



Issue 23 —18 June 2001

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

The Health Data Standards and Systems Unit has produced Issue 23 of the Health Data Standards & Systems (HDSS) Bulletin in electronic format only. The Bulletin has been posted onto our website at www.dhs.vic.gov.au/ahs/hdss and can be viewed as both a browseable and downloadable file. Access our HDSS site at www.dhs.vic.gov.au/ahs/hdss/bulletin.htm for a downloadable file of Bulletin 23.

Individuals who have previously provided us with their email address will also receive an emailed copy of the Bulletin.

Bulletin 23 covers some contemporary topics including those relating specifically to the Victorian Admitted Episodes Dataset (VAED) and the Elective Surgery Information Systems (ESIS).

Please download the document from our web site, and read carefully. Distribute the Bulletin to relevant staff in your organisation and take any necessary action.

Yours faithfully,

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Victorian Admitted Episodes Dataset (VAED)

23.1 PRS/2 Testing Kit

The PRS/2 Testing Kit has been posted onto our HDSS website, under [What's New](#); at www.dhs.vic.gov.au/ahs/hdss and www.dhs.vic.gov.au/ahs/hdss/vaed.htm

This document contains information to assist in successful completion of the PRS/2 testing process. The 'Kit' includes useful information from the initial stage of testing preparation through to reconciliation and transmitting live to PRS/2.

23.2 Edits for Same Day Accommodation Type

Bulletin 20 (item 20.4 *Accommodation Type*) advised that Accommodation Type code 3 *Same Day* should be used only for patients in a designated Same Day Ward or designated Same Day bed (such a dialysis chair) and that, for other same day patients, the code should indicate the actual type of accommodation.

HDSS put in place arrangements to permit a revised range of combinations from 1.7.2001, but then recognised that the edit should have been changed immediately. The edit has now been adjusted to allow for combinations of Same Day Account Class and Accommodation Types other than same day.

HDSS apologises to hospitals inconvenienced by this problem.

23.3 Victorian Additions to Australian Coding Standards

Amendments have been made to the following 'Victorian Additions to the Australian Coding Standards', effective 1 July, 2001.

- Vic Prefix 1
- Vic 0229, Radiotherapy
- Vic 2104, Rehabilitation

A new 'Victorian Addition' has been introduced.

- Vic 2108, Assessment

The amended and new 'Victorian Additions' have been reproduced at the end of this bulletin. A complete set of 'Victorian Additions to the Australian Coding Standards' can be viewed at www.dhs.vic.gov.au/ahs/hdss/vicadd01.htm

23.4 Australian Coding Standard 2111

ACS 2111 *Screening for Specific Disorders* was originally published in Volume 5 of the ICD-10-AM, second edition, July 2000. It was then changed on instruction from NCCH in July 2000 (Coding Matters, Volume 7, Number 1), because the screening codes were listed as 'unacceptable principal diagnosis codes' in AR-DRG Version 4.1.

These codes (from categories Z11, Z12 and Z13) have been removed from the 'unacceptable principal diagnosis' list in AR-DRG Version 4.2.

NCCH has advised that where states are adopting Version 4.2 from July 2001, coders should revert to ACS 2111 as originally published in Volume 5.

The Department of Human Services supports this advice and instructs coders to revert to the original standard from 1 July, 2001.

23.5 Victorian WorkCover Authority (WorkCover) Fees and Invoice Processing for 2000/2001

(a) Admitted Patients

Department of Human Services has requested that Allegiance commence issuing statements for the new rates introduced from 1 October 2000. Hospitals should already have received statements for the first quarter with the old rates applied, as per HDSS Bulletin 21. Statements for the second and subsequent quarters will now be sent out to hospitals for all admitted patient separations submitted up to 18 June 2001. All statements thereafter will be issued automatically upon submission of data.

Unfortunately, the Department has been informed that the VWA systems will not be ready to pay for admitted patient separations until 30 June 2001. VWA has also informed the Department that accounts for second and subsequent quarters should not be sent in until the first quarter invoices have been processed/paid.

(b) Non-admitted patients

All non-admitted accounts can now be processed. For VWA patients treated from 1 October 2000 to 30 June 2001 inclusive, the rates to apply are identical to those previously issued for TAC and other compensable patients in HDSS Bulletin 20 (5 April 2001). The Fees manual on the DHS website has now been updated and contains the current rates.

Elective Surgery Information System (ESIS)

23.6 ESIS Data edits in SAS

2001-2002 ESIS Data edits are now available in SAS programming language.

These edits can be downloaded from the HDSS website at www.dhs.vic.gov.au/ahs/hdss/esis.htm under the heading: **2001-2002 Specifications for Revision.**

The following Victorian Additions to Australian Coding Standards have had minor modifications made to them, effective 1 July 2001:

- **Vic Prefix. 1**
- **Vic 0229, Radiotherapy**
- **Vic 2104, Rehabilitation**

The modifications are printed in bold.

Please ensure that these Victorian Additions replace those that were issued for July 2000.

All other Victorian Additions that were issued for July 2000 remain the same.

The following Victorian Addition to Australian Coding Standards is a new Victorian Addition, effective 1 July, 2001.

- **Vic 2108, Assessment**

Revisions are denoted as follows:

- Significantly revised Victorian Standards are enclosed in a dotted border.
- Additions to existing text are underlined, whilst deletions are ~~struck through~~.

Vic Prefix.1 Prefixes for Diagnoses

A diagnosis must meet the criteria specified in ACS 0001 *Principal diagnosis*, page 2 or ACS 0002 *Additional diagnoses*, page 5 in order to be coded. The following instructions advise on the assignment of the prefix of a condition that should be coded.

Codes do not have to be listed in groups according to the prefix assigned. With the exception of the principal diagnosis, which must always be sequenced first, all codes can be listed in any order regardless of whether the prefix is 'P', 'A', or 'C'.

P - Primary Diagnosis

Primary diagnoses are those for which the patient received treatment or investigation during this episode of care. There can be more than one code prefixed P.

The first diagnosis code must be prefixed P and meet the definition for Principal Diagnosis (ACS 0001 *Principal diagnosis*, page 2).

Other diagnosis codes should be prefixed P if they do not meet the definition for A or C but:

- were other main conditions treated and/or investigated during the episode of care, or
- were the outcome of another P diagnosis code, or
- affected the treatment given and/or length of stay for the episode of care.

A - Associated Condition

An associated condition may be:

- the underlying disease (not treated) of a condition which was treated:

Example

A patient with metastatic carcinoma, being treated only for the secondary spread during this episode of care: prefix the primary neoplasm code with A.

- a condition or state which influenced the patient’s health status or care during this episode of care, but which was not specifically treated:

Example

An autistic child who was admitted for dental treatment (rather than being treated as a non-admitted patient): prefix the autism code with A.

or,

- a condition or state which affected the treatment given and/or length of stay but which was not treated during this episode of care:

Example

A patient with a pacemaker, admitted for a valve replacement: prefix the pacemaker status code with A.

- conditions as defined in instructions ‘use additional code...’ in ICD-10-AM, if these conditions were present but not treated or investigated during this episode of care.

Primary and associated diagnoses are conditions present at time of admission (or when the episode of care commenced), or are a direct consequence of a condition present at admission, even if not diagnosed prior to this episode of care.

A secondary function of the A prefix is to suppress the code description for TAC and WorkCover certificates, generated by PRS/2.

Refer also to ACS 0002 *Additional Diagnoses*, page 5.

C - Complication

A complication is a condition that was not present at the time this episode of care commenced. A complication may be:

- a condition resulting from misadventure during surgical or medical care,
- an abnormal reaction to, or later complication of, surgical or medical care, or
- a condition which arose during this episode of care (that is, the condition was not present at the start of this episode of care).

Example

A medical patient admitted for treatment of ischaemic heart disease, who develops a UTI during the hospital stay.

A previously existing condition that was not diagnosed until after the episode of care started is not a complication.

M - Morphology

Prefix morphology codes with an M (to distinguish them from musculoskeletal codes). The M prefix is optional for data entry but must be applied to morphology codes for transmission to PRS/2. Refer to the *PRS/2 Manual* for further information.

Effective July 1 2001

Vic 0229 Radiotherapy

Multi-day admissions (i.e. patients separated on a subsequent date to the admission date), receiving a radiation oncology procedure from blocks [1786] to [1792], [1794] or [1795], **for treatment of a malignant condition**, must have **Z51.0 Radiotherapy session** assigned as an additional diagnosis.

This Victorian Addition *overrides* the 'multi-day' component of ACS 0229 *Radiotherapy*, page 69.

Effective July 1 2001

Vic 2104 **Rehabilitation**

In rehabilitation episodes following injury, do not assign external cause codes for the injury receiving rehabilitation.

If a patient is admitted '**for rehabilitation**' (even if the patient is in a bed other than a designated Rehabilitation bed or if the hospital does not have a designated Rehabilitation program), standard 2104 applies.

If a patient is admitted for **treatment** of a condition but also receives rehabilitation before discharge (regardless of bed or designation), the principal diagnosis must be the condition and the rehabilitation should be indicated by the appropriate allied health procedure codes (Z50.- should not be added). Such episodes will be normally be acute Care Type.

This Victorian Addition *supplements* ACS 2104 *Rehabilitation*, page 247.

Effective July 1 2001

Vic 2108 **Assessment**

If a patient is admitted specifically for **evaluation and management** by a geriatrician (even if the patient is in a bed other than a designated GEM program), the principal diagnosis must be the condition (or the major condition) that requires evaluation and management. *If some rehabilitation is started during the evaluation and management episode, assign the appropriate Z50.- code as an additional diagnosis.* Allied health procedure codes should also be added.

If a patient is admitted for **evaluation** of a condition (even if the hospital does not have a designated GEM program), the principal diagnosis must be the condition (or the major condition) that requires evaluation. *If some rehabilitation is started during evaluation episode, assign the appropriate Z50.- code as an additional diagnosis.* Allied health procedure codes should also be added.

This Victorian Addition *supplements* ACS 2108 *Assessment*, page 250.

Effective 1 July 2001

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

HDSS Help Desk

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

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