

## Nordic Casemix Centre - Development initiative

### #877 - Managing gender information in case of diagnosis codes belonging to MDC98 and procedure codes linked to those diagnosis codes

2023-03-29 11:16 - Kristiina Kahur

<b>Status:</b>	Active	<b>Start date:</b>	2023-03-29
<b>Priority:</b>	Major	<b>Due date:</b>	
<b>Assignee:</b>		<b>Spent time:</b>	0.00 h
<b>Initiator:</b>	Nordic Casemix Centre	<b>Target Group:</b>	Combined
<b>MDC:</b>	GEN	<b>Owner / responsible:</b>	Nordic Casemix Centre

#### Description

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This development initiative is related to case #863.

This case is related to how to manage gender information in case of diagnosis codes belonging to MDC98 and procedure codes linked to those diagnosis codes and is there any solution which does not use gender information at all.

This case remains open to share the thoughts and suggestions how to make it work.

#### History

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##### #4432 - 2023-03-29 18:09 - Kristiina Kahur

- Priority changed from Minor to Major

##### #4494 - 2023-09-04 09:28 - Kristiina Kahur

###### Nordic Casemix Centre/Kristiina Kahur 4-9-2023

Copying here Martti's reflection on how potentially to deal with this issue:

*The problem of gender specific DRG in NordDRG is already solved but the problem of dx's that can be used for both male and female reproduction problems is still there.*

*I think that the simplest solution is to combine MDC 12 and 13 (f.ex. to MDC 98).*

*This means that all 12Mxx and 13Mxx dgcat's have to be changed to 98Mxx dgcat's . The 12M03 and 13M03 (for infections can be combined and result in one ant the same DRG independent on gender.*

*Other Dgcat and DRG's may stay independlent because they are based on different antantomial organs. The codes need to be selected.*

*There is one code with dgcat 98M01 that needs consideration. Maybe it should be combined with current DRG for female malignancies. This needs some cost analysis.*

*Other properties may stay as they are.*

##### #4498 - 2023-09-04 15:51 - Kristiina Kahur

###### 2023-09-04 Expert Group

The issue was discussed in the Autumn meeting. Countries are invited to analyse the proposed change from clinical and economical point of view. To start with, the approach (provided by Martti) how to change the DGCATs in MDC 12 and 13 into new ones in MDC98 can be followed.

attachment:"image\_20230904134309.png"

If there are more than one country interested in this analysis, it makes sense to create a cross-country working group. The NCC is eager to coordinate the cooperation. Those interested, please let the NCC know.

This case remains further active.

##### #4618 - 2024-03-26 07:43 - Kristiina Kahur

###### 2024-03-12 Expert Group

Finland is about to conduct an analysis in 2024. If any other country wants to join, a separate working group can be established to discuss and develop a solution.

This task will remain active.

**#4726 - 2024-09-09 12:49 - Kristiina Kahur**

**2024-09-04 Expert Group**

The work is in progress in Finland.

This task will remain active for further updates.

**#5133 - 2025-09-04 06:38 - Kristiina Kahur**

**2025-09-02 Expert group**

This case was briefly discussed during EG meeting

There have been no further updates from Finland due to the complexity of the issue and the prioritization of more urgent matters.

We keep this case further active and return when any updates.

**Files**

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image_20230904134309.png	90 kB	2023-09-04	Kristiina Kahur
image_20230904134225.png	100 kB	2023-09-04	Kristiina Kahur