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Document Guidelines for Accurate Clinical Coding

Neurology

This guideline has been developed to provide guidance on the specific clinical documentation required to support accurate documentation of all relevant conditions for clinical coding.

- Please specify any new or pre-existing conditions that require increased clinical care and monitoring, diagnostic procedures, commencement or alternation of therapeutic treatment.
- Any diagnosis stated on the discharge summary must also be documented in the progress notes.
- Link a diagnosis or problem to a specific intervention/treatment/plan.
- Use terms such as 'due to', 'complication of', 'secondary to'.
- Coders are unable to diagnose a condition from a test result e.g. Hb 72 (anaemia must be documented to be coded).
- A procedure is not a diagnosis – document the Principal Diagnosis accurately.
- Document diagnosis for the treatment i.e. 'antibiotics for treatment of x'
- Document a clear principal diagnosis (not just the planned procedure) and that this is consistent across the discharge summary, booking form, anaesthetic sheet and referral letter.

Neurology conditions that should be noted		
Any syndromes	Enterocolitis	Myopathies
Ataxia	Genetic Disorders	Neoplasm
Congenital Disorders of the eye	Hemiplegia	Neurofibromatosis
CSF leak	Hereditary Disorder	Optic Disorder
Dystonia	Hydrocephalus	Papilledema
EEG video monitoring >24 hours	Intellectual impairment	Polyneuropathy
Encephalopathy	Intestinal disorders	Postop complications
	Myasthenia	Sleep apnoea

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Example of the importance of documenting all conditions

In the first example if the only Diagnosis of Convulsions was recorded but Dystonia was present but not documented the DRG would be B76B which has a weight of 0.3347. **This would equate to funding of $2,519** (in 22/23 weighting)

Australian Refined		
Version	DRG	Weight
10.0	B76B	0.3347

Age: 10 **Gender:** Female **Admit Date:** 01/07/2022 **DSP:** Home/Other (9)

ICD-10-AM/ACHI Summary

Australian Refined DRG PCCL/ECCS and MDC Information

B76B	Seizures, Minor Complexity
1	Episode Clinical Complexity Score A ECCS >= 2.5 B ECCS < 2.5
001	Diseases and Disorders of the Nervous System

Additional DRG Information

DRG Version: 10.0

ICD-10-AM Principal Diagnosis

Code	Description
R568	Other and unspecified convulsions DRG, DCL=1 Codebook

However, if Dystonia was documented the DRG would be B76A which has a weight of 1.2987. **This would equate to funding of $7,528.**

Australian Refined		
Version	DRG	Weight
10.0	B76A	1.2987

Age: 10 **Gender:** Female **Admit Date:** 01/07/2022 **DSP:** Home/Other (9)

ICD-10-AM/ACHI Summary

Australian Refined DRG PCCL/ECCS and MDC Information

B76A	Seizures, Major Complexity
3	Episode Clinical Complexity Score A ECCS >= 2.5 B ECCS < 2.5
001	Diseases and Disorders of the Nervous System

Additional DRG Information

DRG Version: 10.0

ICD-10-AM Principal Diagnosis

Code	Description
R568	Other and unspecified convulsions DRG, DCL=1 Codebook

ICD-10-AM Additional Diagnoses

Code	Description
G249	Dystonia, unspecified DCL=2 Codebook

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Document Guidelines for Accurate Clinical Coding

Plastic Surgery

The Example below shows that if only Papilloedema is coded The DRG is B81B with a weight of 0.7856. **This would equate to funding of $4,697.**

Australian Refined		
Version	DRG	Weight
10.0	B81B	0.7856

Age: 10 Gender: Female Admit Date: 01/07/2022 DSP: Home/Other (9)

ICD-10-AM/ACHI Summary

Australian Refined DRG PCCL/ECCS and MDC Information

B81B	Other Disorders of the Nervous System, Minor Complexity
2	Episode Clinical Complexity Score A ECCS >= 2.5 B ECCS < 2.5
001	Diseases and Disorders of the Nervous System

Additional DRG Information

DRG Version: 10.0

ICD-10-AM Principal Diagnosis

Code	Description
H471	Papilloedema, unspecified DRG, DCL=2 Codebook

But if convergent concomitant strabismus was present and documented it would go to B81A with a weight of 2.1243. **This would equate to funding of $12,701.**

Australian Refined		
Version	DRG	Weight
10.0	B81A	2.1243

Age: 10 Gender: Female Admit Date: 01/07/2022 DSP: Home/Other (9)

ICD-10-AM/ACHI Summary

Australian Refined DRG PCCL/ECCS and MDC Information

B81A	Other Disorders of the Nervous System, Major Complexity
3.5	Episode Clinical Complexity Score A ECCS >= 2.5 B ECCS < 2.5
001	Diseases and Disorders of the Nervous System

Additional DRG Information

DRG Version: 10.0

ICD-10-AM Principal Diagnosis

Code	Description
H471	Papilloedema, unspecified DRG, DCL=2 Codebook

ICD-10-AM Additional Diagnoses

Code	Description
H500	Convergent concomitant strabismus DCL=2 Codebook

For more information
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Government of South Australia
Women's and Children's Health Network

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Common descriptions that if present should be documented	
Acute Myocardial Infarction	
Anaemia	
Anxiety Disorder	
Aortic Stenosis	
Asthma	
Atherosclerotic Heart Disease	
Atrial Fibrillation & Flutter	
Back Pain - Low, Specified	
Candidal Stomatitis	
Cellulitis - Lower Limb, Other Specified: describe the location e.g. the patient has cellulitis on the lower limb on the foot.	
Chronic Obstructive Pulmonary Disease	
Chronic underlying disorders and syndromes	
Complication of anaesthesia – e.g post dural puncture headache	
Drug Antibiotic Resistance state any antibiotic resistances – not just the sensitives	
Gastroenteritis & Colitis	
Haemorrhage - Gastrointestinal	
Heart Failure	
Hemiplegia	
Hypertension, Hypotension	
Hypokalaemia – e.g. blood test has identified patient has low levels of potassium.	
Kidney - Disease, Failure	
Malignant Neoplasm - Bone, Brain, Liver, Lung or Other	
Malnutrition - Protein-Energy, Vitamin Deficiency	
Mental & Behavioural Disorders - Alcohol or Drugs	
Muscle Wasting & Atrophy	
Obesity – must be linked to a specific treatment or increased clinical care.	
Pleural Effusion	
Pneumonia	
Pneumonitis	
Pre – existing Diabetes Mellitus – specific type and list all complications e.g. Type 1 DM with poor control.	
Pulmonary Embolism w/wo Acute Cor Pulmonale	
Renal Failure – document type	
Respiratory - Infection, Failure	
Sepsis	
Septic Shock	
Streptococcus	
Thrombocytopenia	

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