



# Clinical Coding Practice Framework

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## Clinical Coding Practice Framework – October 2024

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- The Framework applies to the clinical coding process regardless of the edition, version or revision of the classification system(s) being used.
- The Framework was designed for the clinical coding process as it relates to episodes of admitted patient care in Australia.
- Countries outside the Australian health system wishing to use the Framework should assess the relevance and appropriateness to their health system.

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# EXECUTIVE SUMMARY

Clinical coding is the assignment of codes that reflects clinical documentation following the application of the conventions, standards and rules used with a health classification system. Clinical coding is just one stage of the broader clinical coding process which generates a rich source of healthcare data used by governments, policy makers, researchers, private health funders and by the health services responsible for delivering care.

The Clinical Coding Practice Framework (the Framework) brings together factors required to support the clinical coding process producing reliable high-quality data. Traditionally these factors have centred on the individuals performing clinical coding, however there are limitations in only focusing on one aspect of a larger clinical coding process.

Workplace structures that support the clinical coding process have been evolving over time without national guidance on the factors that support the workforce in the clinical coding process.

In 2024, a task force comprising members from the Health Information Management Association of Australia and the Clinical Coders' Society of Australia undertook a public consultation process with industry to determine if the Framework was still fit for purpose. Consultation feedback was used to enhance the existing Framework with two new structures:

- **Pillars** that outline the policies, systems and processes for health services to put into place in their role as workplaces supporting the clinical coding process
- **Practice points** that focus the workforce involved in the four stages of the clinical coding process.

The Framework provides a structure for those managing health services to support their workforce of clinical coders, clinical coding auditors and educators, health information managers, clinical documentation improvement specialists and other health information management professionals in producing high-quality clinical coded data. The workforce and workplaces should support and uphold the relevant aspects of the Framework to produce good clinical coded data.

The Framework has a national context in supporting health services meeting national initiatives including requirements of the National Safety and Quality Health Service Standards and their obligations under the National Health Reform Agreement.

# INTRODUCTION

To support national consistency in the data generated and enhanced by the clinical coding process, the Clinical Coding Practice Framework (the Framework) has been developed to provide guidance in defining and promoting good practice for those involved in the clinical coding process.

**What is clinical coding?**  
see Appendix A The

The Framework guides health care administrators, clinicians, health service planners and executive management to understand the environment and enablers of good clinical coding practice.

Health services providing admitted patient care should have requirements to report clinical coded data. These health services should apply the Framework to enhance data quality. Health services wishing to demonstrate adherence with the Framework can track their policies, systems and processes to meet the requirements listed across the pillars of the Framework.

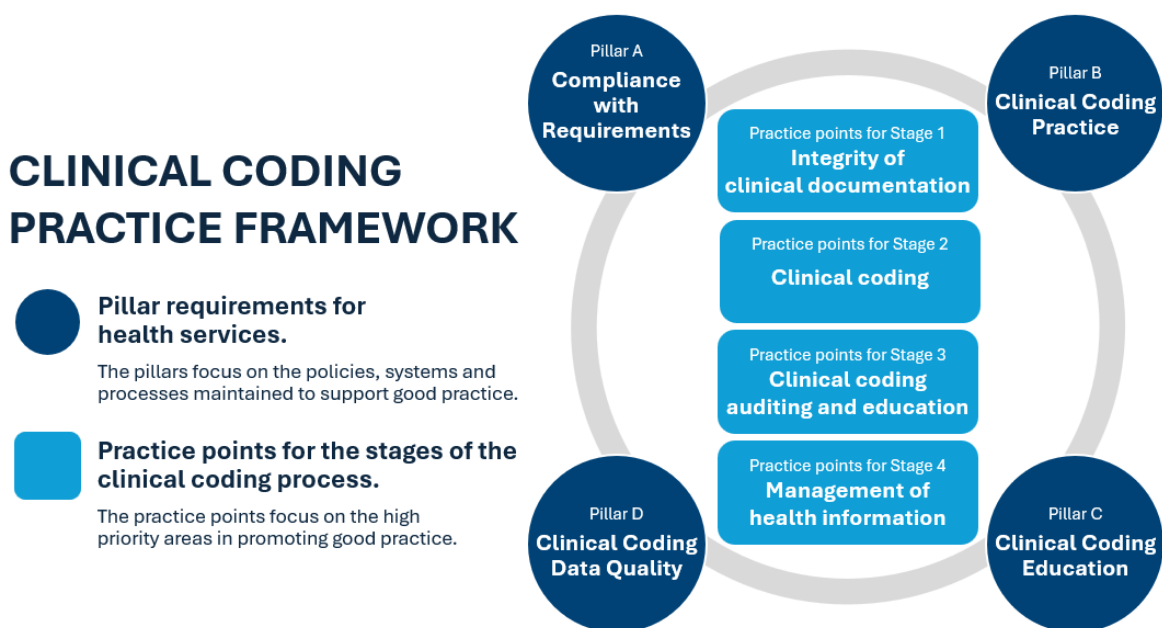
Implementing the Framework shows that a health service has the appropriate support in place to produce high-quality clinical coded data by focusing on the key factors influencing data quality. These factors also support health services meet national reporting requirements and strengthen safety and quality requirements for accreditation.

**Clinical coding, reporting and accreditation**  
see Appendix B  
National Context for

The Framework is structured with two key elements that cover requirements for the workplace and the workforce:

- **Pillars** that outline the policies, systems and processes for health services to put into place in their role as **workplaces** supporting the clinical coding process
- **Practice points** that focus the **workforce** involved in the four stages of the clinical coding process.

**Figure 1: The Pillars and Practice Points of the Framework**



## Pillar Requirements for Health Services

Health services providing admitted patient care have a responsibility to support good clinical coding practice. This is achieved by having the appropriate policies, systems and processes.

The Framework's requirements for health services are structured under four pillars:

- A Compliance with requirements** outlines responsibilities to understand the legal context and reporting requirements related to the clinical coding process
- B Clinical coding practice** outlines the need to adhere to classification requirements and provide access to appropriate clinical information and classification resources to enable the clinical coding process to occur
- C Clinical coding education** outlines the skills and knowledge that is required to undertake and support the clinical coding process
- D Clinical coding data quality** outlines the investment required in data quality and improving robust systems related to the clinical coding process and supporting the wider workforce in understanding the clinical coding process.

The pillars list the requirements, each with an alphanumeric reference. Certain words in the requirements are bolded to draw focus to the intention behind each requirement.

Figure 2: Structure of the Framework's Requirements for Health Services



## Practice Points for the Clinical Coding Process

Good clinical coding practice is underpinned by the appropriate policies, systems and processes maintained by a health service. It is also supported by good practice in the key stages of the clinical coding process, including:

- **Stage 1 – Integrity of clinical documentation**
- **Stage 2 – Clinical coding**
- **Stage 3 – Clinical coding auditing and education**
- **Stage 4 – Management of health information.**

The Framework highlights practice points for each of the key stages of the clinical coding process and outlines priority areas that complement the Framework's pillars. Together, the pillars and the practice points form the structure of the Framework.

Several appendices in this document support the understanding and implementation of the Framework.

## Workplace Implementation of the Framework

The **pillar requirements** for health services are intended for the attention of:



### Action point

- Health service executives and those in clinical leadership positions
- Managers of the workforce responsible for the clinical coding process
- Areas of the health services that use clinical coded data
- Those responsible for the information systems used to produce clinical coded data

The following tips outline the initial steps that may be taken by a health service in implementing the Framework.

### First Step: Assess Current State

- Identify a project lead to create a log of all the policies, systems and processes that align with the Framework's pillars.
- Small and rural health services may not be able to achieve the requirements under Pillar C *Clinical Coding Education* and Pillar D *Clinical Coding Data Quality*. These services should ensure that they have the relevant policies, systems and processes in place to support clinical coding education and quality appropriate to the health service's casemix.

### Second Step: Plan for Change

- Identify any gaps in policies, systems and processes required by the Framework's pillars and engage with the workforce to address the gaps in a timeframe appropriate for the health service.

### Third Step: Understand Capacity

- Identify and plan for periods of time with significant and expected impacts on the clinical coding process and the workforce, such as reporting deadlines and updates to classification systems.

### Fourth Step: Address Requirements for Contracted Services

- Ensure contractual arrangements for services related to the clinical coding process are aligned with the health service's policies, systems and processes.

## Workforce Implementation of the Framework

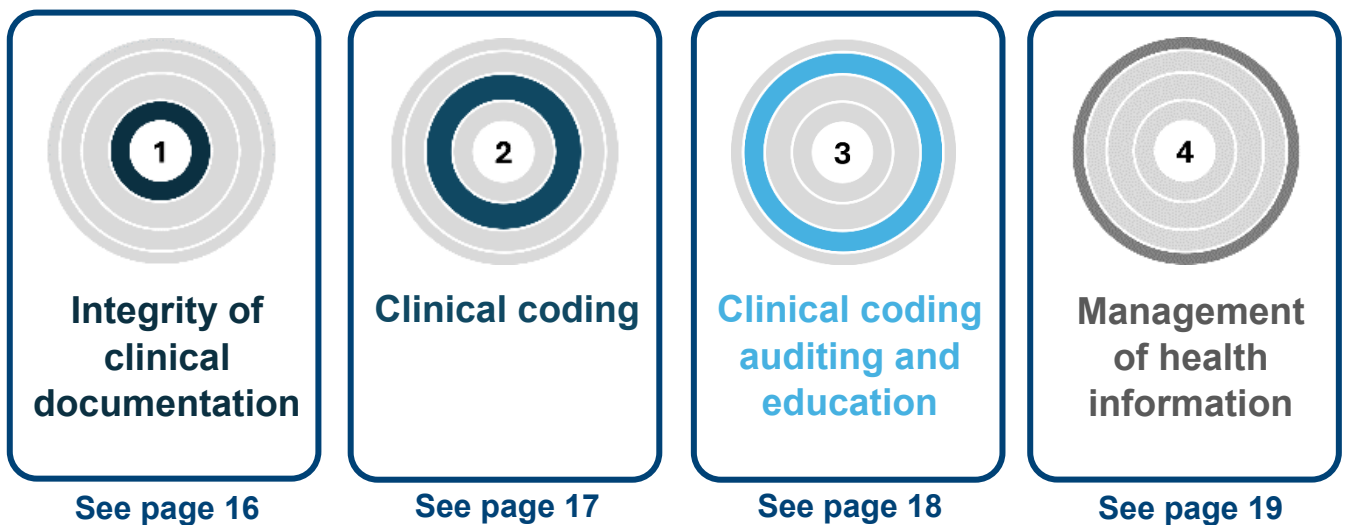
The **practice points** are intended for the attention of:



### Action point

- Clinical coders
- Clinical coding auditors and educators
- Clinical documentation improvement/integrity specialists
- Health information management professionals

For workforce implementation, individuals should understand which stage of the clinical coding process they are part of and find ways to use the practice points in their daily tasks. Individuals may perform one or more of the stages, depending on the workplace's definition of roles and responsibilities.





# PILLAR REQUIREMENTS FOR HEALTH SERVICES

Pillar requirements for health services outline the policies, systems and processes for workplaces to support the clinical coding process. Managers of the clinical coding process should ensure that they have the appropriate policies, systems and processes in place to meet the pillar requirements.

Implementation notes provide further context for health services on the pillar requirements. These notes may change with updates to reporting requirements, the classification system or other contexts affecting the clinical coding process.

## A Compliance with Requirements

Health services support compliance with requirements by:

### *Understanding the Legal Context*

- A1** Ensuring the workforce involved in the clinical coding process are trained in **understanding their confidentiality obligations** related to accessing personal and sensitive information
- A2** Using systems to monitor **access to personal and sensitive information** to ensure access is necessary and appropriate
- A3** Having policies and processes that **comply with jurisdictional and Commonwealth legislation regarding privacy** including access and use of personal and sensitive information

### *Understanding Reporting Requirements*

- A4** Having processes to ensure systems are aligned with the **current reporting requirements** required for clinical coded data

#### **IMPLEMENTATION NOTE**

Systems that collect clinical coded data should support jurisdictional and national reporting requirements.

- A5** Ensuring the health service has **processes for system updates** related to changes in the clinical coding process, including the classification system or reporting requirements

#### **IMPLEMENTATION NOTE**

Reporting requirements and classification system at the national level are mostly updated for a 1 July implementation date. Health services should seek to understand the frequency and implementation dates for national and jurisdictional requirements.

## B Clinical Coding Practice

Health services support clinical coding practice by:

### ***Ensuring Adherence to Classification Requirements***

- B1** Documenting the **roles, responsibilities and relevant requirements** of those involved in the health service's clinical coding process

#### **IMPLEMENTATION NOTE**

Health services may choose to align position descriptions and performance discussions with the stages and priority practice points of the clinical coding process.

- B2** Using systems to review data generated by the clinical coding process to ensure **adherence to the relevant conventions, standards and rules** of the classification system

#### **IMPLEMENTATION NOTE**

The rules of the classification system include National Coding Advice issued by the Independent Health and Aged Care Pricing Authority (IHACPA) and coding rules issued by state or territory health authorities.

- B3** Having processes that **address and resolve disputes on code assignment** in a timely way, using documented rationale

#### **IMPLEMENTATION NOTE**

Health services should identify the circumstances to engage with their jurisdictional coding advisory body to seek official clarification.

IHACPA specifies the submission processes required for escalating queries for national resolution.

### ***Providing Appropriate Access to Clinical Information and Classification Resources***

- B4** Having processes to ensure **timely access to accurate and complete clinical documentation and information systems** used in the clinical coding process

- B5** Maintaining systems and processes to **support communication with clinicians** for the purpose of clarifying clinical documentation, in line with established guidelines for clinical documentation queries

#### **IMPLEMENTATION NOTE**

The Australian Coding Standards (ACS) have established guidelines in ACS 0010 *Clinical documentation and general abstraction guidelines* and Appendix B: *Guidelines for formulating clinical documentation queries*.

- B6** Ensuring **access to national and jurisdictional coding advice**

## C Clinical Coding Education

Health services support clinical coding education by:

### *Ensuring Skills and Knowledge*

- C1** Identifying the **competencies or training appropriate for the health service's casemix**, and incorporating these competencies in recruitment processes

#### **IMPLEMENTATION NOTE**

Position descriptions and performance discussions can be used to ensure competencies are appropriate and maintained.

- C2** Providing **relevant orientation to clinical documentation, information systems and the health service's casemix** to those involved in the clinical coding process

#### **IMPLEMENTATION NOTE**

Orientation may vary in method of delivery but should cover how to access and navigate clinical documentation, clinical information and other relevant health information systems. Staff that are new to the clinical coding process in the health service should undergo orientation whether they are ongoing, contracted or casually employed. New systems should include training for the workforce responsible for the clinical coding process and should be made accessible after the orientation.

- C3** Having systems to monitor **participation in training and education** related to competencies in the clinical coding process

#### **IMPLEMENTATION NOTE**

Support for required training and education related to the clinical coding process is an important part of monitoring. Activities that should be considered may include training through a registered training organisation or university, local or jurisdictional commissioned or supported education courses or sessions, attending industry conferences or participating in a mentee/mentor relationship.

- C4** Supporting access to and participation in **education on updates related to the clinical coding process**, including reporting requirements or the classification system

#### **IMPLEMENTATION NOTE**

Updates to classification systems may include errata, addenda or new editions/versions issued by IHACPA. This may also include new reporting requirements from jurisdictional health authorities.

## D Clinical Coding Data Quality

Health services support clinical coding data quality by:

### *Investing in Data Quality*

- D1** Having processes to **support clinical documentation improvement and integrity** that aligns with the classification system

#### **IMPLEMENTATION NOTE**

Health services may utilise and align the relevant systems and processes used for the National Safety and Quality Health Service Standards to address this requirement.

- D2** Incorporating **routine data quality improvement activities** to facilitate the quality of clinical coded data

#### **IMPLEMENTATION NOTE**

Quality improvement activities to influence data quality and may incorporate performance measures chosen by the health service. These performance measures should recognise the capacity of the workforce, the workload and the systems in place to support the quality and quantity of throughputs.

- D3** Ensuring the changes made to clinical coded data from **audit processes are in alignment with relevant conventions, standards and rules of the classification system**, and does not only seek to amend aspects of the clinical coded data that alter the episode's complexity or ability to flag safety and quality issues

#### **IMPLEMENTATION NOTE**

Health services can ensure changes to clinical coded data meet this requirement by tracking and categorising requests for changes. This information can be used to track trends and remediate ongoing deficiencies in clinical documentation.

- D4** Ensuring the health service's **clinical coded data meets jurisdictional and national reporting requirements**, and have reporting systems that ensure organisational coding rules are not contradicting jurisdictional and national requirements

#### **IMPLEMENTATION NOTE**

Organisational (or local) coding rules are instructions used by a health service to capture a greater level of information in their clinical coded data. Health services with organisational coding rules must review the impact on their clinical coded data to ensure it aligns with jurisdictional and national requirements or have reporting systems that ensure that organisational coding rules do not contradict these requirements.

## Enhancing Robust Systems

- D5** Incorporating the input of the workforce for **enhancements made to systems** that impact the quality of the clinical coding process

### IMPLEMENTATION NOTE

Medical/clinical/health care record systems, patient administration systems, clinical information systems (e.g. pathology, radiology, pharmacy) impact on the quality of the clinical coding process and require co-design with the workforce where updates to these systems are made.

- D6** Ensuring **quality assurance processes** are included with the implementation of any new systems that impact the clinical coding process

### IMPLEMENTATION NOTE

Health services must ensure that clinical coded data quality is monitored when implementing new systems or technology to ensure no adverse impacts are made on the clinical coding process. Appropriate members of the workforce responsible for the clinical coding process should provide input to the implementation of new systems.

- D7** Identifying opportunities to **integrate best practice requirements for health records** design, use and reproducibility

### IMPLEMENTATION NOTE

The Australian Standard (AS) series AS 2828 *Health Records* outlines requirements for medical/clinical/health care records.

Co-designing health records and data capture systems with the workforce should include planning, testing and evaluation to ensure successful implementation.

- D8** Documenting systems or processes designed to **manage the operations of the clinical coding process**

### IMPLEMENTATION NOTE

Managing the operations and workflows surrounding the clinical coding process supports meeting reporting deadlines. Documentation of these systems enables transparency of the process that may be incorporated into training and orientation.

Health services may also include elements of these systems or processes that categorise episodes of care by identifying opportunities for activities such as clinical documentation integrity/improvement, clinical documentation queries or auditing of data

## Supporting the Workforce

- D9** Identifying opportunities for those involved in the clinical coding process **to learn from clinicians** about the introduction of interventions performed or services delivered

### IMPLEMENTATION NOTE

It may not be clear how new interventions are reflected in the existing classification system; it is important to gain clarification from local clinicians where possible.

- D10** Identifying **relevant opportunities for clinicians to learn** about clinical documentation and updates to classification systems from those involved in the clinical coding process

### IMPLEMENTATION NOTE

Updates to classification systems may capture further specificity than previously possible. Health services should identify appropriate opportunities in clinical documentation to capture relevant information for the health service's casemix.

- D11** Supporting the **involvement of the workforce** to engage in surveys, pilots and consultations related to the development of classification systems

### IMPLEMENTATION NOTE

Health services may not always have the capacity to support the involvement of the workforce in classification development activities. It is important to understand and plan time commitments required of these activities and clarify where accommodations to timelines may be permitted.

- D12** Providing the workforce **access to the health service's policies, systems and processes** related to the clinical coding process and information about the use of clinical coded data

### IMPLEMENTATION NOTE

The Framework itself has general information about the role of clinical coded data and may be used or incorporated in the health service's policies, systems and processes.

- D13** Identifying the **appropriate workforce and supporting systems** for the clinical coding process and using workforce strategies to support achieving this

### IMPLEMENTATION NOTE

Workforce numbers and supporting technology systems should be considered in line with the reporting requirements that a health service has responsibility for.

# PRACTICE POINTS FOR THE CLINICAL CODING PROCESS

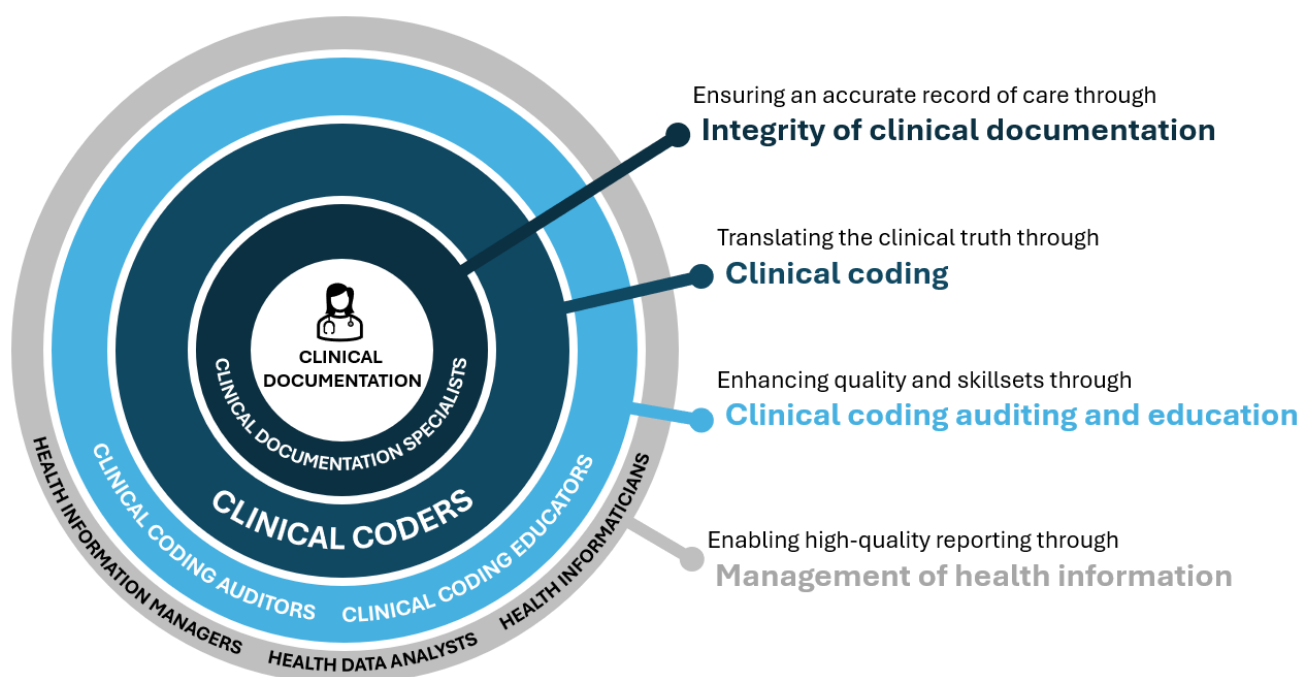
The workforce involved in the clinical coding process should support and participate in the policies, systems and processes used to support the clinical coding process.

The two types of practice points in the Framework include:

- **Priority practice points** – salient practice points that should be prioritised by the workforce when performing activities related to the stage of the clinical coding process
- **Practice points supporting the pillars** – the pillars outline the policies, systems and processes set up by a health service to support the clinical coding process; these practice points outline the actions that support the themes of each pillar in the Framework.

The practice points are focused opportunities in promoting good practice at each of the four stages of the clinical coding process. Figure 3 illustrates the four stages of the clinical coding process with typical roles associated with those stages.

**Figure 3: The Four Stages of the Clinical Coding Process with Typical Roles Associated with each Stage**



The practice points highlight the focus areas in achieving good practice. They are not designed to fully describe a role.

Workplaces may wish to expand upon the practice points to align with their priorities, this should be done in consultation with their workforce.



# Practice Points for the Integrity of Clinical Documentation

Ensuring an accurate record of care through integrity of clinical documentation.

## Integrity of Clinical Documentation Priority Practice Points:

- Use clinical documentation reviews to identify opportunities to support documented **communication between clinicians**, identification of safety and quality issues and enhance the clinical coding process
- Use **established guidelines** when formulating clinical documentation queries
- Facilitate the connection between clinicians and those responsible for the clinical coding process to **support upskilling**

## Integrity of Clinical Documentation Practice Points Supporting the Pillars:

### Compliance with Requirements (Pillar A)

- Be familiar with what personal and sensitive information is and ensuring access to this information aligns with the health service's policy
- Incorporate the appropriate updates to reporting requirements and classification changes when undertaking clinical documentation improvement activities

### Clinical Coding Practice (Pillar B)

- Seek clarification on conventions, standards and rules of the classification system from those responsible for clinical coding
- Support the processes established by the health service to generate relevant, accurate and complete clinical documentation

### Clinical Coding Education (Pillar C)

- Engage and support relevant education activities related to the clinical coding process, clinical updates related to the health service's casemix and clinical documentation improvement/integrity

### Clinical Coding Data Quality (Pillar D)

- Use a quality improvement approach in addressing clinical documentation improvement and integrity
- Contribute to enhancements in systems, forms and processes when a health service is undertaking change processes
- Organise opportunities for clinicians and the workforce involved in the clinical coding process to exchange knowledge





## Practice Points for Clinical Coding

Translating the clinical truth through clinical coding.

### Clinical Coding Priority Practice Points:

- Use the fundamentals of the **Clinical Coders' Creed** when making decisions in clinical coding, including:  
Clinical documentation, Communication with clinicians, Coding standards, Conventions, Classifications experience, Common sense, Current medical science knowledge. See **Appendix C: Clinical Coders' Creed**.
- Maintain a **current knowledge** of medical science and terminology related to the health service's casemix
- Be aware of and comply with **jurisdictional policies** that relate to the clinical coding process, in addition to national requirements

### Clinical Coding Practice Points Supporting the Pillars:

#### Compliance with Requirements (Pillar A)

- Be familiar with what personal and sensitive information is and ensuring your access to this information aligns with the health service's policy
- Participate in training or education related to updates of the classification system or reporting requirements

#### Clinical Coding Practice (Pillar B)

- Maintain a current knowledge of classification conventions, standards and rules related to the health service's casemix
- Identify episodes of care with incomplete clinical documentation and follow the established process, aligned to the Australian Coding Standards, to generate clinical documentation queries

#### Clinical Coding Education (Pillar C)

- Participate in training or education related to the health service's casemix

#### Clinical Coding Data Quality (Pillar D)

- Participate in quality improvement activities that facilitate the quality of clinical coded data, while ensuring that changes to clinical coded data are in line with relevant conventions, standards and rules
- Identify and use appropriate avenues to provide feedback on systems related to the clinical coding process to improve quality
- Engage in surveys, pilots and consultations related to the development of existing and new reporting requirements or classification systems



# Practice Points for Clinical Coding Auditing and Education

Enhancing quality and skillsets through clinical coding auditing and education.

## Clinical Coding Auditing and Education Priority Practice Points:

- Use quality assurance activities or monitoring of data quality to determine **education and auditing priorities**
- Audit and educate on the **data generated or enhanced by the clinical coding process** using clinical knowledge and medical science to support a foundation of understanding
- Ensure education supports an understanding of the health service's casemix and systems with a focus on the **conventions, standards and rules of the classification**, incorporating relevant content from updates to conventions, standards and rules

## Clinical Coding Auditing and Education Practice Points Supporting the Pillars:

### Compliance with Requirements (Pillar A)

- Be familiar with what personal and sensitive information is and ensuring your access to this information aligns with the health service's policy
- Identify auditing and education priorities related to the health service's casemix including updates to the classification system or reporting requirements

### Clinical Coding Practice (Pillar B)

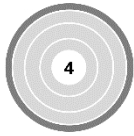
- Promote and monitor the use of established processes to address and resolve disputes on code assignment
- Ensure the processes, templates and generation of clinical documentation queries are in line with established guidelines

### Clinical Coding Education (Pillar C)

- Assist in developing materials relevant to navigating clinical documentation, updates in information systems and changes in the health service's casemix

### Clinical Coding Data Quality (Pillar D)

- Undertake audits that align with relevant conventions, standards and rules of the classification system, and ensure a balanced focus of topics that include safety and quality reporting and other areas of importance for jurisdictions or organisations
- Monitor the quality assurance processes of newly implemented systems to ensure they are performing as intended
- Identify relevant education opportunities where the workforce responsible for the clinical coding process and clinicians can exchange knowledge



# Practice Points for the Management of Health Information

Enabling high-quality reporting through management of health information.

## Management of Health Information Priority Practice Points:

- Interpret and report clinical coded data with **expert advice from those involved in the clinical coding process** from the health service
- **Align systems and data quality processes** with the conventions, standards and rules of the classification requirements
- **Consult those performing the clinical coding process** in the health service when designing new systems to support the clinical coding process

## Management of Health Information Practice Points Supporting the Pillars:

### Compliance with Requirements (Pillar A)

- Support the monitoring of access to personal and sensitive information in line with the health service's policy
- Review systems on an established basis to ensure they are aligned with current reporting requirements

### Clinical Coding Practice (Pillar B)

- Ensure that data quality edits and validations are aligned with conventions, standards and rules of the classification system
- Ensure that appropriate information systems are accessible to the workforce responsible for the clinical coding process, with access to the relevant information within those systems

### Clinical Coding Education (Pillar C)

- Identify updates to reporting requirements or the classification system and educate the workforce of the related changes to clinical documentation to collect this information

### Clinical Coding Data Quality (Pillar D)

- Identify routine quality improvement activities that aim to improve the quality of clinical coded data
- Participate in projects or working groups related to new systems that impact the clinical coding process
- Identify the priority areas in clinical coded data to support clinicians improving their clinical documentation and clinical care through quality improvement activities

# GLOSSARY

Certain terms in this glossary have a narrower definition than their regular use to ensure the Framework can be written in simpler language – these terms are marked with an asterisk.

<b>Casemix</b>	the general mix of conditions, interventions and services for which a health service provides or facilitates care
<b>Classification system</b>	a way of representing a concept by a code, based on a system of conventions, standards and rules for a defined purpose
<b>Clinical coded data</b>	the classification codes and other data generated by the clinical coding process
<b>Clinical coding</b>	the assignment of codes that reflects clinical documentation following the application of the conventions, standards and rules used with a health classification system
<b>Clinical coding process</b>	the stages and factors involved in the generation of clinical coded data from clinical documentation which may include the enhancement of certain administrative data
<b>Clinician*</b>	the health professional documenting in the health care record, including medical, nursing, midwifery and allied health professionals
<b>Health service*</b>	a health service organisation providing admitted patient care or those responsible for undertaking the clinical coding process, such as a hospital
<b>Jurisdiction</b>	the state or territory health authority under which a health service is licenced to provide health services
<b>Pillar*</b>	a focus area within the Clinical Coding Practice Framework that includes <b>Themes</b> of responsibility for a health service to support good clinical coding practice
<b>Policy</b>	a strategic document that details a health service's rules to achieve a described goal
<b>Practice points*</b>	responsibilities for key stages involved in the clinical coding process that support good clinical coding practice
<b>Procedure</b>	a process that outlines the steps or instructions to achieve a described goal
<b>System</b>	a process that operationalises a procedure
<b>Theme*</b>	a focus area within the Clinical Coding Practice Framework underneath the <b>Pillars</b> of responsibility for a health service to support good clinical coding practice
<b>Workforce*</b>	the people involved in the clinical coding process, including clinical coders, clinical coding auditors, clinical coding educators, clinical documentation improvement/integrity specialists, health information managers and managers of the clinical coding process

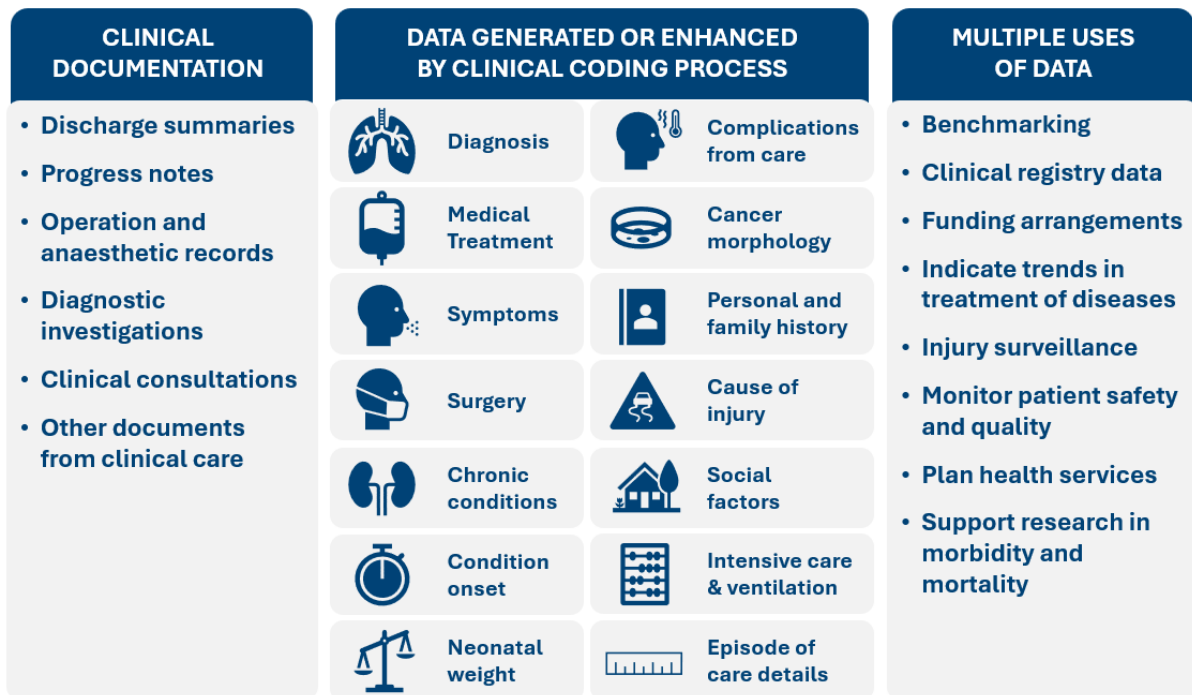
# APPENDIX A: THE CLINICAL CODING PROCESS

Clinical coding is the assignment of codes that reflects clinical documentation following the application of the conventions, standards and rules used with a health classification system. A process called abstraction involves the review and appraisal of clinical documentation to determine if the assignment of relevant code(s) is warranted, or if there is vagueness or conflicting entries in the health care record. Abstraction and clinical coding produce clinical coded data used to improve healthcare.

A strong knowledge of medical science and classification structures are foundational to clinical coding.

The clinical coding process uses clinical documentation of conditions treated, investigated or requiring other clinical care to produce high-quality data that can be used by health services, health departments, national government agencies, researchers and funders of private health.

**Figure 4: The Inputs and Outputs of the Clinical Coding Process in Australia**



Complete and accurate clinical documentation is the responsibility of clinicians and is at the core of both ongoing patient care and clinical coding. Clinical documentation may need to be queried during the clinical coding process where there is vagueness or conflicting entries in the health care record.

The quality of clinical coded data is important for its multiple uses, including safety and quality monitoring, health research, epidemiology, health care planning, health service evaluation, funding models such as activity-based funding and use in national statistics reporting.

The stages and factors involved in the production of clinical coded data is known as the clinical coding process. The four stages of the clinical coding process starts with clinical documentation at its core and results in the reporting of clinical coded data:

- **Stage 1 – Integrity of clinical documentation**
- **Stage 2 – Clinical coding**
- **Stage 3 – Clinical coding auditing and education**
- **Stage 4 – Management of health information**

Certain factors influence clinical coded data at the national, jurisdictional and health service level. These factors work together to ensure clinical coded data is consistently reported at the national level but may differ at jurisdictional or organisational (health service or health network) levels to enable local priorities to be captured without influencing nationally collected data.

**Figure 5: An Outline of the Factors Related to the Clinical Coding Process**

<b>NATIONAL</b>	<b>JURSDICTIONAL</b>	<b>ORGANISATIONAL</b>
National Coding Advice	Jurisdictional coding advice	Organisational coding advice
ICD-10-AM/ACHI/ACS, Errata and FAQs, new edition education	Admission policies	Health service policies, processes and systems
National Minimum Data Sets	Jurisdictional reporting requirements	Workforce education, training and practices

# APPENDIX B: NATIONAL CONTEXT FOR GOOD CLINICAL CODING PRACTICE

## *Supporting the National Safety and Quality Health Service Standards*

The systems and processes supporting good clinical coding practice may also support the actions in the National Safety and Quality Health Service (NSQHS) Standards.

**Table 2: Clinical Coding Practice Framework Overlapping with NSQHS Standards**

NSQHS action		Overlapping systems and processes with Framework
<b>Action 1.16</b> The health service organisation has healthcare record systems that:	a. Make the healthcare record available to clinicians at the point of care	<b>Pillar B</b> <i>Clinical Coding Process</i>
	b. Support the workforce to maintain accurate and complete healthcare records	<b>Pillar C</b> <i>Clinical Coding Education</i>
	c. Comply with security and privacy regulations	<b>Pillar A</b> <i>Compliance with Requirements</i>
	d. Support systematic audit of clinical information	<b>Pillar D</b> <i>Clinical Coding Data Quality</i>
	e. Integrate multiple information systems, where they are used	<b>Pillar B</b> <i>Clinical Coding Process</i>
<b>Action 6.11</b> The health service organisation has processes to contemporaneously document information in the healthcare record, including	a. Critical information, alerts and risks	<b>Pillar C</b> <i>Clinical Coding Education</i>
	b. Reassessment processes and outcomes	
	c. Changes to the care plan	<b>Pillar D</b> <i>Clinical Coding Data Quality</i>

## *Supporting the National Health Reform Agreement*

Ensuring good clinical coding practice supports the reporting requirements specified by the National Health Reform Agreement. Clinical coded data supports activity based funding and enables transparency, governance and financing of Australia’s public health system.

# APPENDIX C: CLINICAL CODERS' CREED

Although new codes are introduced regularly, on the whole the ICD-10-AM classification structure remains constant over time. Codes and coding standards need to change to try and keep pace with medicine, but ultimately, clinical coders will often need to make decisions which are based on their experience and common sense as well as the resources available to them.

When you look at what clinical coders do objectively, they assign numbers from a structured, classification system to complex, ever-changing medical concepts which are not documented in a standardised way – no wonder it can be difficult!

To revisit the fundamental skills of the clinical coder:

- A clinical coder has a thorough, working knowledge of medical science and terminology
- A clinical coder can read the clinical record and make decisions about the appropriate codes to assign, based on the clinical documentation
- A clinical coder understands the structure and use of a statistical classification

The important features of these three points are medical science, make decisions and structure.

- Medical science is complex and forever changing
- Decision-making is subjective
- Structure of the classification is static

The point is, no matter how much one might hope there will be hard and fast rules to solve all our coding problems, it remains that no amount of rules will ever replace the educated judgments that clinical coders make about specific cases based on the...

## **Clinical Coders' Creed**

These things are the fundamentals of the art and science of clinical coding:

Clinical documentation  
Communication with clinicians  
Coding standards  
Conventions  
Classification experience  
Common sense  
Current medical science knowledge

All this serves to highlight the considerable and often forgotten skills of clinical coders.

Decisions in clinical coding based on the Clinical Coders' Creed will ensure assignment of a code that is as good as possible – the work of a competent clinical coder.



# APPENDIX D: HISTORY OF THE FRAMEWORK

## Code of Ethics for Clinical Coders (1998-2017)

The Code of Ethics for Clinical Coders was an appendix in the Australian Coding Standards (ACS) for the ICD-10-AM/ACHI/ACS classification system between the First and Ninth Editions.

The Code of Ethics for Clinical Coders was 8 points covering quality improvement in clinical coding, access to information, adherence to the ACS, consulting clinicians on ambiguous clinical documentation, ongoing education, participation in classification development, confidentiality and unethical processes.

## Standards for Ethical Conduct in Clinical Coding (2017-2019)

The appendix in the ACS was renamed to the *Standards for Ethical Conduct in Clinical Coding* in ICD-10-AM/ACHI/ACS Tenth Edition.

The Standards for Ethical Conduct in Clinical Coding was structured in three sections: Ethics in Clinical Coding, Ethics in Clinical Coding Quality and Education and Ethics in Clinical Coding and Legal Requirements.

In October 2017, the Independent Health and Aged Care Pricing Authority (IHACPA) requested a document from the classification developer at the time to clarify the intent of the *Standards for Ethical Conduct in Clinical Coding*.

## Clinical Coding Practice Framework (2019-Current)

The Standards for Ethical Conduct in Clinical Coding was removed from the Australian Coding Standards by IHACPA for ICD-10-AM Twelfth Edition and its custodianship transferred to HIMAA where it was revised and renamed to the Clinical Coding Practice Framework, in partnership with the Clinical Coders' Society of Australia.

Version 1 of the Framework was published in September 2019. Following public consultation in 2023 and 2024, the Clinical Coding Practice Framework has been restructured to identify the factors required to facilitate high quality clinical coded data from the clinical coding process.

Version 2 of the Framework was published in October 2024 with the following new features:

- Structure of the Framework refocused on the policies, systems and processes that a health service must promote and support good clinical coding practice
- Removed duplication with existing requirements in the Australian Coding Standards
- Outlined the stages of the clinical coding process
- Creation of practice points for the four stages of the clinical coding process, including priority practice points and practice points that support the pillars
- Addition of Appendices that support the implementation of the Framework.

The table below summarises the key changes in structure between Version 1 in 2019 and Version 2 in 2024.

**Table 3: Table of Updates made to the Clinical Coding Practice Framework (2024)**

<b>Clinical Coding Practice Framework (2019)</b>	<b>Clinical Coding Practice Framework (2024)</b>	<b>Notes on Changes</b>
Clinical Coding and Legal Requirements	<b>Compliance with Requirements</b>	This section was broadened to general compliance related to the clinical coding process
Clinical Coding Practice	<b>Clinical Coding Practice</b>	Included access to clinical documentation and systems used to inform the clinical coding process
Appropriate Clinical Documentation Queries	(removed)	This content duplicates the requirements in the Australian Coding Standards
Clinical Coding Quality and Education	<b>Clinical Coding Education</b>	Dedicated section on education component of the clinical coding process
	<b>Clinical Coding Quality</b>	Dedicated section on quality component of the clinical coding process
	<b>Practice Points for the Clinical Coding Process</b>	New section in the Framework that brings together the responsibilities related to those undertaking a role in the clinical coding process

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