| **Australian Coding Standard (ACS)** | **Clinical Coding Conventions and NMDS Reporting Requirements** |
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| ACS 0029 *Coding of Contracted Procedures* | This standard relates to hospital treatment being carried out under contracting or subcontracting arrangements between two hospitals. The standard states: “a*ll procedures carried out under the contract are to be recorded and coded in both hospitals. The hospital not carrying out the procedure should flag the appropriate code’*. However, the standard does say *'clinical coders should be familiar with their respective state/territory methods of reporting this information”.*In New Zealand only one hospital is to record and code the treatment provided under the contract arrangement and report to the National Minimum Dataset (NMDS). Where the hospital is a private hospital, it is preferred that the public hospital reports the event. However, the contract arrangement should specify the hospital that will be responsible for reporting the event to the NMDS.Contracted event records must be clinically coded as per the coding standards and reported to the NMDS with the appropriate agency, facility and funding agency code and meet the 21-day reporting requirement. |
| Procedures performed at another hospital during an inpatient episode of care (transfers) | Same day procedures performed at another hospital during an inpatient episode of care (transfers) may be reported to either NNPAC or NMDS but not both national collections, as this would result in duplicate reporting. See reporting guidelines below. **Guidelines*** Each hospital will only report to the national collection the service/treatment they provide to the patient. Do not report the service/treatment provided by another public hospital (they will do their own reporting)
* If a patient is transferred (not discharged) from a public hospital during an inpatient episode of care to a private facility for investigations/treatment and then transfers back to the public hospital same day, the public hospital should report the procedure(s) performed at the private facility in the public hospital inpatient episode of care in accordance with the Australian Coding Standards (ACS).
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| ACS 0032 *Allied Health Interventions* | There is no mandatory requirement in New Zealand to report Allied Health Interventions to the National Minimum Dataset (NMDS). Therefore, coding and reporting Allied Health Interventions as per ACS 0032 to the NMDS is optional. |
| ACS 0233 *Morphology* | Reporting morphology to the National Minimum Dataset (NMDS) is not a mandatory requirement in New Zealand. Morphology information is collected directly by the New Zealand Cancer Registry (NZCR). Therefore, coding and reporting morphology as per ACS 0233 to the NMDS is optional.  |
| ACS 0503 *Drug, Alcohol and Tobacco Use Disorders* | The New Zealand Coding Convention to assign ICD-10-AM code Z71.6 *Counselling for tobacco use disorder* relates to the reporting requirement previously aligned to the Health Target ‘Better help for smokers to quit’ and the DHB Non-Financial Monitoring Framework and Performance Measure ‘Better help for smokers to quit in public hospitals’.For more information, see the New Zealand Convention on Counselling for Tobacco Use Disorder. |
| ACS 0534 *Specific Interventions Related to Mental Health Care Services* | This coding standard refers to specific interventions related to mental health care services. Coding of the mental health interventions listed in the coding standard was discussed with the Director of Mental Health and the Principal Advisor of Mental Health at the Ministry of Health, and the decision was that there is no requirement for New Zealand to code the mental health interventions listed in ACS 0534 for inpatient episodes of care. Therefore, coding and reporting mental health care interventions listed in ACS 0534 is optional, with the exception of *electroconvulsive therapy*. |
| ACS 2001*External Cause Code Use and Sequencing* | Z03.6 *Observation for suspected toxic effect from ingested substance* requires the assignment of an external cause to identify the specific substance, place of occurrence and activity codes. This is a mandatory requirement in New Zealand as specified in the NMDS Data Dictionary. |
| NMDS field Diagnosis/procedure description | It is recommended that free text (editing) be used for this field where detailed clinical statements are recorded in the clinical record, as free text information aids in research, monitoring, development of guidelines, policy and assists with the quality audit of data sent to the NMDS. Reporting standard classification descriptions detracts from the value of the data. Therefore, facilities are encouraged to provide detailed information as per the clinical documentation from within the clinical record for all classification codes to improve the clarity and context of the classification information reported for each event record. Free text should be used with procedural complications (E8971-E898, G9731-G978, H5911-H5989, H952, H958, I9731-I9739, I9789, J9561-J9569, J9589, K9161-K9189, N9961-N9989, T80-T88), injuries (S00-T79, T89-T98) and external causes (U50-Y98) to add specificity. Other areas where free text is requested to be used due to no other method of information collection are: * Mesh procedures with or without mesh, record brand, size and type of mesh
* Vaping use, record on tobacco codes where tobacco use meets ACS criteria
* Synthetic drugs, record documented drug name or include ‘synthetic’ (eg, synthetic cannabis)
* COVID-19, record vaccine name and other information that adds specificity
* Organ transplants, record if the transplanted organ is from a live donor or deceased donor
* Transcatheter aortic value implantation, record TAVI, make/brand. It would be helpful to record make/brand for other heart valve implants also
* Drug eluting stents, record when these are inserted, include make/brand
* Laterality, record on all codes when laterality is applicable (eg, musculoskeletal diagnoses in range M00 to M99).
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