



Government of **Western Australia**
Department of **Health**

WA Clinical Coding Authority

Clinical Coding Guidelines: Contracted Care

July 2021

ICD-10-AM/ACHI/ACS Eleventh Edition

Purchasing and System Performance Division

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About these Guidelines

These Guidelines contain

- the Contracted Care definition.
- guidelines for reporting an episode of care involving Contracted Care.
- a description of the Contracted Care concepts and relevant 'non-coding' data elements.
- guidelines for code and Contracted Care Flag (CCF) assignment once an admission has been deemed appropriate and the Care Type has been determined according to the Admitted Patient Activity Data Business Rules, July 2021.

These Guidelines are to be read in conjunction with

- the Admitted Patient Activity Data Business Rules, July 2021; and
- the Contracted Care Supplementary Information.



Important

- Some of the content in these Guidelines, is based on the Admitted Patient Activity Data Business Rules, July 2021 and the Contracted Care Supplementary Information. This content is not necessarily reproduced verbatim.
- For best interpretation, these Guidelines should be read in their entirety.
- These Guidelines are particularly relevant for Hospital A.
- CCFs are only assigned to ICD-10-AM/ACHI codes assigned by Hospital A.

- The Contract Roles 'Hospital A' and 'Hospital B' will be used throughout these Guidelines, where:
 - Hospital A is the contracting hospital, funding hospital or purchaser.
 - Hospital B is the contracted hospital/health service or provider.

- The Contracted Care definition, Contract Roles and these Guidelines are **only applicable** where one hospital (Hospital A) **has a contractual agreement** with another hospital/health service (Hospital B) to provide a whole admitted episode of care or a component of an admitted episode of care.

- The Contracted Care definition, Contract Roles and these Guidelines are **not applicable** where one hospital (Hospital A) **does not have a contractual agreement** with another hospital/health service (Hospital B) to provide a whole admitted episode of care or a component of an admitted episode of care.
 - Example 1: Where a patient, who is admitted to Hospital A, is **transferred** to Hospital B for an admitted service, and there is no contractual agreement between the hospitals for that service, the patient is to be discharged from Hospital A, then admitted to Hospital B. This activity **does not meet the Contracted Care definition**.
 - Example 2: Where a patient, who is admitted to Hospital A, temporarily **leaves** Hospital A to attend Hospital B for an admitted service, and that service is not part of a contractual agreement between the hospitals, the patient is to be placed on Hospital Leave (not Contact Leave) from Hospital A until they return. This activity **does not meet the Contracted Care definition**.

Contracted Care definition

The Contracted Care definition from the Admitted Patient Activity Data Business Rules, July 2021 has been reproduced below and is accompanied by additional text (in blue) to aid user interpretation.

- Contracted Care is an episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a health service purchaser of care (Hospital A/contracting hospital), and a provider of an admitted service (Hospital B/contracted hospital). The provider of the healthcare services (Hospital B) must be a hospital (public or private) or a private day facility.
- Contracted Care can be categorised into two groups:
 1. The patient is admitted directly to the contracted hospital (Hospital B), which provides the **whole** episode of admitted care (i.e. Contract Type (A)B). For example: same-day dialysis that is provided by a contracted service provider; or a patient is discharged to another hospital to commence contracted subacute care (such as for rehabilitation or palliation).
 2. The patient is admitted at both the contracting (Hospital A) and contracted hospital (Hospital B) which each provides components of the admitted episode of care (part of the care is contracted to another service) (i.e. Contract Types AB, BA, ABA, BAB). For example: where the patient is admitted to the public hospital then transferred to the contracted hospital for a procedure and then returns to the public hospital for continued care.

Reporting an admitted episode of care involving Contracted Care

Hospital A

- For **Contract Type (A)B**, Hospital A does not report an admitted episode of care.
- For **Contract Types AB, BA, ABA and BAB**, Hospital A reports an admitted episode of care that:
 - covers the entire duration of time and care at both Hospitals A and B.

Hospital B

- For **all Contract Types**, Hospital B reports an admitted episode of care that:
 - commences with the admission time to Hospital B.
 - ceases with the discharge time from Hospital B.

Contracted Care – Concepts and relevant ‘non-coding’ data elements

Contract Role (concept)

- For Contracted Care, it's important to establish the role each hospital/health service plays, so they record the correct data elements in their Patient Administration System (PAS).
- Contract Roles
 - Hospital A is the contracting hospital, funding hospital or purchaser.
 - Hospital B is the contracted hospital/health service or provider.

Contract Type (concept)

- Describes the Contracted Care relationship between Hospital A and Hospital B and demonstrates the patient's journey during the admitted episode of care.
- Contract Types:
 1. (A)B
 - Hospital A contracts with Hospital B to provide a **whole** admitted episode of care.
 - The patient does not attend Hospital A for any part of the episode.
 - The brackets around 'A' indicates the patient did not physically attend Hospital A.
 2. AB
 - Hospital A contracts with Hospital B to provide a **component** of the admitted episode of care.
 - The patient first attends, and is admitted to Hospital A, prior to admission to Hospital B for Contracted Care.
 - Hospital A places the patient on Contract Leave while they are receiving Contracted Care at Hospital B.
 - The patient does not physically return to Hospital A.
 - The patient is discharged from Hospital B upon completion of Contracted Care.
 - Hospital A returns the patient from Contract Leave on their PAS and discharges the patient, recording the same discharge data as Hospital B, i.e. the discharge date/time recorded in Hospital A's PAS is the actual discharge date/time the patient is discharged from Hospital B.
 - This Contract Type excludes patients transferred for ongoing subacute care (such as for rehabilitation or palliation) - See Contract Type (A)B.

3. BA

- Hospital A contracts with Hospital B to provide a **component** of the admitted episode of care.
- The patient first attends, and is admitted to Hospital B for Contracted Care.
- On completion of Contracted Care at Hospital B, the patient transfers to Hospital A for ongoing care.
- Hospital A places the patient on Contract Leave whilst they are receiving Contracted Care at Hospital B.
- Hospital A returns the patient from Contract Leave when the patient returns to Hospital A for ongoing care.
- The patient is discharged from Hospital A upon completion of care.

3. ABA

- Hospital A contracts with Hospital B to provide a **component** of the admitted episode of care.
- The patient first attends, and is admitted to Hospital A, then is placed on Contract Leave while receiving Contracted Care at Hospital B.
- The patient then returns to Hospital A for ongoing care.
- The patient is discharged from Hospital A after returning from Contracted Care at Hospital B.

4. BAB

- Hospital A contracts with Hospital B to provide **components** of the admitted episode of care.
- On completion of Contracted Care at Hospital B, the patient is transferred to Hospital A for ongoing care.
- The patient is then transferred back to Hospital B for further Contracted Care.
- The admission date/time, recorded in the PAS by Hospital A, is the date/time the patient was admitted to Hospital B.
- The discharge date/time recorded in the PAS by Hospital A, is the date/time the patient is finally discharged from Hospital B, after transfer from Hospital A.
- The patient is placed on Contract Leave by Hospital A, while receiving Contracted Care at Hospital B, before transferring to Hospital A.
- The patient is placed on Contract Leave again, when they transfer to Hospital B for further Contracted Care.
- The Contract Leave ends when patient is finally discharged from Contracted Care at Hospital B.
- This Contract Type is currently only applicable in the WA Country Health Service.

Client Status/Patient Type (data element)

- Defines the role of the hospital/health service as Hospital A or Hospital B.

- Client Status/Patient Types
 - Funding Hospital (Hospital A)
 - Funding Qualified Newborn (Hospital A)
 - Funding Unqualified Newborn (Hospital A)
 - Contracted Service (Hospital B)

Contract/Funding Establishment ID (data element)

- Links the admitted activity of Hospital A and Hospital B.
- Hospital A records the Establishment Code for Hospital B.
- Hospital B records the Establishment Code for Hospital A.

Leave Type and Contract Leave (data element)

- Contract Leave is recorded via Leave Type.
- Contract Leave is a type of leave recorded by Hospital A, when an admitted patient is transferred from Hospital A to receive Contracted Care at Hospital B.
- Contract Leave only applies where both Hospital A and Hospital B are providing components of the admitted episode of care (i.e. only applies for Contract Types AB, BA, ABA and BAB).
- Patients cannot be reported as admitted to both hospitals at the same time, unless the patient is on Contract Leave from Hospital A.
- Contract Leave is only reported by Hospital A for the duration of the Contracted Care at Hospital B.
- A patient receiving Contracted Care can be placed on Contract Leave for more than seven days.

Admitted From (data element)

- The location a patient was admitted from, at the time of admission to hospital.

Discharged To (data element)

- The location a patient was discharged or transferred to when they leave hospital.

Guidelines for code assignment

- Before coding episodes where Contracted Care has occurred, ensure access to all documentation from Hospital A and Hospital B.
- For Hospital A, coding of episodes involving Contracted Care should be approached as if all components of the admitted episode occurred at Hospital A.
- ICD-10-AM/ACHI codes, Condition Onset Flags (COFs) and Contracted Care Flags (CCFs) must be assigned to admitted episodes of care according to:
 - ICD-10-AM and ACHI classification conventions.
 - Australian Coding Standards, including:
 - ACS 0029 Coding of contracted procedures:
 - If a hospital treatment is carried out under a contracting arrangement existing between two hospitals, all 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.
 - ACS 0042 Procedures not normally coded
 - ACS 0016 General procedure guidelines
 - Independent Hospital Pricing Authority (IHPA) Coding Rules.
 - Western Australian Coding Rules.
 - WACCA Clinical Coding Guidelines.

Guidelines for Contracted Care Flag assignment

Contracted Care Flags

Null (default value)

- Indicates diagnosis (ICD-10-AM code) was treated at Hospital A only.
- Indicates procedure (ACHI code) was performed at Hospital A only.

B

- Indicates diagnosis (ICD-10-AM code) was treated at Hospital B only.
- Indicates procedure (ACHI code) was performed at Hospital B only.

AB

- Indicates diagnosis (ICD-10-AM code) was treated at Hospital A and B.
- Indicates procedure (ACHI code) was performed at Hospital A and B.

Contracted Care Flag assignment by Hospital A

- Where a **diagnosis** is treated at Hospital A only, the diagnosis must be coded by Hospital A with default CCF value Null assigned to the ICD-10-AM code.
- Where a **diagnosis** is treated at Hospital B only, the diagnosis must be coded by Hospital A with CCF B assigned to the ICD-10-AM code.
- Where a **diagnosis** is treated at both Hospital A and Hospital B, the diagnosis must be coded by Hospital A with CCF AB assigned to the ICD-10-AM code.

- Where a **procedure** is performed at Hospital A only, the procedure must be coded by Hospital A with default CCF value Null assigned to the ACHI code.
- Where a **procedure** is performed at Hospital B only, the procedure must be coded by Hospital A with CCF B assigned to the ACHI code.
- Where a **procedure** that is only coded once is performed at both Hospital A and Hospital B, the procedure must be coded by Hospital A with CCF AB assigned to the ACHI code.
- Where a **procedure** that is only coded once is partially performed at both Hospital A and Hospital B, the procedure must be coded by Hospital A with CCF AB assigned to the ACHI code.

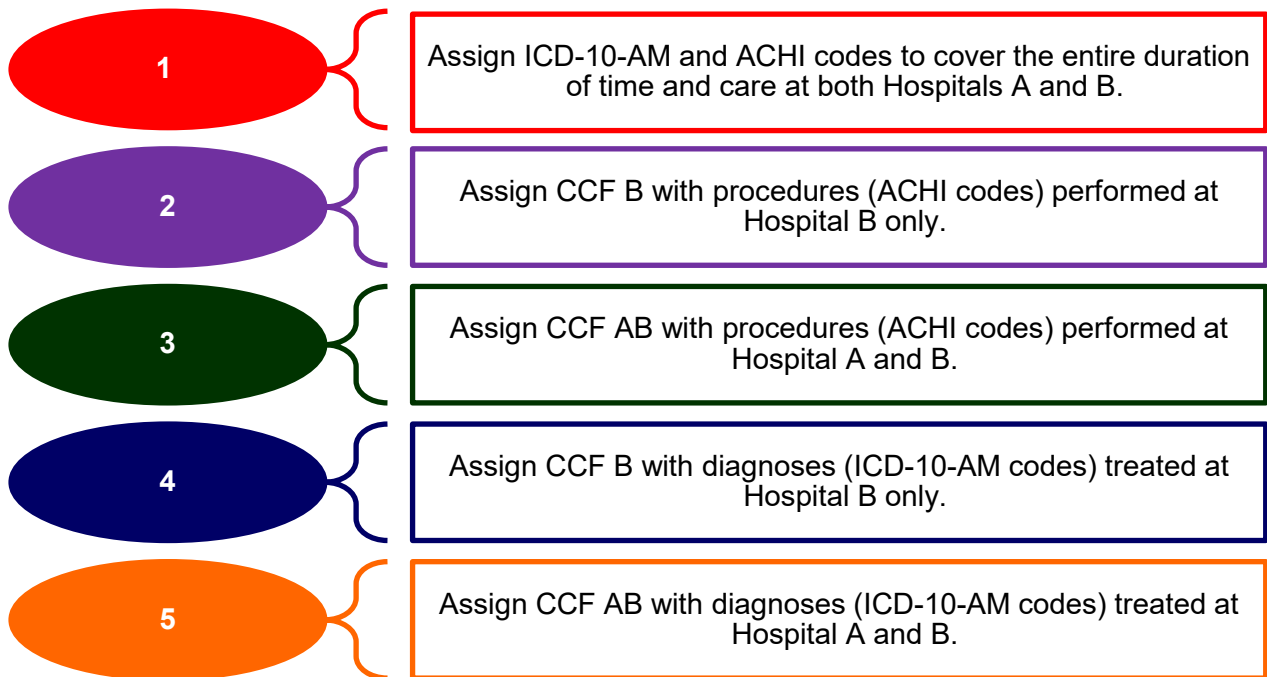


WebPAS users

- The CCF is recorded in the WebPAS Contracted Care Flag field.
- When an admitted episode's coding is loaded into WebPAS, Coders can 'direct-enter' CCFs to accompany ICD-10-AM and ACHI codes.
- Where no B or AB CCFs are assigned to ICD-10-AM or ACHI codes **and** the Patient Type is Funding Hospital, Funding Qualified Newborn or Funding Unqualified Newborn, this warning message will appear: Warning: No contracted care flag selected for contracted episode.

Coding and Contracted Care Flag assignment – Steps for Hospital A Coders

Steps for Hospital A Coders when assigning ICD-10-AM/ACHI codes and CCFs to an admitted episode of care involving Contracted Care



Code and Contracted Care Flag assignment by Contract Type

The following scenarios demonstrate code and CCF assignment for each Contract Type.

1. Contract Type (A)B

Scenario 1.1

Background: Hospital A has a contractual agreement with Hospital B to provide dialysis procedures.

A patient is admitted to Hospital B, for a dialysis procedure.

Hospital B assigns

- ICD-10-AM code(s): PD 'dialysis code' +/- other AD codes as appropriate
- ACHI code: PP 'dialysis code'
- Hospital B reports the admitted episode of care and does not assign any CCFs.

Hospital A assigns

- Hospital A does not report an admitted episode of care, therefore no codes or CCFs are assigned by Hospital A.

Scenario 1.2

Background: Hospital A has a contractual agreement with Hospital B to provide rehabilitation.

A patient is admitted under Acute Care Type, to Hospital A for bilateral total hip replacement for osteoarthritis. Once post-operatively stable, the patient is transferred to Hospital B for rehabilitation under Rehabilitation Care Type. The patient is discharged following rehabilitation at Hospital B.

As the patient is admitted under Acute Care Type at Hospital A, then changes to Rehabilitation Care Type upon transfer to Hospital B, they're discharged from Hospital A, then directly admitted to Hospital B, for rehabilitative Contracted Care.

Hospital B assigns

Admitted episode of care with Rehabilitation Care Type 10/6-16/6	COF	CCF
PD M16.2 Coxarthrosis resulting from dysplasia, bilateral	2	-
AD Z96.64 Presence of hip implant	2	-
AD Z50.9 Care involving use of rehabilitation procedure, unspecified	2	-

Hospital A assigns

- Hospital A does not report an admitted episode of care with Rehabilitation Care Type, therefore no codes or CCFs are assigned by Hospital A.

Scenario 1.3

Background: Hospital A has a contractual agreement with Hospital B to provide dialysis procedures.

A patient is admitted to Hospital B for dialysis. The patient receives dialysis without complication, but has trouble breathing, soon after. The patient has known Chronic Obstructive Pulmonary Disease and is accepted by Hospital A for direct admission to their respiratory unit.

Although the patient is transferred from Hospital B to Hospital A, Hospital A's respiratory unit care is not part of a contractual agreement between Hospital A and Hospital B. Therefore, the patient is discharged from Hospital B and a new admission is reported by Hospital A.

Hospital B assigns

Admitted episode of care 10/6-10/6	COF	CCF
PD Z49.1 Extracorporeal dialysis	2	-
AD J44.9 Chronic obstructive pulmonary disease, unspecified	2	-
PP 13100-00 [1060] Haemodialysis	-	-

Hospital A assigns

- Hospital A does not report an admitted episode of care for the dialysis Contracted Care. This admitted activity is not reported by Hospital A. The dialysis Contracted Care was complete prior to the patient being admitted to Hospital A.
- Hospital A reports an admitted episode of care for the respiratory unit care only.

Scenario 1.4

Background: Hospital A has a contractual agreement with Hospital B to provide dialysis.

A patient is admitted to Hospital B for dialysis. After dialysis, the patient is identified to have fluid overload and the Renal Team decide treatment is required. The patient is directed to present to the Emergency Department at Hospital A.

Hospital B assigns

Admitted episode of care 10/6-10/6	COF	CCF
PD Z49.1 Extracorporeal dialysis	2	-
AD E87.7 Fluid overload	2	-
PP 13100-00 [1060] Haemodialysis	-	-

Hospital A assigns

- Hospital A does not report an admitted episode of care for the dialysis Contracted Care. This admitted activity is not reported by Hospital A. The dialysis Contracted Care was complete prior to the patient being directed to present to the Emergency Department at Hospital A.

2. Contract Type AB

Scenario 2.1

Background: Hospital A has a contractual agreement with Hospital B to provide post-surgical care.

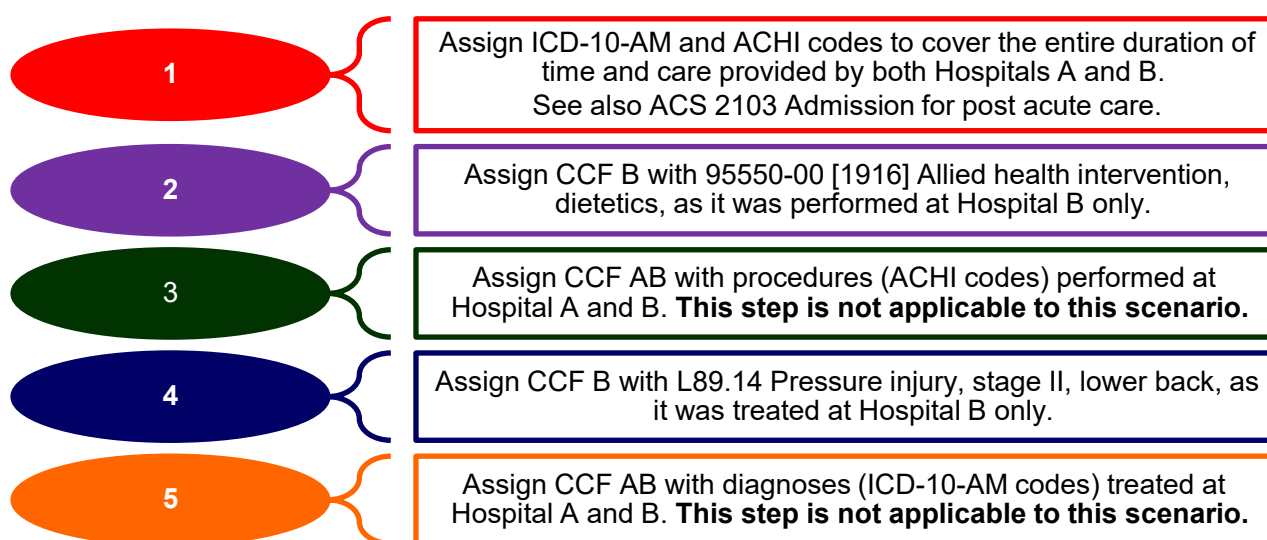
A patient is admitted to Hospital A for subtotal colectomy under general anaesthesia for small bowel obstruction. Once stable post-colectomy, the patient is placed on Contract Leave for ongoing post-surgical Contracted Care at Hospital B. At Hospital B, the patient develops a grade two pressure injury of the sacrum, requiring treatment. The patient is seen three times by the dietician at Hospital B. The patient is discharged from Hospital B.

Hospital B assigns

Admitted episode of care 12/6-19/6	COF	CCF
PD Z48.8 Other specified surgical follow-up care	2	-
AD K56.6 Other and unspecified intestinal obstruction	2	-
AD L89.14 Pressure injury, stage II, lower back	1	-
PP 95550-00 [1916] Allied health intervention, dietetics	-	-

Hospital A assigns

admitted episode of care 10/6-19/6	COF	CCF
PD K56.6 Other and unspecified intestinal obstruction	2	Null
AD L89.14 Pressure injury, stage II, lower back	1	B
PP 32005-00 [913] Subtotal colectomy with anastomosis	-	Null
AP 92519-99 [1910] General anaesthesia, ASA 99	-	Null
AP 95550-00 [1916] Allied health intervention, dietetics	-	B



Scenario 2.2

Background: Hospital A has a contractual agreement with Hospital B to provide emergency vascular surgeries.

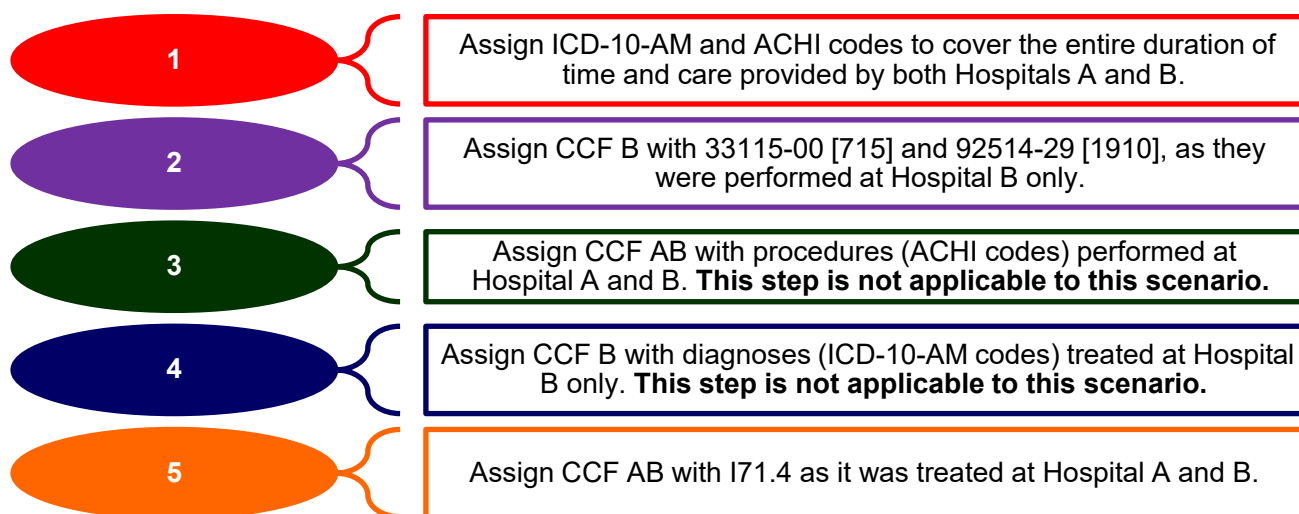
A patient presents to the Emergency Department at Hospital A, with abdominal pain. Abdominal ultrasound taken, post admission to Hospital A identifies an Abdominal Aortic Aneurysm (AAA). An emergency repair of the AAA is recommended. The patient is placed on Contract Leave for AAA repair at Hospital B. The AAA was excised with graft replacement under general anaesthesia, ASA score 2. The patient is discharged from Hospital B two days post-operatively, after spending time in their Coronary Care Unit.

Hospital B assigns

Admitted episode of care 11/6-13/6	COF	CCF
PD I71.4 Abdominal aortic aneurysm, without mention of rupture	2	-
PP 33115-00 [715] Replacement of infrarenal abdomino-aortic aneurysm with tube graft	-	-
AP 92514-29 [1910] General anaesthesia, ASA 29	-	-

Hospital A assigns

Admitted episode of care 10/6-13/6	COF	CCF
PD I71.4 Abdominal aortic aneurysm, without mention of rupture	2	AB
PP 33115-00 [715] Replacement of infrarenal abdomino-aortic aneurysm with tube graft	-	B
AP 92514-29 [1910] General anaesthesia, ASA 29	-	B



Scenario 2.3

Background: Hospital A has a contractual agreement with Hospital B to provide cardiac procedures.

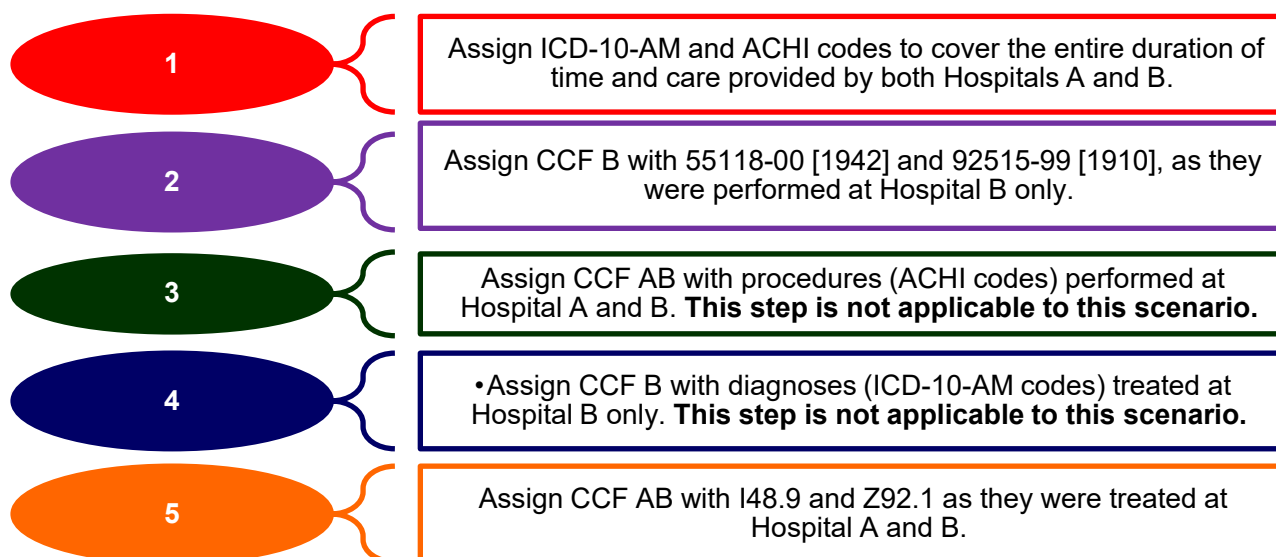
A patient is admitted to Hospital A for arthroscopic stabilisation of shoulder under general anaesthesia for recurrent dislocation. Post stabilisation, the patient is found to be in atrial fibrillation. The patient mentions they're due for ablation in a week. The patient is placed on Contract Leave, to attend Hospital B for a trans-oesophageal echocardiogram, under sedation to exclude a left atrial appendage thrombus. No thrombus is detected and the patient discharged is discharged from Hospital B, directed to continue regular anticoagulants.

Hospital B assigns

Admitted episode of care 10/6-13/6	COF	CCF
PD I48.9 Atrial fibrillation and atrial flutter, unspecified	2	-
AD Z92.1 Personal history of long term (current) use of anticoagulants	2	-
PP 55118-00 [1942] 2 dimensional real time transoesophageal ultrasound of heart	-	-
AP 92519-99 [1910] Sedation, ASA 99	-	-

Hospital A assigns

Admitted episode of care 10/6-13/6	COF	CCF
PD M24.41 Recurrent dislocation and subluxation of joint, shoulder region	2	Null
AD I48.9 Atrial fibrillation and atrial flutter, unspecified	2	AB
AD Z92.1 Personal history of long term (current) use of anticoagulants	2	AB
PP 48957-00 [1404] Arthroscopic stabilisation of shoulder	-	Null
AP 92514-99 [1910] General anaesthesia, ASA 99	-	Null
AP 55118-00 [1942] 2 dimensional real time transoesophageal ultrasound of heart	-	B
AP 92519-99 [1910] Sedation, ASA 99	-	B



3. Contract Type BA

Scenario 3.1

Background: Hospital A has a contractual agreement with Hospital B to provide cardiac procedures requiring post-procedural monitoring in the Coronary Care Unit.

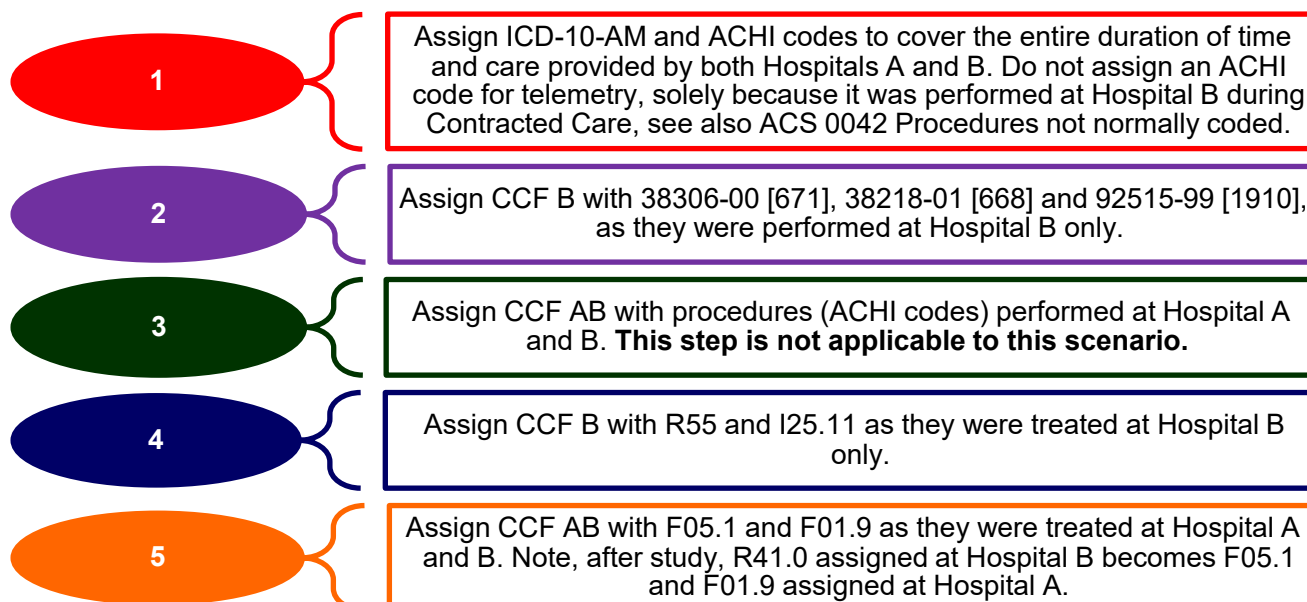
A patient is admitted to Hospital B for coronary angiography and right heart catheterisation, under sedation for investigation of syncope. No cause is found for the syncope, however angiography reveals coronary artery disease, so a stent is placed. Post-procedure, the patient is monitored in the Coronary Care Unit. Telemetry shows no bradycardia but the patient becomes confused. Transfer to Hospital A is arranged to investigate acute confusional state underlying dementia. At Hospital A the patient is diagnosed with delirium superimposed on previously undiagnosed vascular dementia. The patient is seen by occupational therapy prior to discharge from Hospital A.

Hospital B assigns

Admitted episode of care 22/6–23/6	COF	CCF
PD R55 Syncope	2	-
AD I25.11 Atherosclerotic heart disease, of native coronary artery	2	-
AD R41.0 Disorientation, unspecified	2	-
PP 38306-00 [671] Percutaneous insertion of 1 transluminal stent into single coronary artery	-	-
AP 38218-01 [668] Coronary angiography with right heart catheterisation	-	-
AP 92519-99 [1910] Sedation, ASA 99	-	-

Hospital A assigns

Admitted episode of care 22/6–23/6	COF	CCF
PD R55 Syncope	2	B
AD I25.11 Atherosclerotic heart disease, of native coronary artery	2	B
AD F05.1 Delirium superimposed on dementia	2	AB
AD F01.9 Vascular dementia, unspecified	2	AB
PP 38306-00 [671] Percutaneous insertion of 1 transluminal stent into single coronary artery	-	B
AP 38218-01 [668] Coronary angiography with right heart catheterisation	-	B
AP 92515-99 [1910] Sedation, ASA 99	-	B
AP 95550-02 [1916] Allied health intervention, occupational therapy	-	Null



Scenario 3.2

Background: Hospital A has a contractual agreement with Hospital B to provide hip replacements.

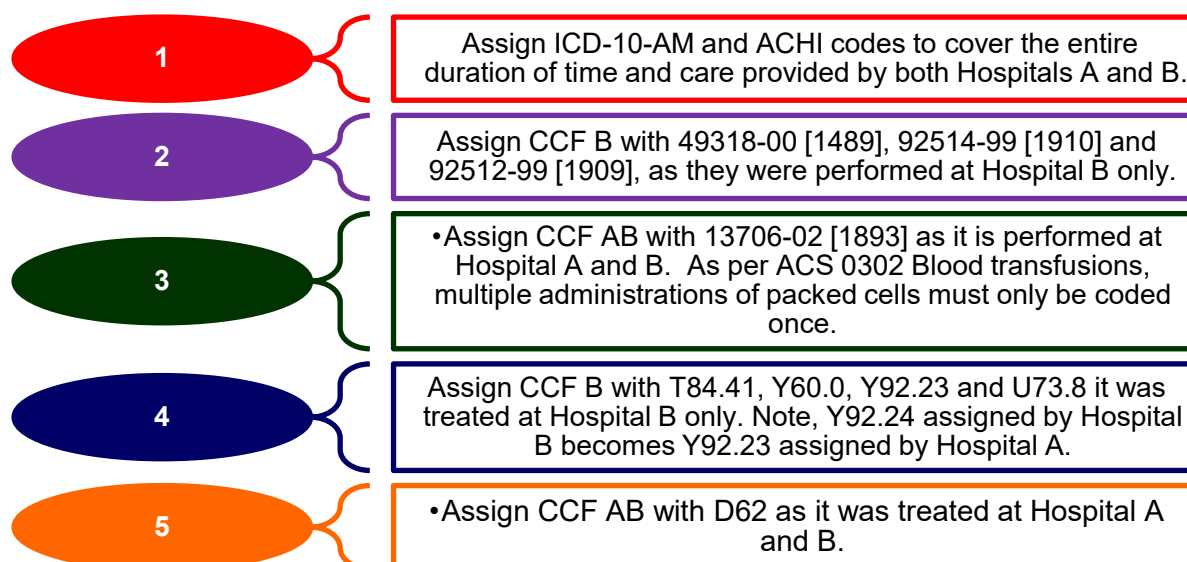
A patient with osteoarthritis is admitted to Hospital B for total hip replacement under general anaesthesia and femoral nerve block. During surgery, the patient suffers 1.2L haemorrhage. The patient is transfused two units of packed cells. Post-operative bloods indicate anaemia due to acute haemorrhage. The patient returns to Hospital A for ongoing care post-surgery. The patient continues to be symptomatic of the anaemia, so is transfused a further unit of packed cells. The patient is discharged from Hospital A after completing physiotherapy.

Hospital B assigns

Admitted episode of care 22/6–23/6	COF	CCF
PD M16.1 Other primary coxarthrosis	2	-
AD T84.81 Haemorrhage and haematoma following insertion of internal orthopaedic prosthetic devices, implants and grafts	1	-
EC Y60.0 Unintentional cut, puncture, perforation or haemorrhage during surgical operation	1	-
POO Y92.24 Place of occurrence, health service area, this facility	1	-
ACT U73.8 Other specified activity	1	-
AD D62 Acute post haemorrhagic anaemia	1	-
PP 49318-00 [1489] Total arthroplasty of hip, unilateral	-	-
AP 92514-99 [1910] General anaesthesia, ASA 99	-	-
AP 92512-99 [1909] Regional block, nerve of lower limb, ASA 99	-	-
AP 13706-02 [1893] Administration of packed cells	-	-

Hospital A assigns

Admitted episode of care 22/6–23/6	COF	CCF
PD M16.1 Other primary coxarthrosis	2	Null
AD T84.81 Haemorrhage and haematoma following insertion of internal orthopaedic prosthetic devices, implants and grafts	1	B
EC Y60.0 Unintentional cut, puncture, perforation or haemorrhage during surgical operation	1	B
POO Y92.23 Place of occurrence, health service area, not specified as this facility	1	B
ACT U73.8 Other specified activity	1	B
AD D62 Acute posthaemorrhagic anaemia	1	AB
PP 49318-00 [1489] Total arthroplasty of hip, unilateral	-	B
AP 92514-99 [1910] General anaesthesia, ASA 99	-	B
AP 92512-99 [1909] Regional block, nerve of lower limb, ASA 99	-	B
AP 13706-02 [1893] Administration of packed cells	-	AB
AP 95550-03 [1916] Allied health intervention, physiotherapy	-	Null



4. Contract Type ABA

Scenario 4.1

Background: Hospital A has a contractual agreement with Hospital B to provide same-day dialysis.

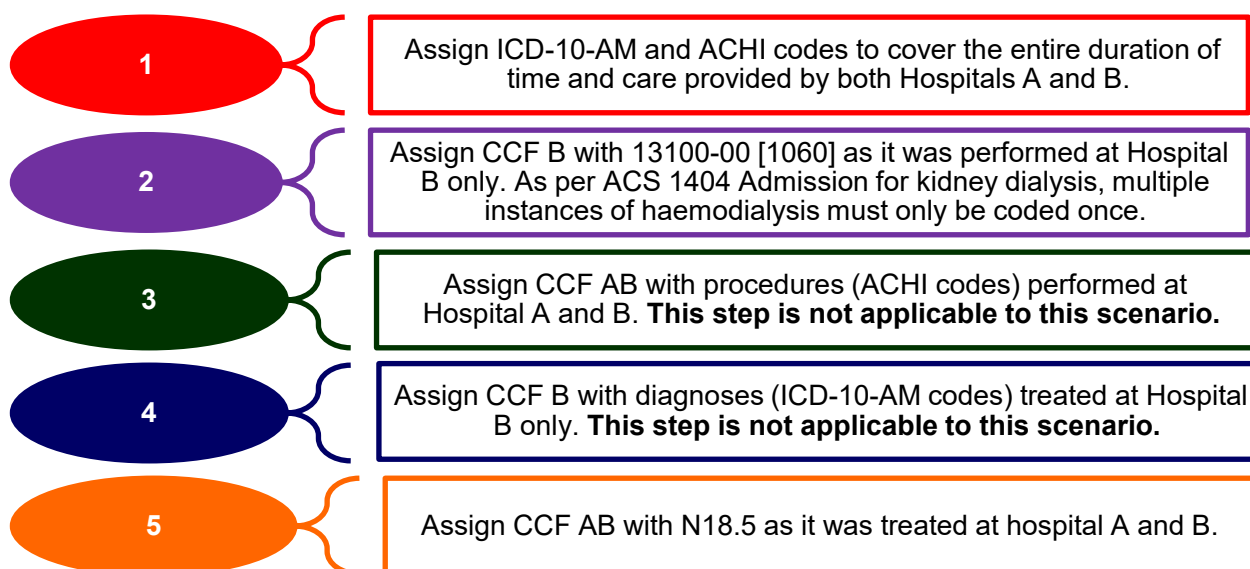
A patient with chronic kidney disease, stage five, is admitted to Hospital A for management of chronic obstructive pulmonary disease. The patient requires haemodialysis three times a week. The patient is placed on Contract Leave to receive haemodialysis at Hospital B on days three, five and seven of the admission. The patient is discharged from Hospital A on day nine following review by the Renal Team.

Hospital B assigns

Admitted episode of care 12/6-12/6	COF	CCF
PD Z49.1 Extracorporeal dialysis	2	-
PP 13100-00 [1060] Haemodialysis	2	-
Admitted episode of care 14/6 -14/6	COF	CCF
PD Z49.1 Extracorporeal dialysis	2	-
PP 13100-00 [1060] Haemodialysis	2	-
Admitted episode of care 16/6 -12/6	COF	CCF
PD Z49.1 Extracorporeal dialysis	2	-
PP 13100-00 [1060] Haemodialysis	2	-

Hospital A assigns

Admitted episode of care 10/6-19/6	COF	CCF
PD J44.9 Chronic obstructive pulmonary disease, unspecified	2	Null
AD N18.5 Chronic kidney disease, stage 5	2	AB
PP 13100-00 [1060] Haemodialysis	-	B



Scenario 4.2

Background: Hospital A has a contractual agreement with Hospital B to provide electroconvulsive therapy.

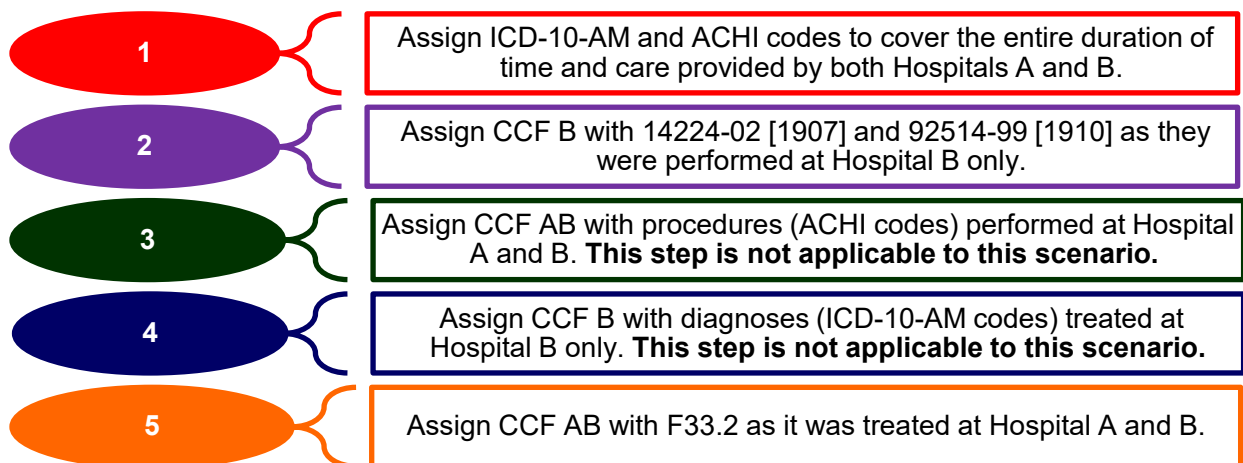
A patient is admitted to Hospital A for management of severe recurrent major depression. The patient is prescribed electroconvulsive therapy to be had at Hospital B on 12/6, 14/6 and 16/6. The patient is placed on Contract Leave from Hospital A for each therapy session at Hospital B. The patient returns to Hospital A at the completion of each therapy session.

Hospital B assigns

Admitted episode of care 12/6-12/6	COF	CCF
PD F33.2 Recurrent depressive disorder, current episode severe without psychotic symptoms	2	-
PP 14224-02 [1907] Electroconvulsive therapy [ECT], unilateral, not specified as ultrabrief	-	-
AP 92514-99 [1910] General anaesthesia, ASA 99	-	-
Admitted episode of care 14/6-14/6	COF	CCF
PD F33.2 Recurrent depressive disorder, current episode severe without psychotic symptoms	2	-
PP 14224-02 [1907] Electroconvulsive therapy [ECT], unilateral, not specified as ultrabrief	-	-
AP 92514-99 [1910] General anaesthesia, ASA 99	-	-
Admitted episode of care 16/6-16/6	COF	CCF
PD F33.2 Recurrent depressive disorder, current episode severe without psychotic symptoms	2	-
PP 14224-02 [1907] Electroconvulsive therapy [ECT], unilateral, not specified as ultrabrief	-	-
AP 92514-99 [1910] General anaesthesia, ASA 99	-	-

Hospital A assigns

Admission Dates: 10/6-18/6	COF	CCF
PD F33.2 Recurrent depressive disorder, current episode severe without psychotic symptoms	2	AB
PP 14224-02 [1907] Electroconvulsive therapy [ECT], unilateral, not specified as ultrabrief	-	B
AP 92514-99 [1910] General anaesthesia, ASA 99	-	B
AP 14224-02 [1907] Electroconvulsive therapy [ECT], unilateral, not specified as ultrabrief	-	B
AP 92514-99 [1910] General anaesthesia, ASA 99	-	B
AP 14224-02 [1907] Electroconvulsive therapy [ECT], unilateral, not specified as ultrabrief	-	B
AP 92514-99 [1910] General anaesthesia, ASA 99	-	B



Scenario 4.3

Background: Hospital A has a contractual agreement with Hospital B to perform caesareans for emergency cases.

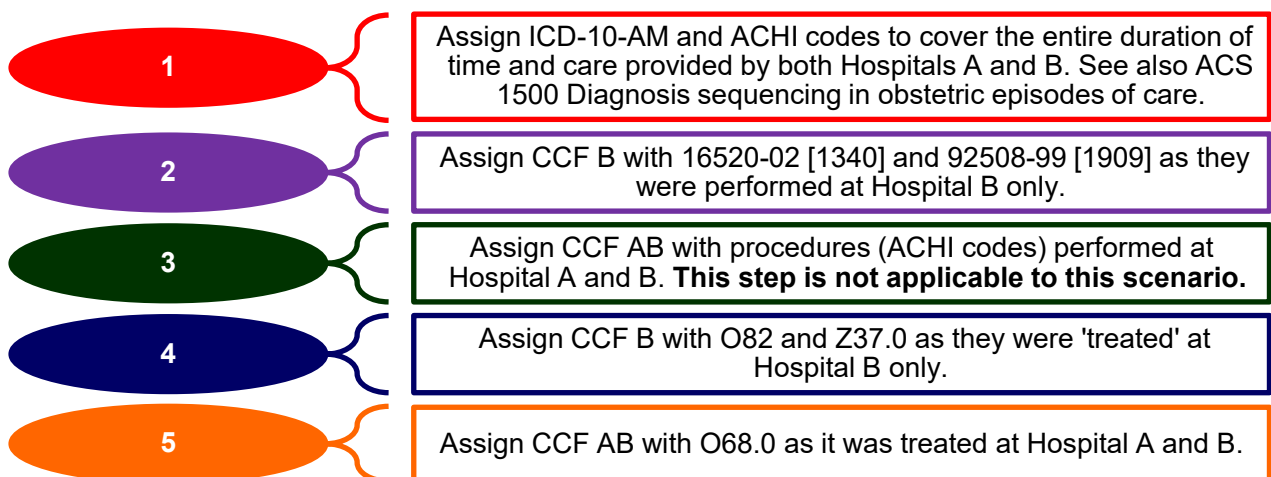
A patient is admitted to Hospital A at 38 weeks with premature rupture of membranes. Syntocinon is administered to the patient at Hospital A to induce labour. Due to sustained fetal heart decelerations, the patient is placed on Contract Leave for emergency lower segment caesarean section under epidural (ASA score 1) at Hospital B. The patient and newborn return to Hospital A for post-caesarean care. The patient is seen by a lactation consultant for cracked nipples before being discharge home.

Hospital B assigns

Admitted episode of care 10/6-11/6	COF	CCF
PD O82 Single delivery by caesarean section	2	-
AD O68.0 Labour and delivery complicated by fetal heart rate anomaly	2	-
AD Z37.0 Single live birth	2	-
PP 16520-03 [1340] Emergency lower segment caesarean section	-	-
AP 92508-19 [1909] Neuraxial block, ASA 19	-	-

Hospital A assigns

Admitted episode of care 10/6-14/6	COF	CCF
PD O82 Single delivery by caesarean section	2	B
AD O68.0 Labour and delivery complicated by fetal heart rate anomaly	1	AB
AD O42.9 Premature rupture of membranes, unspecified	2	Null
AD O92.10 Cracked nipple associated with childbirth, without mention of attachment difficulty	1	Null
AD Z37.0 Single live birth	2	B
PP 16520-02 [1340] Elective lower segment caesarean section	-	B
AP 92508-99 [1909] Neuraxial block, ASA 99	-	B
AP 90465-00 [1334] Medical induction of labour, oxytocin	-	Null
AP 95550-16 [1906] Allied health intervention, lactation consultant	-	Null



Scenario 4.4

Background: Hospital A has a contractual agreement with Hospital B to provide procedures requiring post-procedural monitoring in the Intensive Care Unit.

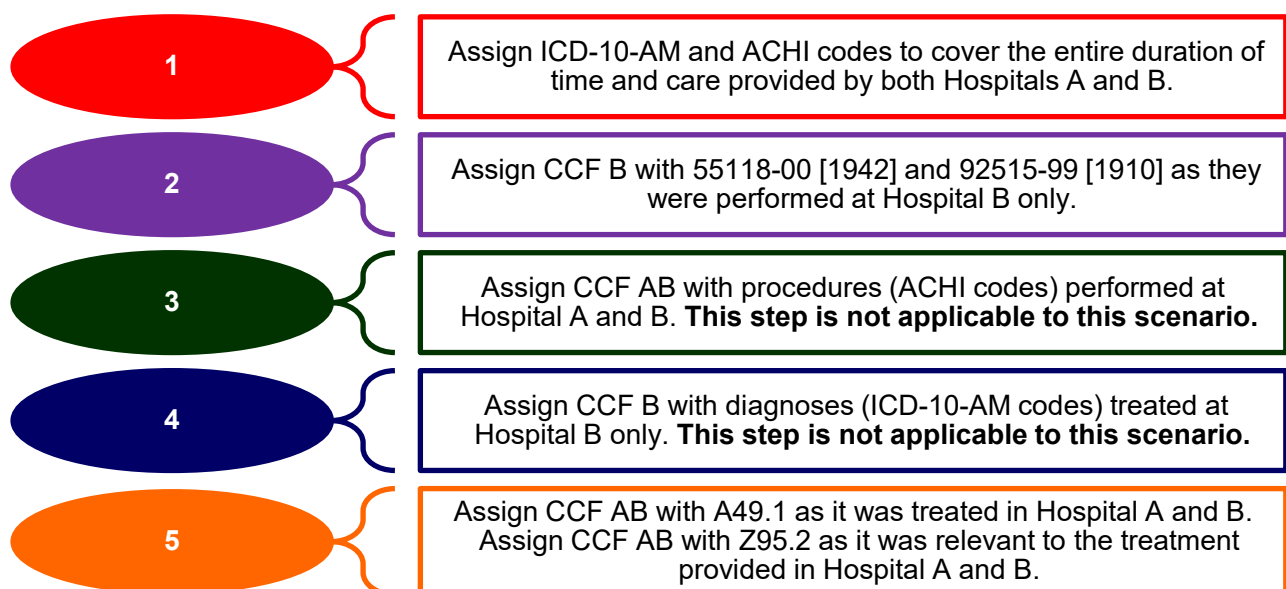
A patient with acute perforated appendicitis, is admitted to Hospital A for laparoscopic appendectomy under general anaesthesia (ASA score 3). The patient has a prosthetic mitral valve. A blood culture grows Streptococcus and in the presence of the prosthetic valve, raises concerns of possible infective endocarditis. The patient is placed on Contract Leave to attend Hospital B for a transoesophageal echocardiogram under sedation. Endocarditis is ruled out and the patient stays in Hospital B's Intensive Care Unit prior to returning to Hospital A for ongoing care. The patient is discharged home from Hospital A.

Hospital B assigns

Admitted episode of care 13/6-13/6	COF	CCF
PD A49.1 Streptococcal and enterococcal infection, unspecified site	2	-
AD Z95.2 Presence of prosthetic heart valve	2	-
PP 55118-00 [1942] 2 dimensional real time transoesophageal ultrasound of heart	-	-
AP 92519-99 [1910] Sedation, ASA 99	-	-

Hospital A assigns

Admitted episode of care 10/6-6/6	COF	CCF
PD K35.3 Acute appendicitis with localised peritonitis	2	Null
AD A49.1 Streptococcal and enterococcal infection, unspecified site	2	AB
AD Z95.2 Presence of prosthetic heart valve	2	AB
PP 30572-00 [926] Laparoscopic appendectomy	-	Null
AP 92514-29 [1910] General anaesthesia, ASA 39	-	Null
AP 55118-00 [1942] 2 dimensional real time transoesophageal ultrasound of heart	-	B
AP 92519-99 [1910] Sedation, ASA 99	-	B



5. Contract Type BAB

Scenario 5.1

Background: Hospital A has contractual agreements with Hospital B to provide cardiovascular procedures and Coronary Care Unit care.

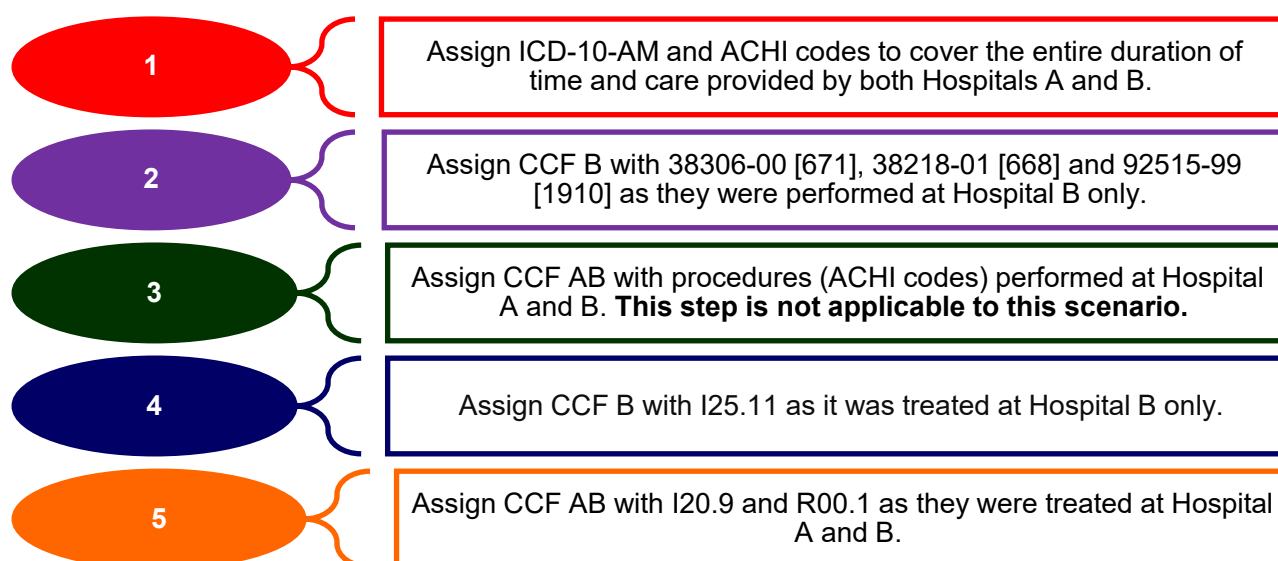
A patient is admitted to Hospital B for coronary angiography with right heart catheterisation under sedation, for investigation of angina. Angiography reveals coronary artery disease, and a stent is placed. The patient is transferred to Hospital A for ongoing care for the angina. The patient then becomes bradycardic at Hospital A, so is placed on Contract Leave to attend the Coronary Care Unit at Hospital B. The patient is monitored via telemetry and no ongoing bradycardia is found. The patient is discharged from Hospital B the following day.

Hospital B assigns

Admitted episode of care 12/6-12/6	COF	CCF
PD I25.11 Atherosclerotic heart disease of native coronary artery	2	-
AD I20.9 Angina pectoris, unspecified	2	-
PP 38306-00 [671] Percutaneous insertion of 1 transluminal stent into single coronary artery	-	-
AP 38218-01 [668] Coronary angiography with right heart catheterisation	-	-
AP 92519-99 [1910] Sedation, ASA 99	-	-
Admitted episode of care 14/6-17/6	COF	CCF
PD R00.1 Bradycardia, unspecified	2	-

Hospital A assigns

Admitted episode of care 12/6-17/6	COF	CCF
PD I25.11 Atherosclerotic heart disease of native coronary artery	2	B
AD I20.9 Angina pectoris, unspecified	2	AB
AD R00.1 Bradycardia, unspecified	1	AB
PP 38306-00 [671] Percutaneous insertion of 1 transluminal stent into single coronary artery	-	B
AP 38218-01 [668] Coronary angiography with right heart catheterisation	-	B
AP 92519-99 [1910] Sedation, ASA 99	-	B



Scenario 5.2

Background: Hospital A has a contractual agreement with Hospital B to provide palliative care.

A patient with metastatic oesophageal adenocarcinoma to the liver and brain, is admitted to Hospital B for palliative care. The patient's palliative care plan includes weekly administration of palliative intravenous chemotherapy on a same-day basis at Hospital A. The first chemotherapy session is booked for day three of the admission at Hospital B. The patient is placed on Hospital Leave from Hospital B, to undergo same-day chemotherapy at Hospital A. The patient continues to attend Hospital A for same-day chemotherapy sessions until they're discharged home from Hospital B for end-of-life care.

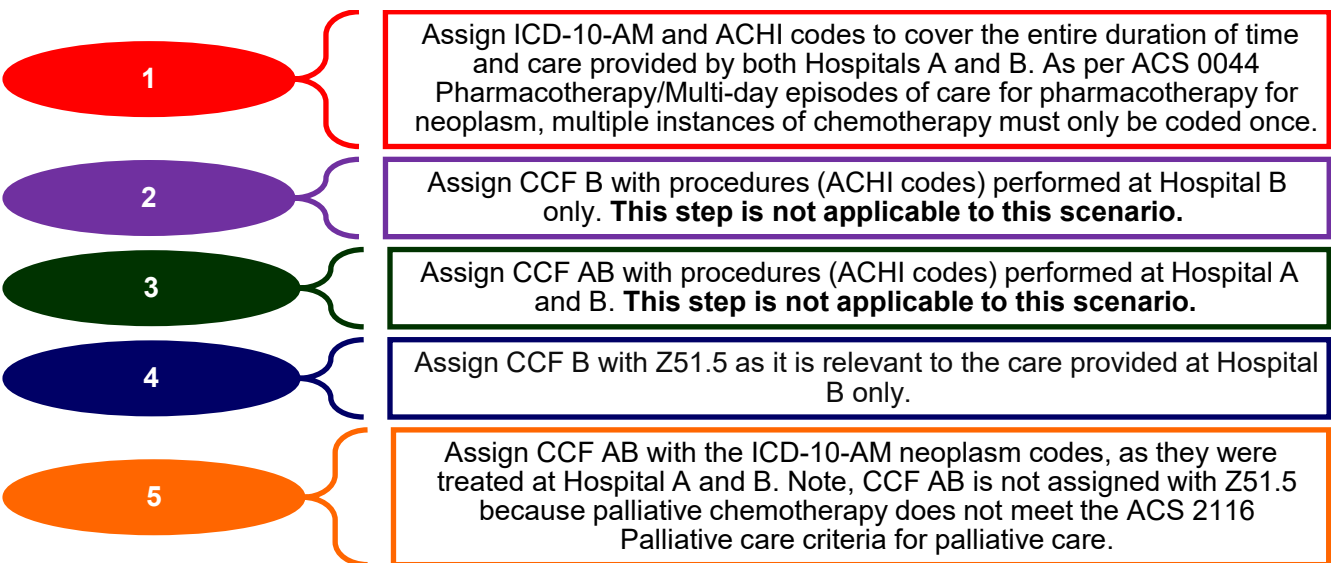
This scenario is unique. The patient is attending Hospital A for multiple same-day procedures (intravenous chemotherapy sessions). Hospital A must not report multiple same-day admitted episodes of care for chemotherapy within the time period the patient is admitted to Hospital B for palliative care.

Hospital B assigns

Admitted episode of care 12/6-19/7	COF	CCF
PD C78.7 Secondary malignant neoplasm of liver and intrahepatic bile duct	2	-
AD C79.3 Secondary malignant neoplasm of brain and cerebral meninges	2	-
MO M8140/6 Adenocarcinoma, metastatic, NOS	2	-
AD C15.9 Malignant neoplasm of oesophagus, unspecified	2	-
MO M8140/3 Adenocarcinoma NOS	2	-
AD Z51.5 Palliative care	2	-

Hospital A assigns

Admitted episode of care 12/6-19/7	COF	CCF
PD C78.7 Secondary malignant neoplasm of liver and intrahepatic bile duct	2	AB
AD C79.3 Secondary malignant neoplasm of brain and cerebral meninges	2	AB
MO M8140/6 Adenocarcinoma, metastatic, NOS	2	AB
AD C15.9 Malignant neoplasm of oesophagus, unspecified	2	AB
MO M8140/3 Adenocarcinoma NOS	2	AB
AD Z51.5 Palliative care	2	B
PP 96199-00 [1920] Intravenous administration of pharmacological agent, antineoplastic agent	-	Null



Contracted Care and cancelled procedures

A scenario

Background: Hospital A has a contractual agreement with Hospital B to provide dialysis.

A patient attends Hospital B for dialysis. Their arteriovenous fistula is needed, but their access is found to be blocked prior to any dialysis commencing. The dialysis is cancelled and an admission to Hospital A is arranged to investigate and treat the blockage.

Hospital B assigns

As per the Admitted Patient Activity Data Business Rules, July 2021, Section 11 and Appendix C, Hospital B does not report an admitted episode of care, therefore no codes or CCFs are assigned by Hospital B.

Hospital A assigns

Hospital A reports an admitted episode of care, starting from the time the patient is admitted to Hospital A.

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 - the Area Manager – Clinical Coding, North Metropolitan Health Service

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