
How do we process updates?

Date: 9 December 2011

The following issues were raised by the NCCC DRG team:

“90343-00 Endoscopic procedure proceeding to open procedure maps to 30473-00 Panendoscopy to duodenum which is a “proc” and maps DRGs in the other partition.”

“90343-01 Laparoscopic procedure proceeding to open procedure maps to 30390-00 Laparoscopy. Map to the same proc as all lap proceeding to open codes.”

“90613-00 Arthroscopic procedure proceeding to open procedure maps to 50100-00 Arthroscopy. Map to same proc as all lap proceeding to open codes.”
How do we process updates?

At the DTG meeting on the 9 December 2011, members agreed on the following changes for the logical map(s):

**LOGICAL MAPS**
Backward maps – new codes

<table>
<thead>
<tr>
<th>8th Edition code</th>
<th>7th Edition code</th>
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<td>92204-00 [1866]</td>
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<tr>
<td>90613-00 [1579]</td>
<td>92204-00 [1866]</td>
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</table>
Next steps

- Entered on database
- Hard copy production (editing/proofing/printing)
- CodeXpert
- ECLs
- Mapping between editions
- Mapping to ICD-10
- Chronicle
- Queries (retiring/superseding)
- Education
- Submit to WHO URC platform
- For public submissions letter of outcome sent
~ Thank you ~
Contact details

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