

VIC-DRG4s in 2000—2001

For 2000—2001 separations, hospitals are assigning diagnosis and procedure codes using the 2nd edition of the ICD-10-AM classification. For funding purposes these codes are mapped to their 1st edition ICD-10-AM equivalents for grouping in AR-DRG Version 4.1 (AR-DRG4). This mapping is contained in the 2000—2001 Library File, available through the Department's website at:
www.dhs.vic.gov.au/ahs/hdss/vaedlib.htm

As in previous years, prior to the calculation of WIES8, a number of adjustments are made to the original AR-DRG4 grouping by utilising the VIC-DRG4 field. The adjustments applied for Peritoneal Dialysis, Radiotherapy and Bone Marrow Transplants in WIES7 are still required for WIES8. These VIC-DRG4s were detailed in the *Policy and Funding Guidelines, 2000—2001*.

Additional VIC-DRG4s implemented to overcome significant anomalies identified in Version 4.1 software were notified in the *ICD Coding Newsletter, Special Edition, June 2000* (the Commonwealth Department will rectify these anomalies in Version 4.2). Following notification of further grouping anomalies by hospitals, the Department has specified more VIC-DRG4s, which are detailed in this Bulletin. In some cases, VIC-DRG4s involve additional mapping of ICD-10-AM 2nd edition codes (over and above the mapping in the ICD-10-AM 2nd edition Library File).

The full list of VIC-DRG4s is provided on the following pages. All records submitted to the Victorian Admitted Episodes Dataset (VAED) before the October 2000 consolidation will be re-grouped according to the following specification.

VIC-DRG4s in 2000—2001 (Full list, as at October 2000)

Peritoneal Dialysis

(First notified: *Policy and Funding Guidelines, June 2000*)

In recognition of cost differences between peritoneal dialysis and haemodialysis, episodes with a principal diagnosis of Z49.2 *Peritoneal dialysis* are assigned a VIC-DRG4 of L61Y *Admit for peritoneal dialysis*.

Radiotherapy

(First notified: *Policy and Funding Guidelines, June 2000*)

Standard 0229 (*Victorian Additions to the Australian Coding Standards, July 2000*) states that non-same day patients receiving radiotherapy should have the malignant condition sequenced first, followed by Z51.0 *Radiotherapy session*, in contrast to same day radiotherapy admissions where code Z51.0 will be the principal diagnosis followed by the malignancy code.

However, because these patient episodes would group to AR-DRG4s related to the malignancy, which are generally of lower weight than AR-DRG4 R64Z *Radiotherapy*, equity is maintained by re-grouping non-same day medical episodes that include a radiotherapy session diagnosis code as if the radiotherapy session code was the principal diagnosis.

Bone Marrow Transplants

(First notified: Policy and Funding Guidelines, June 2000)

In recognition of cost differences between allogenic and autologous bone marrow transplants, AR-DRG4 A04Z *Bone marrow transplant* is split into VIC-DRG4s A04A *Allogenic bone marrow transplant* and A04B *Non-allogenic bone marrow transplant*. Any cases grouped to AR-DRG4 A04Z with ICD-10-AM 2nd edition allogeneic procedure codes (codes 13706-00, 13706-06, 13707-09 or 13706-10) are allocated to VIC-DRG4 A04A. All other cases grouped into AR-DRG4 A04Z are allocated to VIC-DRG4 A04B.

NB. 13706-00 and 13706-09 map to the ICD-10-AM 1st edition procedure code 13706-00; and 13706-06 and 13706-10 map to the ICD-10-AM 1st edition procedure code 13706-06.

Arteriovenous fistula

(First notified: ICD Coding Newsletter, Special Edition, June 2000)

In AR-DRG Version 4.1, the procedure codes for surgical formation of arteriovenous fistula of lower limb (34509-00) and upper limb (34509-01) are not included in the list of procedures under MDC 11 *Diseases and disorders of kidney and urinary tract*.

As these procedures are commonly performed for treatment of end-stage renal disease, 34509-00 and 34509-01 are mapped to 34512-00 *Construction of arteriovenous fistula with graft of vein*, so that episodes with either of those procedure codes group to an appropriate VIC-DRG4.

Bilateral hip replacement and bilateral knee replacement

(First notified: ICD Coding Newsletter, Special Edition, June 2000)

In AR-DRG Version 4.1, episodes with a bilateral hip or knee procedure code (49319-00, 49519-00, 49521-01, 49521-03, or 49524-01) do not group to DRG I01 *Bilateral or multiple major joint procedures of lower extremity*.

Where an episode contains a bilateral hip or knee procedure code (49319-00, 49519-00, 49521-01, 49521-03, or 49524-01) a VIC-DRG4 of I01 is assigned.

Hook needle localisation of breast lesion

(First notified: ICD Coding Newsletter, Special Edition, June 2000)

In AR-DRG Version 4.1, procedure code 30361-00 *Localisation of lesion of breast* is listed as a major OR procedure. This causes cases to group to a major OR procedure DRG, whereas they should group to a minor OR procedure or medical DRG.

To address this anomaly, this code will be deleted when grouping to a VIC-DRG4. The likely presence of at least one other procedure code will ensure that episodes with procedure code 30361-00 group to an appropriate DRG.

Retained placenta and membranes without haemorrhage

(First notified: *ICD Coding Newsletter, Special Edition, June 2000*)

In AR-DRG Version 4.1, the diagnosis codes for retained placenta and membranes without haemorrhage (O73.0 and O73.1) have been omitted from the lists for DRGs O04 *Post partum and post abortion diagnosis with OR procedure* and O61 *Post partum and post abortion diagnosis without OR procedure*. This means that some episodes with these diagnosis codes may be inappropriately grouped to delivery DRGs.

Diagnosis codes O73.0 and O73.1 are mapped to O72.2 *Delayed and secondary postpartum haemorrhage*, so that episodes with either of those diagnosis codes group to an appropriate VIC-DRG4.

Birthweight

(First notified: *ICD Coding Newsletter, Special Edition, June 2000, amended HDSS Bulletin No. 14, further amended HDSS Bulletin No. 19*)

In AR-DRG Version 4.1, admission weight must be between 400 and 9999 grams otherwise the episode will be assigned to DRG 960Z *Ungroupable*. The Department has been notified of live births where the baby weighs significantly less than 400 grams.

Episodes with an admission weight between 125 and 399 grams are assigned an admission weight of 400 grams for grouping to an appropriate VIC-DRG4.

Paraurethral Injection

(First notified: *HDSS Bulletin No. 19*)

In AR-DRG Version 4.1, episodes with a diagnosis of N39.3 *Stress incontinence* and a procedure of 37339-01 *Injection of para-urethral bulk for stress incontinence, male* group to DRG 960Z *Ungroupable*.

Episodes where a male patient has a principal diagnosis of N39.3 and a first procedure code of 37339-01, are assigned a VIC-DRG4 of L04B *Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W/O Catastrophic or Severe CC*.

Nasopharyngeal intubation

(First notified: *HDSS Bulletin No. 19*)

New 2nd edition procedure codes have been introduced for nasopharyngeal intubation (90179-02 *Nasopharyngeal intubation* and 90179-05 *Management of nasopharyngeal intubation* in block 568).

In AR-DRG Version 4.1, episodes with these codes, which map to 1st edition procedure code 92033-00 *Insertion of nasopharyngeal airway*, do not group to DRGs A06Z *Tracheostomy any age, any condition* and A41Z *Intubation Age < 16*.

Procedure codes 90179-02 and 90179-05 are mapped to 1st edition procedure code 92035-00 *Other intubation of respiratory tract*, so that episodes with either of those procedure codes group to an appropriate VIC-DRG4.

Care of lactating mother

(First notified: *HDSS Bulletin No. 19*)

In AR-DRG Version 4.1, episodes with a principal diagnosis of O80 *Single spontaneous delivery* with an additional diagnosis of Z39.1 *Care and examination of lactating mother* (coding in accordance with Australian Coding Standard 1538) group to DRG 962Z *Unacceptable obstetric diagnosis combination*.

Episodes with a principal diagnosis of O80 and an additional diagnosis of Z39.1 are assigned a VIC-DRG4 of O60D *Vaginal delivery without complicating diagnosis*.

Post Natal Depression

(First notified: *HDSS Bulletin No. 19*)

In AR-DRG Version 4.1, episodes with a principal diagnosis of O80 *Single spontaneous delivery* with additional diagnosis of F53.0 *Mild mental and behavioural disorders associated with the puerperium, NEC (post natal depression)* (coding in accordance with Australian Coding Standard 0505) group to DRG 962Z *Unacceptable obstetric diagnosis combination* (the same grouper logic applies to F53.1, F53.8 and F53.9).

Episodes with a principal diagnosis of O80 and an additional diagnosis of F53.0 or F53.1, or F53.8 or F53.9 are assigned a VIC-DRG4 of O60D *Vaginal delivery without complicating diagnosis*.