



**Issue 19 – 27 October 2000**

Attention: Health Information Managers - For Action  
VEMD Submission Officers - For Action  
ESIS Submission Officers - For Action  
VAED/VEMD/ESIS Software Suppliers - For Action

This HDSS Bulletin covers some contemporary topics including those relating specifically to the Victorian Admitted Episodes Dataset (VAED), the Victorian Emergency Minimum Dataset (VEMD), and the Elective Surgery Information Systems (ESIS).

Please read the document carefully, distribute it to the relevant staff in your organisation, and take any necessary action.

Yours faithfully,

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# Victorian Admitted Episodes Dataset (VAED)

## 19.1 VIC-DRG4s in 2000 – 2001

For 2000 – 2001 separations, hospitals are assigning diagnosis and procedure codes using the 2<sup>nd</sup> edition of the ICD-10-AM classification. For funding purposes these codes are mapped to their 1<sup>st</sup> edition ICD-10-AM equivalents for grouping in AR-DRG Version 4.1 (AR-DRG4).

This mapping is contained in the 2000 – 2001 Library File, available through the Department's website at:

[www.dhs.vic.gov.au/ahs/hdss/vaedlib.htm](http://www.dhs.vic.gov.au/ahs/hdss/vaedlib.htm)

As in previous years, prior to the calculation of WIES8, a number of adjustments are made to the original AR-DRG4 grouping by utilising the VIC-DRG4 field. The adjustments applied for Peritoneal Dialysis, Radiotherapy and Bone Marrow Transplants in WIES7 are still required for WIES8. These VIC-DRG4s were detailed in the *Policy and Funding Guidelines, 2000 – 2001*.

Additional VIC-DRG4s implemented to overcome significant anomalies identified in Version 4.1 software were notified in the *ICD Coding Newsletter, Special Edition, June 2000* (the Commonwealth Department will rectify these anomalies in Version 4.2). Following notification of further grouping anomalies by hospitals, the Department has specified more VIC-DRG4s, which are detailed in this Bulletin. In some cases, VIC-DRG4s involve additional mapping of ICD-10-AM 2<sup>nd</sup> edition codes (over and above the mapping in the ICD-10-AM 2<sup>nd</sup> edition Library File).

The full list of VIC-DRG4s is provided on the following pages, together with a complete list of notified anomalies and issues. The full list of VIC-DRG4s will be repeated in the *ICD Coding Newsletter, November 2000* and posted on the Department's website in Section C of the *Policy and Funding Guidelines, 2000-2001* at:

[www.dhs.vic.gov.au/ahs/pfg2000-01/](http://www.dhs.vic.gov.au/ahs/pfg2000-01/)

All records submitted to the Victorian Admitted Episodes Dataset (VAED) before the October 2000 consolidation will be re-grouped according to the following specification.

## 19.1.1 VIC-DRG4s in 2000 – 2001 (Full list, as at October 2000)

### Peritoneal Dialysis

**(First notified: Policy and Funding Guidelines, June 2000)**

In recognition of cost differences between peritoneal dialysis and haemodialysis, episodes with a principal diagnosis of Z49.2 *Peritoneal dialysis* are assigned a VIC-DRG4 of L61Y *Admit for peritoneal dialysis*.

### Radiotherapy

**(First notified: Policy and Funding Guidelines, June 2000)**

Standard 0229 (*Victorian Additions to the Australian Coding Standards*, July 2000) states that non-same day patients receiving radiotherapy should have the malignant condition sequenced first, followed by Z51.0 *Radiotherapy session*, in contrast to same day radiotherapy admissions where code Z51.0 will be the principal diagnosis followed by the malignancy code.

However, because these patient episodes would group to AR-DRG4s related to the malignancy, which are generally of lower weight than AR-DRG4 R64Z *Radiotherapy*, equity is maintained by re-grouping non-same day medical episodes that include a radiotherapy session diagnosis code as if the radiotherapy session code was the principal diagnosis.

### Bone Marrow Transplants

**(First notified: Policy and Funding Guidelines, June 2000)**

In recognition of cost differences between allogenic and autologous bone marrow transplants, AR-DRG4 A04Z *Bone marrow transplant* is split into VIC-DRG4s A04A *Allogenic bone marrow transplant* and A04B *Non-allogenic bone marrow transplant*. Any cases grouped to AR-DRG4 A04Z with ICD-10-AM 2<sup>nd</sup> edition allogenic procedure codes (codes 13706-00, 13706-06, 13707-09 or 13706-10) are allocated to VIC-DRG4 A04A. All other cases grouped into AR-DRG4 A04Z are allocated to VIC-DRG4 A04B.

NB. 13706-00 and 13706-09 map to the ICD-10-AM 1<sup>st</sup> edition procedure code 13706-00; and 13706-06 and 13706-10 map to the ICD-10-AM 1<sup>st</sup> edition procedure code 13706-06.

### Arteriovenous fistula

**(First notified: ICD Coding Newsletter, Special Edition, June 2000)**

In AR-DRG Version 4.1, the procedure codes for surgical formation of arteriovenous fistula of lower limb (34509-00) and upper limb (34509-01) are not included in the list of procedures under MDC 11 *Diseases and disorders of kidney and urinary tract*.

As these procedures are commonly performed for treatment of end-stage renal disease, 34509-00 and 34509-01 are mapped to 34512-00 *Construction of arteriovenous fistula with graft of vein*, so that episodes with either of those procedure codes group to an appropriate VIC-DRG4.

### **Bilateral hip replacement and bilateral knee replacement**

**(First notified: ICD Coding Newsletter, Special Edition, June 2000)**

In AR-DRG Version 4.1, episodes with a bilateral hip or knee procedure code (49319-00, 49519-00, 49521-01, 49521-03, or 49524-01) do not group to DRG I01 *Bilateral or multiple major joint procedures of lower extremity*.

Where an episode contains a bilateral hip or knee procedure code (49319-00, 49519-00, 49521-01, 49521-03, or 49524-01) a VIC-DRG4 of I01 is assigned.

### **Hook needle localisation of breast lesion**

**(First notified: ICD Coding Newsletter, Special Edition, June 2000)**

In AR-DRG Version 4.1, procedure code 30361-00 *Localisation of lesion of breast* is listed as a major OR procedure. This causes cases to group to a major OR procedure DRG, whereas they should group to a minor OR procedure or medical DRG.

To address this anomaly, this code will be deleted when grouping to a VIC-DRG4. The likely presence of at least one other procedure code will ensure that episodes with procedure code 30361-00 group to an appropriate DRG.

### **Retained placenta and membranes without haemorrhage**

**(First notified: ICD Coding Newsletter, Special Edition, June 2000)**

In AR-DRG Version 4.1, the diagnosis codes for retained placenta and membranes without haemorrhage (O73.0 and O73.1) have been omitted from the lists for DRGs O04 *Post partum and post abortion diagnosis with OR procedure* and O61 *Post partum and post abortion diagnosis without OR procedure*. This means that some episodes with these diagnosis codes may be inappropriately grouped to delivery DRGs.

Diagnosis codes O73.0 and O73.1 are mapped to O72.2 *Delayed and secondary postpartum haemorrhage*, so that episodes with either of those diagnosis codes group to an appropriate VIC-DRG4.

## **Birthweight**

**(First notified: ICD Coding Newsletter, Special Edition, June 2000, amended HDSS Bulletin No. 14, further amended HDSS Bulletin No. 19)**

In AR-DRG Version 4.1, admission weight must be between 400 and 9999 grams otherwise the episode will be assigned to DRG 960Z *Ungroupable*. The Department has been notified of live births where the baby weighs significantly less than 400 grams.

Episodes with an admission weight between 125 and 399 grams are assigned an admission weight of 400 grams for grouping to an appropriate VIC-DRG4.

## **Paraurethral Injection**

**(First notified: HDSS Bulletin No. 19)**

In AR-DRG Version 4.1, episodes with a diagnosis of N39.3 *Stress incontinence* and a procedure of 37339-01 *Injection of para-urethral bulk for stress incontinence, male group* to DRG 960Z *Ungroupable*.

Episodes where a male patient has a principal diagnosis of N39.3 and a first procedure code of 37339-01, are assigned a VIC-DRG4 of L04B *Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W/O Catastrophic or Severe CC*.

## **Nasopharyngeal intubation**

**(First notified: HDSS Bulletin No. 19)**

New 2<sup>nd</sup> edition procedure codes have been introduced for nasopharyngeal intubation (90179-02 *Nasopharyngeal intubation* and 90179-05 *Management of nasopharyngeal intubation* in block 568).

In AR-DRG Version 4.1, episodes with these codes, which map to 1<sup>st</sup> edition procedure code 92033-00 *Insertion of nasopharyngeal airway*, do not group to DRGs A06Z *Tracheostomy any age, any condition* and A41Z *Intubation Age < 16*.

Procedure codes 90179-02 and 90179-05 are mapped to 1<sup>st</sup> edition procedure code 92035-00 *Other intubation of respiratory tract*, so that episodes with either of those procedure codes group to an appropriate VIC-DRG4.

## Care of lactating mother

**(First notified: HDSS Bulletin No. 19)**

In AR-DRG Version 4.1, episodes with a principal diagnosis of O80 *Single spontaneous delivery* with an additional diagnosis of Z39.1 *Care and examination of lactating mother* (coding in accordance with Australian Coding Standard 1538) group to DRG 962Z *Unacceptable obstetric diagnosis combination*.

Episodes with a principal diagnosis of O80 and an additional diagnosis of Z39.1 are assigned a VIC-DRG4 of O60D *Vaginal delivery without complicating diagnosis*.

## Post Natal Depression

**(First notified: HDSS Bulletin No. 19)**

In AR-DRG Version 4.1, episodes with a principal diagnosis of O80 *Single spontaneous delivery* with additional diagnosis of F53.0 *Mild mental and behavioural disorders associated with the puerperium, NEC (post natal depression)* (coding in accordance with Australian Coding Standard 0505) group to DRG 962Z *Unacceptable obstetric diagnosis combination* (the same grouper logic applies to F53.1, F53.8 and F53.9).

Episodes with a principal diagnosis of O80 and an additional diagnosis of F53.0 or F53.1, or F53.8 or F53.9 are assigned a VIC-DRG4 of O60D *Vaginal delivery without complicating diagnosis*.

## Other Anomalies and Issues

Listed below are other issues that have been identified by Victorian hospitals. A VIC-DRG4 has not been specified, for one or more of the following reasons:

1. Fixing the anomaly will create another problem, of equal or greater significance, in another MDC/DRG.
2. The frequency of the problem and/or the funding impact is not significant.
3. The notified issue results from differences between classification or grouper versions and is technically correct.
4. The anomaly causes the case to group to AR-DRGs 901Z *Extensive OR procedure unrelated to principal diagnosis* or 902Z *Non extensive OR procedure unrelated to principal diagnosis*. These are legitimate DRGs within the grouper logic and deal with cases that contain clinically atypical information.
5. The issue relates to differences between grouper logic, as specified in the *Australian Refined Diagnosis Related Groups, Version 4.1, Definitions Manual*, and the assigned AR-DRG4.
6. The issue relates to differences in AR-DRG4 assignment for diagnosis codes with the same rubric, where there appears to be no reason for the distinction.

### **1. Revision of burns scars - Reason 4**

Diagnosis L90.5 *Scar conditions and fibrosis of skin* with procedure 45519-00 *Revision of burn scar or burn contracture groups* to AR-DRG4 902Z *Non-extensive OR procedure unrelated to principal diagnosis*.

### **2. Excision of sacrococcygeal teratoma (malignant) - Reason 4**

Diagnosis C76.3 *Malignant neoplasm of pelvis* with procedure 43876-00 *Excision of sacrococcygeal teratoma, posterior approach groups* to AR-DRG4 902Z *Non-extensive OR procedure unrelated to principal diagnosis*.

### **3. EPS with ablation - Reason 3**

Procedure 38212-00 *Cardiac electrophysiological study, >= 4 catheters* grouped to Version 3.1 AN-DRG 299 *Transvascular percutaneous cardiac intervention, no stent*. In Version 4.1 it groups to AR-DRG4 F42B *Circulatory disorders, no AMI with invasive cardiac investigative procedure, no complicating diagnosis/procedure*.

### **4. Postpartum admission with repair of tear - Reason 2**

Diagnosis codes O70.0 *First degree perineal laceration during delivery* and Z39.01 *Postpartum care after hospital delivery* with procedure code 90481-00 *Suture of 1<sup>st</sup> or 2<sup>nd</sup> degree tear of perineum* group to a delivery AR-DRG4 O60D *Vaginal delivery without complicating diagnosis* rather than to a postpartum AR-DRG O61Z *Postpartum and Post Abortion without Operating Room Procedure*.

### **5. Renal artery stenosis for angioplasty - Reason 1**

Diagnosis I70.1 *Atherosclerosis of renal artery* with procedure 35309-07 *Percutaneous transluminal balloon angioplasty with stenting, multiple stents* groups to AR-DRG 901Z *Extensive OR procedure unrelated to principal diagnosis*. These episodes should group to an AR-DRG for other procedures for kidney and urinary tract disorders (L09A, L09B, or L09C).

The new 2<sup>nd</sup> edition procedure code 35309-07 maps to 1<sup>st</sup> edition code 35306-01 *Percutaneous insertion of >= 2 stents into single peripheral artery or vein of 1 limb*.

### **6. Elective induction, failed - Reason 2**

Diagnosis O61.0 *Failed medical induction* with procedure 90465-01 *Medical induction of labour, prostoglandin* groups to AR-DRG O60D *Vaginal delivery without complicating diagnosis*, despite the absence of diagnosis Z37.0 *Single live birth*. These episodes should group to AR-DRG4 O65B *Other antenatal admission with moderate or no complicating diagnosis*. This problem also occurs with O61.1 *Failed instrumental induction of labour*, O61.8 *Failed other induction of labour*, and O61.9 *Failed induction of labour, unspecified*.

### **7. STOP and laparoscopic sterilisation - Reason 2**

Diagnosis O04.9 *Medical abortion, complete or unspecified, without complication* with procedures 35643-01 *Suction curettage following abortion or for termination of pregnancy* and 35688-03 *Laparoscopic electrodestruction of fallopian tubes* groups to AR-DRG4 O03Z *Ectopic pregnancy*. These episodes should group to AR-DRG4 O40Z *Abortion with D&C, aspiration curettage or hysterotomy*. The AR-DRG4 is being driven by procedure code 35688-03.

## **8. Hysteroscopy and laparoscopic division of adhesions - Reason 2**

Procedure 30393-00 *Laparoscopic division of abdominal adhesions* with procedure 35630-00 *Diagnostic hysteroscopy* groups to AR-DRG4 N10 *Diagnostic curettage or diagnostic hysteroscopy* where the principal diagnosis (e.g. N97.9 *Female infertility*) places the episode in MDC 13 *Diseases and disorders of the female reproductive system*. Several laparoscopic codes have been placed lower on the surgical hierarchy than the hysteroscopy code.

## **9. Peritonitis and percutaneous drainage - Reasons 2 & 4**

Procedures 30224-01 *Percutaneous drainage of intra-abdominal abscess, haematoma or cyst* or 30224-02 *Percutaneous drainage of retroperitoneal abscess* (new codes), where the principal diagnosis (e.g. K65.0 *Acute peritonitis*) places the episode in MDC 6 *Diseases and disorders of the digestive system*, group to AR-DRG4 901Z *Extensive OR procedure unrelated to principal diagnosis*. Mapping is based on the percutaneous aspect of the code rather than the site of the drainage.

## **10. Mesenteric atherosclerosis with angioplasty - Reasons 2 & 4**

Diagnosis K55.1 *Chronic vascular disorders of the intestine* (Mesenteric atherosclerosis) with procedure 35303-06 *Percutaneous transluminal balloon angioplasty* groups to AR-DRG4 901Z *Extensive OR procedure unrelated to principal diagnosis*. Code 35303-06 is not listed under MDC 6 *Diseases and disorders of the digestive system*.

## **11. Hyperthyroidism secondary to renal disorder - Reasons 2 & 4**

Diagnosis N25.8 *Other disorders resulting from impaired renal tubular function* (Secondary hyperparathyroidism of renal origin) with procedure 30315-00 *Subtotal parathyroidectomy* groups to AR-DRG4 901Z *Extensive OR procedure unrelated to principal diagnosis*. Code N25.8 is not listed under MDC 10 *Endocrine, nutritional and metabolic diseases and disorders*.

## **12. Malignant neoplasm of peritoneum - Reason 4**

Diagnosis C48.1 *Malignant neoplasm of peritoneum* with procedure 35653-03 *Abdominal hysterectomy with bilateral salpingo-oophorectomy* groups to AR-DRG 901Z *Extensive OR procedure unrelated to principal diagnosis*. Code C48.1 is listed under MDC 6 *Diseases and disorders of the digestive system* whereas 35653-03 is listed under MDC 13 *Diseases and disorders of the female reproductive system* and MDC 14 *Pregnancy, childbirth and the puerperium*.

## **13. Cerebral palsy with hemiplegia and quadriplegia - Reason 3**

New 2<sup>nd</sup> edition diagnosis codes G80.02 *Spastic hemiplegic cerebral palsy* and G80.03 *Spastic quadriplegic cerebral palsy* are mapped back to 1<sup>st</sup> edition codes G80.2 *Infantile hemiplegia* and G80.0 *Spastic cerebral palsy* respectively. In the 1<sup>st</sup> edition, NCCH instruction allowed for the addition of a code for the plegia, resulting in the episode being assigned to the AR-DRG4s for non-acute paraplegia/quadruplegia AR-DRG4s (B60A or B60B). In the 2<sup>nd</sup> edition, because the code incorporates the plegia, there is no need to add an extra code and the case groups to an AR-DRG4 according to the principal diagnosis.

#### **14. Haemangioma of the liver - Reason 4**

Diagnosis D18.03 *Haemangioma of the liver* is listed under MDC 6 *Diseases and disorders of the digestive system* but is not listed under MDC 7 *Diseases and disorders of the hepatobiliary system and pancreas*. This causes episodes with this principal diagnosis and a hepatobiliary system procedure code (which they are more likely to have) to group to AR-DRG4s 901Z *Extensive OR procedure unrelated to the principal diagnosis* or 902Z *Non-extensive OR procedure unrelated to the principal diagnosis*.

#### **15. Insertion of implantable vascular infusion pump - Reason 4**

Episodes with a principal diagnosis listed under MDC 5 *Diseases and disorders of the circulatory system* with procedure 34527-01 *Insertion of implantable vascular infusion pump* group to AR-DRG4 901Z *Extensive OR procedure unrelated to the principal diagnosis*. Code 34527-01 is not listed under MDC 5.

#### **16. Chemotherapy cases with loading of implantable infusion device or pump - Reason 5**

Episodes with a principal diagnosis of Z51.1 *Chemotherapy session for neoplasm* with a procedure code of 13939-00 *Loading of implantable infusion device or pump* group to AR-DRG R04B *Other neoplastic disorders with other OR procedures w/o catastrophic or severe CC*. While code Z51.1 is listed under MDC 17 *Neoplastic disorders (haematological and solid neoplasms)*, 13939-00 is not. It appears the grouper should be assigning AR-DRG4s 901Z *Extensive OR procedure unrelated to the principal diagnosis* or 902Z *Non-extensive OR procedure unrelated to the principal diagnosis*.

#### **17. Family history of malignant neoplasm - Reason 6**

Diagnoses Z80.0 *Family history of malignant neoplasm of digestive organs* and Z80.8 *Family history of malignant neoplasm of other organs or systems* both group to AR-DRG4s Z40Z *Follow up after completed treatment with endoscopy* or Z62Z *Follow up after completed treatment without endoscopy*, while other history of malignant neoplasm codes Z80.1 - Z80.7 and Z80.9 group to AR-DRG4 Z64A *Other factors influencing health status age > 79* or Z64B *Other factors influencing health status age <80*.

#### **Notification to Commonwealth**

It is important that hospitals continue to notify the HDSS Help Desk of any mapping and/or grouping anomalies they identify. Anomalies will be assessed from a Victorian funding perspective and a decision taken on appropriate action. This will include notifying the Commonwealth so that they can be considered in the development of later versions of the grouper.

## 19.2 PRS/2 Edits

### 19.2.1 Edit 222

Edit 222 *Unqual Newborn, Adm Date Not Birth* has not been working as specified but has now been corrected. The edit will reject episodes where an Unqualified Newborn (Care Type) has a Date of Birth that is not the Date of Admission, or one day earlier than the Date of Admission. However, the edit had been accepting admissions *only* on the date of birth. The text in the *PRS/2 Manual 9<sup>th</sup> and 10<sup>th</sup> Editions* for Edit 222 is correct.

### 19.2.2 Edit Message Updates 2000-2001

Revisions to edit messages for 2000-2001 have previously been advised in the documents:

- *Specifications for Revisions to PRS/2 and the VAED, 1 July 2000 (Appendix B)*
- *ICD Coding Newsletter, June 2000*
- *ICD Coding Newsletter, August 2000*

Further revisions to PRS/2 edits are provided in this Bulletin. Many of these involve 'housekeeping' of the PRS/2 edits and will not require hospitals to take any action.

Following is a *summary* of each new/amended/deleted edit message for 2000-2001, to date, including those already notified. They are provided here for your information and ease of reference.

Refer to the 'Editing' section of the *PRS/2 Manual, 10<sup>th</sup> Edition* (Section 8) for detailed information regarding each edit, when required. As stated in Bulletin 16, this document is available from the HDSS web page at:

[www.dhs.vic.gov.au/ahs/hdss/vaed.htm](http://www.dhs.vic.gov.au/ahs/hdss/vaed.htm)

<b>Edit Numbers, Long Descriptors and Effect</b>	<b>Edit Message Revisions - Summary</b>
<p><b>004</b> <i>Unknown Record Type</i> Rejection</p>	<p>Amendment – To accommodate new Transaction Type values. <i>[Specifications for Revisions to PRS/2 and the VAED, 1 July 2000 (Appendix B)]</i></p>
<p><b>073</b> <i>Age over 9 days but Criterion for Admission is for newborn</i> Rejection</p>	<p>Deletion – Duplicate edit. This business rule is covered by edit 217 <i>Admission Criteria is Newborn but Age is more than 9 days.</i></p>
<p><b>094</b> <i>Invalid combination of Account Class, Accommodation Type, Care Type and Medicare Suffix.</i> Rejection</p>	<p>Amendment - To enable the Medicare Suffix P-N Prisoner to be reported with any private Account Class.</p>
<p><b>127</b> <i>Nil Value DRG</i> Rejection</p>	<p>Amendment – From AN-DRG 3.1 to AR-DRG 4.1 groupings. The edit has also been extended to reject DRGs 961Z <i>Unacceptable Principal Diagnosis</i> and 962Z <i>Unacceptable Obstetric Diagnosis Combination</i> (already rejected 960Z <i>Ungroupable</i>).</p>
<p><b>159</b> <i>Diagnosis Code is prefixed by S</i> Rejection</p>	<p>Deletion – Duplicate edit. This business rule is covered by edits 231 <i>Principal Diagnosis is not prefixed by P</i> and 351 <i>Illegal code format (Diagnosis or Procedure)</i>.</p>
<p><b>160</b> <i>DRG Grouper Status Code is not zero</i> Warning</p>	<p>Amendment - From AN-DRG 3.1 to AR-DRG 4.1 grouper status (warning) codes.</p>
<p><b>177</b> <i>V2 Unique Key/Patient Identifier not a match with E2 or existing V2.</i> Rejection</p>	<p>Deletion - To facilitate the change to new Patient Identifier justification rules.</p>
<p><b>186</b> <i>Neonate MDC but age more than or equal to 28 days.</i> Warning</p>	<p>Amendment - From AN-DRG 3.1 to AR-DRG 4.1 groupings.</p>
<p><b>187</b> <i>Newborn Admission Weight is too low.</i> Rejection</p>	<p>Amendment – To lower limit - 125grams. This is the second time the lower limit of this edit has been revised this year, following advice from hospitals of still smaller babies being born alive. <i>[Special Edition ICD Coding Newsletter, June 2000, and ICD Coding Newsletter, August 2000.]</i></p>

<b>Edit Numbers, Long Descriptors and Effect</b>	<b>Edit Message Revisions - Summary</b>
<p><b>232</b> <i>Possible coding or sequencing problem</i> Warning</p>	<p>Amendment – From AN-DRG 3.1 to AR-DRG 4.1 groupings. <i>[Specifications for Revisions to PRS/2 and the VAED, 1 July 2000 (Appendix B)]</i></p>
<p><b>248</b> <i>Subacute Record's Patient Identifier or Unique Key is not same as in Episode Record or existing Subacute Record</i> Warning</p>	<p>Amendment – Converted to a warning edit to facilitate the change to new Patient Identifier justification rules.</p>
<p><b>256</b> <i>Care Type is Rehabilitation but Onset Date is later than Admission Date</i> Rejection</p>	<p>Deletion – Duplicate edit. This business rule is covered by edit 255 <i>Care Type is Rehabilitation but invalid Onset Date</i>.</p>
<p><b>320</b> <i>Mechanical Ventilation is more than 24 hours but no Mechanical Ventilation Procedure Code</i> Warning</p>	<p>Amendment – To accommodate revised ACS 1006. A code for Mechanical Ventilation (MV) can now be assigned when MV is under 24 hours in duration, when appropriate. <i>[ICD Coding Newsletter, August 2000]</i></p>
<p><b>326</b> <i>Admission Weight is greater than 9000 grams</i> Rejection</p>	<p>Deletion – Edit obsolete. The AR-DRG 4.1 Grouper upper limit for Admission Weight is 9999. As the PRS/2 Admission Weight field is only four characters in length, it cannot accept a value larger than 9999.  If your hospital system has a field length for this item of more than four characters, maintain this edit in-house.</p>
<p><b>329</b> <i>Admission Type is Geriatric Respite with invalid combination of codes in various fields</i> Rejection</p>	<p>Amendment – Overlapping edits. Edit 329 has been amended to check only what edit 230 <i>Admission Type is Geriatric Respite but Principal Diagnosis is incompatible</i>, does not.</p>
<p><b>334</b> <i>Hospital Generated DRG is not same as PRS2 Generated DRG</i> Warning</p>	<p>Amendment - To provide a warning only where there is no match on AR-DRG or Vic AR-DRG. For 1999-2000 this edit resulted when there was a Vic DRG match.</p>
<p><b>335</b> <i>Invalid Reason for Critical Care Transfer</i> Rejection</p>	<p>Amendment – To accommodate new Reason for Critical Care Transfer values. <i>[Specifications for Revisions to PRS/2 and the VAED, 1 July 2000 (Appendix B)]</i></p>

<b>Edit Numbers, Long Descriptors and Effect</b>	<b>Edit Message Revisions - Summary</b>
<b>336</b> <i>Invalid combination for Critical Care Transfer</i> Rejection	Amendment – To accommodate new Reason for Critical Care Transfer values. <i>[Specifications for Revisions to PRS/2 and the VAED, 1 July 2000 (Appendix B)]</i>
<b>337</b> <i>Critical Care Transfer with no Duration of Stay in ICU/CCU</i> Warning	New – To accommodate new Reason for Critical Care Transfer values. <i>[Specifications for Revisions to PRS/2 and the VAED, 1 July 2000 (Appendix B)]</i>
<b>342</b> <i>Country of Birth code out of date</i> Rejection	Deletion - Obsolete edit. This edit rejected episodes where the COB was 2220, 2232, 2502, or 9206. These codes have been removed from the COB reference file and receive edit 036 <i>Invalid Country of Birth Code</i> , if reported.
<b>343</b> <i>Invalid substitute procedure (XXXX)</i> Rejection	Deletion – Obsolete edit. This business rule is covered by edit 352 <i>Diagnosis or Procedure code is not found on Code File</i> .
<b>345</b> <i>Invalid combination for Reason for Critical Care Transfer</i> Rejection	Deletion – Obsolete. Refer to edits 335 <i>Invalid Reason for Critical Care Transfer</i> , 336 <i>Invalid combination for Critical Care Transfer</i> and 337 <i>Critical Care Transfer with no Duration of Stay in ICU/CCU</i> . <i>[Specifications for Revisions to PRS/2 and the VAED, 1 July 2000 (Appendix B)]</i>
<b>355</b> <i>Invalid Principal Diagnosis</i> Rejection	Amendment – From AN-DRG 3.1 to AR-DRG 4.1 groupings.
<b>357</b> <i>Do not code Mechanical Ventilation for under 24 hours</i> Warning	Deletion - To accommodate revised ACS 1006. A code for Mechanical Ventilation (MV) can now be assigned when MV is under 24 hours in duration, when appropriate. <i>[ICD Coding Newsletter, August 2000]</i>
<b>363</b> <i>External Cause needs Place of Occurrence code</i> Rejection	New – Addition to the 2000-2001 Library File.
<b>364</b> <i>External Cause needs Activity Code</i> Rejection	New – Addition to the 2000-2001 Library File.

<b>Edit Numbers, Long Descriptors and Effect</b>	<b>Edit Message Revisions - Summary</b>
<b>365</b> <i>External Cause needs Place and Occurrence and Activity Code</i> Rejection	New – Addition to the 2000-2001 Library File.
<b>390</b> <i>Invalid Carer Availability</i> Rejection	Amendment – New reporting arrangements. These data are now collected only for Care Types 1, 2, 6, 7, 8 and 9. <i>[Specifications for Revisions to PRS/2 and the VAED, 1 July 2000 (Appendix B)]</i>
<b>406</b> <i>Care Type is Rehabilitation but DRG is not Rehabilitation</i> Warning	Amendment – From AN-DRG 3.1 to AR-DRG 4.1 groupings. <i>[Specifications for Revisions to PRS/2 and the VAED, 1 July 2000 (Appendix B)]</i>
<b>426</b> <i>Y2 is not accompanied by X2</i> Rejection	New – New Transaction Record. <i>[Specifications for Revisions to PRS/2 and the VAED, 1 July 2000 (Appendix B)]</i>
<b>427</b> <i>Transaction Type invalid in combination with Separation Date</i> Rejection	New – Remaining-in arrangements. <i>[Specifications for Revisions to PRS/2 and the VAED, 1 July 2000 (Appendix B)]</i>
<b>428</b> <i>X2 Update not accompanied by Y2 update</i> Warning	New – New Transaction Record.

### 19.3 Hospital Code Table Update

To facilitate accurate reporting to the VAED, via PRS/2, please make the changes listed below to your reference tables:

<b>Private Hospital Sites of Seedat Endoscopy Services</b>	<b>Former Campus Code</b>	<b>New Campus Code</b>
St Albans Endoscopy Centre	7170	7171
Thomastown Endoscopy Centre	8310	7172
Seedat Endoscopy Service, Melton	8010	7173

Codes from the Hospital Code Table are reported in the PRS/2 fields listed below. For more information refer to the page references as listed from the *PRS/2 Manual, 9<sup>th</sup> Edition*.

- Hospital Code (B-6)
- Site Identifier (B-16)
- Contract/Spoke Identifier (B-85)
- Transfer Source (B-31)
- Transfer Destination (B-55)

## 19.4 ICD-10-AM Library File Update

If you download now or if you have already downloaded (either Excel or ASCII version), you are advised that the file requires certain corrections (see below). If your hospital/clients are likely to use any of the following codes, you should make the corrections:

Code	Code Title	Change	Specification	Notified
Z35.5	Supervision of elderly primigravida	first age range	From 00 to 10 To 20 to 55	August 2000
13882-00	Management of continuous ventilatory support, < or =24 hours [568]	code edit	Delete 4	August 2000
90179-02	Nasopharyngeal intubation	1 <sup>st</sup> edition map	Change to: 92035-00	September 2000
90179-05	Management of nasopharyngeal intubation	1 <sup>st</sup> edition map	Change to: 92035-00	September 2000
S11.88	Open wound of other parts of neck	code edit	From 3 To 1	October 2000
48409-04	Osteotomy of ulna with internal fixation	short title	From Osteotomy of radius with internal To Osteotomy of ulna with internal fixation	October 2000

## 19.5 Admitted Patient and Entry System (APET)

The APET 2000 software and User Manual incorporating the 1 July 2000 Victorian Admitted Episodes Dataset (VAED) changes are now available. Queries regarding APET or requests for the software and User Manual, may be directed to Leanne Daking on 9616 8022.

## 19.6 Fees for Compensable Non-admitted patients 2000-2001

Please note that the following services that appeared in the *Fees for Compensable Non-admitted patients 2000-2001* table (Item 16.4) in *HDSS Bulletin 16*, 25 September 2000, incurred a formatting problem, causing the 'Session', 'Item Number' and 'Fee for Service (\$)' to be mismatched. The affected rows appear in bold below. Please note that the *Fees for Compensable Non-admitted patients 2000-2001* that appear at: [www.dhs.vic.gov.au/ahs/feesman](http://www.dhs.vic.gov.au/ahs/feesman), are formatted correctly.

<b>Service Provided</b>	<b>Session</b>	<b>Item Number</b>	<b>Fee for Service (\$)</b>	
Occupational Therapy	<b>Worksite / Home Inspection (15min)</b>	<b>PUB67A</b>	<b>15.85●◆</b>	
	<b>Worksite / Home Inspection (30min)</b>	<b>PUB67B</b>	<b>31.70●◆</b>	
	<b>Worksite / Home Inspection (45min)</b>	<b>PUB67C</b>	<b>47.75●◆</b>	
	<b>Worksite / Home Inspection (60min)</b>	<b>PUB67D</b>	<b>63.40●◆</b>	
	Individual (15min)	PUB20A	14.40	
	Individual (30min)	PUB20B	28.80	
	Individual (45min)	PUB20C	43.20	
	Individual (60min)	PUB20D	57.60	
	Group (15min)	PUB19A	8.65	
	Group (30min)	PUB19B	17.30	
	Group (45min)	PUB19C	25.95	
	Group (60min)	PUB19D	34.55	
	Physiotherapy	Individual (15min)	PUB13A	14.40
		Individual (30min)	PUB13B	28.80
Individual (45min)		PUB13C	43.20	
Individual (60min)		PUB13D	57.60	
Group (15min)		PUB14A	8.65	
Group (30min)		PUB14B	17.30	
Group (45min)		PUB14C	25.95	
Group (60min)		PUB14D	34.55	
<b>Worksite / Home Inspection (15min)</b>		<b>PUB66A</b>	<b>15.85●◆</b>	
<b>Worksite / Home Inspection (30min)</b>		<b>PUB66B</b>	<b>31.70●◆</b>	
<b>Worksite / Home Inspection (45min)</b>		<b>PUB66C</b>	<b>47.55●◆</b>	
<b>Worksite / Home Inspection (60min)</b>		<b>PUB66D</b>	<b>63.40●◆</b>	

# Elective Surgery Information System (ESIS)

## 19.7 Changes to the ESIS User Manual, Version 3.0, 1 July 2000

### 19.7.1 Section 6 - Editing

To allow for the correct reporting of *Hospital initiated postponements* (where the *Scheduled admission date* is allocated following a deletion), the following edit has been changed from a Type 1 (Rejection) to a Type 3 (Warning):

- S332 Booking number increased, Hospital initiated postponements unchanged.

Please amend page 6-75 of your manual.

## Victorian Emergency Minimum Dataset (VEMD)

Text to be added to the Version 5.0 VEMD User Manual has been Underlined.

### 19.8 VEMD User Manual, Version 5.0, 1 July 2000

#### 19.8.1 Section 5 – Editing

Please make the following modification to Section 5-93 of the VEMD V5.0 Manual:

##### E287 Nature of Main Injury and Body Region Combination Invalid

*Effect* REJECTION

*Problem*

- Nature of Main Injury = 1-12, 21, 23-24, or 26, but Body Region does not = 1-21; **OR**
- Nature of Main Injury = 13, 15-20 or 25, but Body Region does not =22; **OR**
- Nature of Main Injury = 22, but Body Region does not =1-22; **OR**
- Nature of Main Injury = 14-Foreign Body, but Body Region does not = F1-F7

See: Section 2-76: Nature of Main Injury; Section 2-17, Body Region.

*Remedy* Check the Nature of Main Injury and Body Region codes, correct as appropriate and resubmit the transaction.

### 19.9 VEMD Forum

The following documents are being distributed together:

- *Proposals for Revisions to the VEMD for 1.7.2001*
- Cover letter, feedback proforma for the proposals
- Agenda for the VEMD forum, scheduled for:
  - **Friday, 17<sup>th</sup> November 2000**
  - **10:00am - 1:00pm**
- Invitation to attend the VEMD forum, registration proforma

A representative of the proposing organisation will present their proposal at the VEMD forum. Queries and comments regarding the proposals must be received in writing at DHS by close of business, **Friday 10<sup>th</sup> November 2000** (fax: 9616 7535; e-mail: [sharnie.mcintyre@dhs.vic.gov.au](mailto:sharnie.mcintyre@dhs.vic.gov.au)), to enable the presenter to consider these beforehand.

## HDSS Contact Details

The Health Data Standards and Systems (HDSS) Unit of the Acute Health Division manages three Victorian hospital data collections:

- Victorian Admitted Episodes Dataset (VAED)
- Victorian Emergency Minimum Dataset (VEMD)
- Elective Surgery Information System (ESIS).

The *Health Data Standards and Systems Bulletin*, produced on an ad hoc basis by HDSS, provides:

- answers to common questions recently directed to the HDSS Help Desk,
- directives for implementation of revisions to data collection specifications (VAED, VEMD, ESIS), including notification of amendments to specified data collection reference tables,
- feedback on selected data quality studies undertaken, and
- information on upcoming events.

**HDSS Bulletin Web Site**                      [www.dhs.vic.gov.au/ahs/hdss/bulletin.htm](http://www.dhs.vic.gov.au/ahs/hdss/bulletin.htm)

### HDSS Help Desk

Telephone:            9616 8141

Fax:                    9616 7629

Email:                **VAED:**            PRS2.Help-Desk@dhs.vic.gov.au

**VEMD:**            submit.vemd@dhs.vic.gov.au

**ESIS:**             ESIS.ESIS@dhs.vic.gov.au

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