

EDITORIAL

The German G-DRG payment system was introduced to reimburse hospitals on the basis of patient documentation. Utilization as a per case payment system in contrast to budget finding system necessitates a high coding standard.

Not all patient cases can be justly reimbursed within this new system. The DRG-funding of inpatient HIV-treatment is a good example.

The HIV virus was first discovered in 1983. Since then the classification of the disease and its stages has constantly evolved. The same applies to HIV treatment standards. Earlier described HIV associated diseases have become rare in Germany (e.g. Kaposi's sarcoma) while short and long-term effects of the Highly Active Anti-retroviral therapy (HAART) have gained in importance. Apart from the problem that is caused by the time-lag of DRG-system adaptation itself, the development of a just DRG system relies on specific and consistent coding data.

The CDC-classification, the momentarily used and widely accepted classification for the HIV-infection, originates from 1993. The last ICD-10 revision took place in 1992. Therefore it is not surprising that an appropriate and specific coding of "chronic" HIV-infection is not possible within ICD-10-GM. The same applies to the adverse effects of HAART, for example the immune reconstitution syndrome and some HIV associated diseases.

The OPS (Operativer Prozeduren Schlüssel) is a uniquely German procedure classification. It is more

flexible and allows fundamental changes. On the other hand changes to the ICD-10, published by the WHO, are limited. Fundamental changes to ICD-10's structure will most probably have to wait until publishing of the 11th revision.

Despite the lack of specific codes to describe HIV infection, the variance in its coding and coding of related diseases must be reduced. The German Coding Standards (DKR) still allows for too many individual interpretations.

The publication by *Evers et al.* addresses the coding problem of HIV neuromanifestations. The neuromanifestations are of growing importance and display an increasing incidence. Apart from the given conditions for the actual codes an emphasis is placed on the selection of the principle diagnosis and on exceptions that have to be made for situations under which primary and secondary code combinations (Kreuz-Stern) apply. Publications like this prove to be very valuable in the standardisation of coding in the corresponding medical speciality. Other medical societies are called upon to launch comparable initiatives.

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