Coding Workshop, 16 March 2005 (from the Clinical Coder’s perspective)

On Wednesday, 16 March 2005 we attended the Coding Workshop as part of the ‘Coding Rules’ Conference. The conference opened on an informal note with the breakfast session, making everyone feel at ease.

Breakfast session and discussion: how many diagnoses should you code?

At this session a case scenario was discussed, with comments from each of the 10 tables on how they would code the episode of care. The interpretation of what Additional Diagnoses to code was considerably varied (ranging from coding one diagnosis to six or seven), which was a reflection of the different backgrounds and knowledge of the coders present.

Points of discussion included:

- Should the coding of an episode reflect the whole picture of the admission; that is, to be able to translate the codes back into what actually happened in the episode, or are the users of this data only wanting specific information?
- The importance of reviewing the whole record.
- The definition of ‘treatment’, ‘management’ of a patient not only being treatment with medication or surgery, but including ‘decision making’ and ‘clinical evaluation’.
- The ‘Clinical Coders’ Creed’.
- Talks of overhauling the current ACS 0002 Additional Diagnoses, and devising and implementing a new ACS for Additional Diagnoses. Interpretation of the current standard is not consistent between states, hospitals and even coders, creating many discrepancies in coding.

Workshop

After breakfast we attended the workshop conducted by Megan Cumerlato and Julie Rust, during which several cases were reviewed and discussed. Many items were covered during this workshop, including: double coding, code also, post-procedural codes, blood salvage, epidurals, breastfeeding and attachment difficulties, ‘s’ and ‘t’ codes in pregnancy, coding of laterality, activity codes for traffic accidents, ulcers, STEMI/NSTEMI, and diabetes.

We found the workshop to be informative and well presented with many important points being raised by the participants. The use of ‘double coding’ was of particular interest. It was also interesting to hear the different opinions and coding practices of coders from other states and private hospitals. Attendance at the workshop gave coders the opportunity to see the issues and problems other coders may have. The workshop created discussion and brought to light areas that could be improved in the Coding Standards and Indexing for ease of use for clinical coders.

Discussion at these workshops clarifies issues, provides useful tips and encourages more uniformity in coding practice over a greater area, also creating an understanding that there will always be some variation in coder interpretation without detracting from the purpose of coding.

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