

Victorian Additions to the Australian Coding Standards

Effective 1 July 2020

The following are the Victorian Additions to Australian Coding Standards, effective 1 July 2020 (supplementing Australian Coding Standards, Eleventh Edition). These must be applied for separations on and after 1 July 2020.

Note that the Australian Coding Standards still apply and that the Victorian Additions are intended to provide further information and guidance where necessary.

Each Victorian Addition that corresponds with an Australian Coding Standard (ACS) has been assigned the same reference number as the ACS.

No changes have been made to this document for 2020-21.

Summary of Victorian Additions for 2020-21

Vic 0048	<i>Condition onset flag</i>
Vic 0029	<i>Coding of contracted procedures</i>
Vic 0233	<i>Morphology</i>
Vic 2001	<i>External cause code use, sequencing and flagging</i>

Vic 0048 Condition Onset Flag

In Victoria, prefixes are assigned to diagnosis codes to indicate condition onset.

The Victorian prefixes are mapped by the Victorian Agency for Health Information to the national values in ACS 0048 *Condition onset flag* for reporting to the Commonwealth as follows:

Victorian value		National Value	
P	Primary	2	Condition not noted as arising during the episode of admitted patient care
C	Complicating condition	1	Condition with onset during the episode of admitted patient care
M	Morphology	The same value as the preceding neoplasm code	

Clinical coders must follow the instructions in ACS 0048 *Condition onset flag* to determine whether a condition was present at the beginning of the episode of admitted patient care and must assign Victorian prefixes accordingly.

Clinical coders must also ensure that the M prefix is assigned to morphology codes.

As per the above table, the accepted prefixes for use in Victoria are:

- P – Primary condition
- C – Complicating condition occurring after admission
- M – Morphology

Every diagnosis code must be flagged with one of the acceptable prefixes.

Prefixes do not influence the sequencing of diagnoses codes which must be sequenced in accordance with coding convention and/or the Australian Coding Standards.

Do not confuse Principal Diagnosis (ACS 0001) with the P prefix (primary condition)

With the exception of ACS 0048 *Condition Onset Flag*, there is no direct relationship between the ACS and the prefixes. The following table may be a useful way of conceptualising the application of prefixes to ICD-10-AM codes:

	Possible prefixes		
	P – Primary	C – Complicating condition	M - Morphology
Principal diagnosis ACS 0001	✓	Only for neonates in the birth episode*	X
Additional diagnoses ACS 0002	✓	✓	X
Morphology code	X	X	✓

*Refer to ACS 0048 *Condition Onset Flag* for further information.

The Victorian prefix C (complicating condition) is mapped to condition onset flag 1 Condition with onset during the episode of admitted patient care.

C – Complicating condition

A complicating condition is not present at the time the admission (or when the episode of care) commenced.

Refer to ACS 0048 Guide for use point 6, if there is difficulty deciding if a condition was present at the beginning of the episode of admitted patient care or if it arose during the episode.

Z codes relating to postpartum care (Z39.0-) may be flagged with a C prefix in episodes where a patient is transferred from hospital A to hospital B for delivery and returns to hospital A postpartum on the same day.

There can be more than one code flagged with the C Prefix.

The Victorian prefix P (primary condition) is mapped to the condition onset flag 2 Condition not noted as arising during the episode of admitted patient care.

P – Primary condition

A primary condition is a condition which is present at the time of admission (or when the episode of care commenced), including:

- The principal diagnosis (apart from certain conditions in neonates in the birth episode)
- Additional diagnoses including:
 - The underlying disease (not treated) of a condition which was treated
 - Conditions that are coded because they are mandatory or there is an instruction in a specialty standard directing the coder to assign additional code(s) that do not normally meet the criteria in ACS 0002 or
 - Supplementary codes for chronic conditions (U78 – U88)

Z codes relating to postpartum care (Z39.0-) are considered primary codes and must be prefixed with a P prefix with the exception of the scenario described under prefix C – complicating condition.

There can be more than one code flagged with the P prefix.

The following are examples of assignment of prefixes P and C:

- A previously existing condition that was not diagnosed until after the episode of care started.

Example 1

Diabetes newly diagnosed during the current episode of care, and requiring treatment, further investigation or additional nursing care, is flagged with a P prefix.

- A previously existing condition that is exacerbated during this episode of care.

Example 2

Atrial fibrillation usually controlled on Digoxin that becomes uncontrolled after surgery requiring treatment is flagged with a P prefix.

Example 3

A woman who delivers at 35 weeks gestation must have the duration of pregnancy code assigned and flagged with a P prefix.

Example 4

A patient with lung cancer, diagnosed with new brain metastases during the episode of care: all neoplasm codes are flagged with a P prefix.

Example 5

A child who was admitted for dental treatment (rather than being treated as a non-admitted patient) because they were autistic would be assigned a code for the autism and it would be flagged with a P prefix.

Example 6

When a code for smoking status is assigned only because of instructions provided in ACS 0503 *Drug, Alcohol and Tobacco Use Disorders*, this code is flagged with a P prefix.

Example 7

A baby born at 38 weeks who develops jaundice on day 2 and requires phototherapy for 2 days would be assigned a code for the neonatal jaundice as principal diagnosis and flagged with a C prefix.

Example 8

A patient admitted with a stage I pressure ulcer on the buttock which progresses to stage II on day three would have L89.15 Pressure injury, stage II, ischium assigned and flagged with a P prefix

M – Morphology

Flag morphology codes with a M prefix (to distinguish these from musculoskeletal codes). The M prefix is optional for data entry but must be applied to morphology codes for transmission to PRS/2.

The Victorian prefix M (morphology) does not have an equivalent condition onset flag in ACS 0048 *Condition Onset Flag*. Therefore, the M prefix is mapped to the same condition onset flag as that of the preceding neoplasm code.

Issued 1 July 1993. Modified 1 July 2006. Modified July 1 2007. Modified July 1 2008. Modified July 1 2010. Modified 1 July 2013, Modified 1 July 2015, Modified 1 July 2016, Modified 1 July 2017, Modified 1 July 2018, Modified 1 July 2019

Vic 0029 Coding of Contracted Procedures

If the procedure is performed at another hospital under contract to this hospital, add a suffix to the procedure code (eighth character of the procedure code field).

Valid suffixes are:

- **F** procedure performed at another hospital on an admitted basis, *or*
- **N** procedure performed at another hospital on a non-admitted basis.

Contract procedure flag - METeOR Guide for use states:

‘Allocation of procedure codes should not be affected by the contract status of an episode: the Australian Coding Standards should be applied when coding all episodes. In particular, procedures which would not otherwise be coded should not be coded solely because they were performed at another hospital under contract.’

Therefore, the following instructions apply to the contracting hospital (Hospital A):

- Where a procedure that should only be coded once is performed at the contracting hospital (Hospital A), the procedure should not be assigned a *Procedures performed under contract at another agency* flag.
- Where a procedure that should only be coded once is performed at the contracted hospital (Hospital B), the procedure should be assigned a *Procedures performed under contract at another agency* flag.
- Where a procedure that should only be coded once is performed at the contracting hospital (Hospital A) and the contracted hospital (Hospital B), the procedure should not be assigned a *Procedures performed under contract at another agency* flag.
- Where a procedure is partially performed at both the contracting hospital (Hospital A) and the contracted hospital (Hospital B), such as mechanical ventilation, code according to the ACS and do not assign a *Procedures performed under contract at another agency* flag.

Refer to Department of Health & Human Services, Data element ‘Procedure Codes’, Section 3, *VAED Manual* 30th Edition for further details on the use of these codes.

This Victorian Addition supplements ACS 0029 *Coding of Contracted Procedures*.

Issued 1 July 1998. Modified November 2006. Modified 1 July 2007

Vic 0233 Morphology

The assignment of morphology codes, where appropriate, is mandatory in Victoria.

This Victorian Addition supplements ACS 0233 *Morphology*.

Issued 1 July 1998

Vic 2001 External Cause code use, sequencing and flagging

When an External Cause code requires both a Place of occurrence code and an Activity code, sequence the Place of occurrence code before the Activity code.

An external cause code is required to follow any S or T code in all circumstances in Victoria.

Where multiples of the same external cause codes, place of occurrence codes and/or activity codes apply and there are different prefixes applicable, they should be repeated in the string of codes flagged with the appropriate prefix.

This Victorian Addition supplements ACS 2001 *External Cause code use and sequencing*.

Issued 1 July 2002. Modified 1 July 2005. Modified 1 July 2007