



**Issue 42 – 15 July 2002**

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

The Health Data Standards and Systems Unit has produced Issue 42 of the Health Data Standards & Systems (HDSS) Bulletin in electronic format only. The Bulletin has been posted onto our website at <http://hdss.health.vic.gov.au/bulletin/42-15702.htm> and can be viewed as both a browseable and downloadable file. To view the subject index for every edition of the bulletin, please refer to <http://hdss.health.vic.gov.au/bulletin/index.htm>.

Bulletin 42 provides information regarding:

- Medicare Cards
- VAED, VEMD and ESIS Edits
- Compilation of VEMD and ESIS data
- Private Patients Admitted to Hospital In The Home
- Program Funding Source: Sub-Acute Program Output Program Group
- Adjustment to edit 440
- ICD-10-AM Library File Addition
- TAC DRG Statements
- PRS/2 Training Sessions
- Principal Prescribed Procedures

Please download the document from our web site. If you do not have Internet access, please contact the HDSS Help Desk to obtain a hard copy of this Bulletin. It is essential that this document be distributed to relevant staff in your organisation.

Yours faithfully,

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METROPOLITAN HEALTH AND AGED CARE SERVICES DIVISION

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# Global Update

## 42.1 Medicare Cards

HDSS Bulletin 33 discussed patients treated under Reciprocal Health Care Agreements (RHCA) who are issued Interim Medicare Cards. PRS/2 edits regarding Medicare Suffix in combination with Account Class have been amended from 1 July 2002, as outlined in the *Specification for Revisions to PRS/2 and the VAED for 1 July 2002*.

The following information has been provided by Medicare. There are currently three types of Medicare card:

- Green: Australian residents
- Blue (Interim card): holders are legally eligible and entitled to all health services with no restrictions
- Light yellow-green (a lighter version of the green card)(RHCA card): Holders are visitors to Australia only, and are entitled to urgent medical treatment only. Not all persons entitled to care under RHCA will hold a RHCA card

Therefore:

- Patients with blue Medicare cards should not be recorded as RHCA patients. They should be recorded as Public patients, unless another Account Class applies (for example, TAC, WorkCover)
- All patients (regardless of type of Medicare Card) are eligible for non-admitted treatment in emergency departments
- Only patients with green and blue Medicare cards are eligible for free elective treatment in public hospitals
- All patients (regardless of type of Medicare Card) are eligible for admission for emergency treatment (including transfers)

## 42.2 VAED, VEMD and ESIS Edits

When hospitals attract a rejection edit in VAED, VEMD or ESIS, these all require investigation and correction. Hospitals are reminded that if, upon investigation, the data is correct, but is still attracting a rejection edit, hospitals should contact HDSS, via the contact details listed at the end of this Bulletin. This enables HDSS staff to either:

- Clarify the edit, and the appropriate action that needs to be taken for the error to be fixed, or
- Arrange for the edit to be changed/fixed, to allow the appropriate data to be submitted. This may occur through:
  - Changing the edit from a 'rejection' to a 'warning'.
  - Changing the criteria of the edit. For example, edit 188 *Admission Weight Too High* has just been amended to allow an admission weight of 7000 grams (where the age has been calculated as less than 28 days), after a hospital confirmed that they had a baby with a birth weight of 6825 grams.
  - Changing the programming of an edit. For example, in the past there have been some edits specified as only being applicable to public hospitals, that have been mistakenly programmed as being applicable to all hospitals.

HDSS prefer to change/fix edits on an ad hoc basis to allow hospitals to report what actually happened, rather than report incorrect data in order to pass edits. Any major changes to edits will be notified to hospitals through HDSS Bulletins. Other changes will be reflected in the subsequent User Manual for the collection(s) to which the edit applies.

### **42.3 Compilation and submission of VEMD and ESIS data: Using Microsoft Excel and Other Third-Party Data Manipulation Tools.**

DHS discourages the use of third-party data manipulation software or text editors in the preparation of extracts for submission because:

- It is expected that hospitals and software vendors have a contractual arrangement that obliges the vendor to provide software to hospitals that allows them to meet their statutory reporting requirements. This means that the vendor's software should be capable of producing an error-free extract in the format required by DHS. It is realistic to acknowledge that any software will inevitably allow 'Rejection' errors to occur from time to time. It is however, expected that software vendors and hospitals will work together to ensure that where these errors arise, they can and do get corrected via the hospital's relevant operational database, thus obviating the need for secondary data processing.
- A major source of errors and corruption of extract data appears to be occurring because of the use of third party software such as Excel.
- 'Correcting' errors in the extract, but not in the hospital's operational database can lead to a misrepresentation of the hospital's true position.
- HDSS staff can waste considerable time reformatting incorrectly formatted data (for instance changing tab-delimiting to comma-delimiting).

It is recognised that hospitals will periodically encounter situations where a vendor does not deliver a product that allows the hospital to meet its reporting obligations. In these situations the use of text editors or third party data manipulation software may be appropriate provided the hospital:

- Notifies DHS (via the HDSS help desk) of the specific problem, including the affected fields.
- Outlines the hospital's and vendor's plans to rectify the situation.
- Indicates a timeframe for the resolution of the situation.

## Victorian Admitted Episodes Dataset (VAED)

### 42.4 Private patients Admitted to Hospital In The Home

Further to HDSS Bulletin 40.5, reproduced below is the updated Account Class, Accommodation Type and Program Funding Source table, which will appear in the Victorian Admitted Episodes Dataset (VAED) 11th Edition.

Account Class	Accommodation Type	Program Funding Source	
		PRS/2 code	Output Group
M- Public	4 Hospital in the Home	6 Acute Health	111
P- Private	4 Hospital in the Home	6 Acute Health	111
V- DVA	4 Hospital in the Home	6 Acute Health	111
		8 Aged Care	113
T- TAC	4 Hospital in the Home	6 Acute Health	111
W- Work Cover	4 Hospital in the Home	6 Acute Health	111

### 42.5 Program Funding Source: Sub-Acute Program Output Program Group

In the *Specification for Revisions to PRS/2 and the VAED for 1 July 2002*, a new Program Funding Source of 9 (Sub-Acute Program Output Group) was included, although no instructions have been provided as to which patients should attract this Program Funding Source. Program Funding Source 8 (Aged Care Program Output Group) was still listed as a valid code even though it was redundant.

Program Funding Source 9 is applicable for the following Care Types: 1, 2, 5, 6, 7, 8, or 9. (Program Funding Source 8 will also be accepted against these Care Types). Reproduced on the next page is the updated Program Funding Source, Care Type and Mental Health Legal Status table, which will appear in the Victorian Admitted Episodes Dataset (VAED) 11<sup>th</sup> Edition.

This advice applies to public hospitals only; private hospitals and day procedure centers are to continue to report blank in the Program Funding Source field.

## *Program Funding Source, Care Type and Mental Health Legal Status*

If an episode has the combination of Program Funding Source and Care Type codes in the left-hand columns, then the Mental Health Legal Status must have code in the right-hand column. Note the different requirements for public and private hospitals.

Program Funding Source		Care Type	Mental Health Legal Status
Output Group	PRS/2 Code		
<b>Public Hospitals</b>			
116	1	0	9 Not Applicable
114	2	4	9 Not Applicable
118	3	4	9 Not Applicable
111	6	1	9 Not Applicable
		2,6,7	9 Not Applicable
		3	9 Not Applicable
		4	9 Not Applicable
		8	9 Not Applicable
		9	9 Not Applicable
		E,F	9 Not Applicable
		U	9 Not Applicable
115	7	1	9 Not Applicable
		5	1 Involuntary for all/part of this episode 2 Not involuntary for any part of this episode
113	9 (or 8)	1	9 Not Applicable
		2,6,7	9 Not Applicable
		5	9 Not Applicable
		8	9 Not Applicable
		9	9 Not Applicable
<b>Private Hospitals</b>			
NA	Blank	1,2,4,5,6,7,8,9,0	9 Not Applicable

## 42.6 Adjustment to edit 440

Feedback from HDSS Bulletin 39 has resulted in changes to Edit 440 as displayed below, to allow for circumstances where a non-neonate receives NIV in a NICU or SCN.

### **440** *NIV Duration without NIV Procedure Code*

**Effect** REJECTION

**Problem** The E2 Episode Record's:

- Accommodation Type is not C and the Duration of NIV is greater than or equal to 24, or
- Accommodation Type is C and the Duration NIV is greater than 0, and this X2 record does not contain an ICD-10-AM procedure code indicating:
  - CPAP 92038-00 [568]
  - Bi-level Positive Airway Pressure (BiPAP) 92039-00 [568]
  - Intermittent Positive Pressure Breathing (IPPB) 92040-00 [568]
  - Intermittent Mandatory Ventilation (IMV) 92039-00 [568]

**Remedy**

Determine if the patient underwent NIV.

- If no, delete the value in *Duration of NIV* and re-transmit the X2/Y2.
- If yes, regardless of where this was delivered in this hospital, enter the appropriate ICD-10-AM procedure code and re-transmit the X2/Y2.
- If delivered *outside* a NICU or SCN or ICU, also delete the value in *Duration of NIV* and re-transmit the X2/Y2.

## 42.7 ICD-10-AM Library File Addition

ICD-10-AM code D76.0 – ‘Langerhan’s cell histiocytosis, not elsewhere classified’ is now classified in ICD-O Third Edition as a neoplasm - an additional assignment of a morphology code is therefore required.

An addition has been made to the ICD-10-AM Library File edit section to produce a warning if code D76.0 – ‘Langerhan’s cell histiocytosis, not elsewhere classified’ is assigned without the required morphology code.

Additional code requirement:

3 = Warning – cancer site code – requires a morphology code to follow.

ICD-10-AM Code	Code Description	Change	Specification
D76.0	Langerhan’s cell histiocytosis, not elsewhere classified	Add edit	3

If you have already downloaded the Library File, you are advised that the file requires the above addition. The current Library File on the HDSS website has been amended to include this new edit and is available for downloading at:

<http://hdss.health.vic.gov.au/reffiles.index.htm>

## 42.8 TAC DRG Statements

As of the new financial year DHS will provide electronic data to TAC in a similar manner to DVA Data. The implementation of this system means that hospitals will no longer receive DRG Statements for TAC patients (for patients separated from 1st July onwards).

## 42.9 PRS/2 Training Sessions

The dates for the advertised training sessions are:

- Friday August 23, 2002, Elsie Jones Education Centre, Goulburn Valley Health, Shepparton
- Tuesday August 27, DHS, 12th Floor Conference Room B, 555 Collins Street
- Wednesday August 28, 2002, DHS, 12th Floor Conference Room B, 555 Collins Street
- Friday September 13, 2002, DHS, 12th Floor Conference Room B, 555 Collins Street (for testing sites only)

People who have already expressed interest will be contacted by HDSS to determine which session they would like to attend. Anyone who wishes to attend, but has not yet expressed an interest, should contact the HDSS as soon as possible.

# Elective Surgery Information System (ESIS)

## 42.10 Principal Prescribed Procedures

The following is a list of procedures that can be repeated for the same patient. That is, a patient can be on the waiting list for these procedures more than once without a warning or rejection occurring.

- 10 Other cardio-thoracic surgery
- 30 Other ENT surgery
- 34 Release of carpal tunnel
- 35 Ligation and stripping of varicose veins of legs
- 50 Other general surgery
- 70 Other gynaecological surgery
- 90 Other neurosurgery
- 91 Repair of cataract
- 94 Procedures on lacrimal system
- 99 Repair of blepharoptosis
- 100 Insertion of prosthetic lens
- 110 Other ophthalmic surgery
- 112 Excision of meniscus of knee
- 113 Total hip replacement
- 114 Total knee replacement
- 115 Excision/ repair of bunion and other toe deformities
- 117 Repair procedures on shoulder and elbow
- 130 Other orthopaedic surgery
- 133 Release of Dupuytren's contracture
- 160 Other plastic surgery
- 170 Cystoscopy
- 180 Other urological surgery
- 190 Other vascular surgery
- 213 Skin graft
- 214 Scar revision
- 218 Insertion or removal of tissue expander
- 223 Partial hip replacement
- 224 Partial knee replacement

If you consider there to be other procedure codes that are appropriate for multiple waiting list records, please contact the HDSS Help Desk. This information will be incorporated in the next edition of the ESIS User Manual.

## HDSS Bulletin by Dataset

This table of previously released HDSS Bulletins identifies the dataset to which they relate.

Previous Bulletins are on the website at <http://hdss.health.vic.gov.au/bulletin/index.htm>.

If you are unable to access the website, please contact the HDSS HelpDesk to request any previously released HDSS Bulletins.

HDSS Bulletin No:	Date released:	Dataset:			
		VAED / PRS/2	VEMD	ESIS	Other info
Bulletin 1	01 July 1999	✓	✓	✓	
Bulletin 2	15 July 1999	✓			
Bulletin 3	02 August 1999	✓	✓	✓	
Bulletin 4	09 September 1999		✓	✓	
Bulletin 5	08 October 1999	✓	✓	✓	
Bulletin 6	13 October 1999	✓			
Bulletin 7	09 November 1999	✓	✓		✓
Bulletin 8	24 December 1999	✓	✓	✓	✓
Bulletin 9	10 March 2000	✓	✓		✓
Bulletin 10	26 April 2000	✓			
Bulletin 11	16 May 2000	✓			
Bulletin 12	28 June 2000	✓	✓		
Bulletin 13	19 July 2000	✓			
Bulletin 14	20 July 2000	✓			
Bulletin 15	08 August 2000	✓	✓		✓
Bulletin 16	25 September 2000	✓	✓		
Bulletin 17	29 September 2000			✓	
Bulletin 18	18 October 2000			✓	
Bulletin 19	27 October 2000	✓	✓	✓	
Bulletin 20	05 April 2001	✓		✓	✓
Bulletin 21	27 April 2001	✓			✓
Bulletin 22	22 May 2001	✓		✓	
Bulletin 23	18 June 2001	✓		✓	
Bulletin 24	30 July 2001	✓	✓	✓	✓
Bulletin 25	03 September 2001		✓		
Bulletin 26	05 September 2001	✓			✓
Bulletin 27	07 September 2001	✓			
Bulletin 28	14 September 2001			✓	
Bulletin 29	01 November 2001	✓	✓		
Bulletin 30	09 January 2002	✓			✓

HDSS Bulletin No:	Date released:	Dataset:			
		VAED / PRS/2	VEMD	ESIS	Other info
Bulletin 31	18 February 2002	✓	✓	✓	
Bulletin 32	14 March 2002	✓	✓	✓	✓
Bulletin 33	03 April 2002	✓	✓	✓	✓
Bulletin 34	19 April 2002	✓			
Bulletin 35	26 April 2002	✓			
Bulletin 36	22 May 2002	✓			
Bulletin 37	28 May 2002	✓	✓	✓	✓
Bulletin 38	21 June 2002	✓	✓	✓	✓
Bulletin 39	26 June 2002	✓			✓
Bulletin 40	28 June 2002	✓			
Bulletin 41	4 July 2002	✓	✓		✓
Bulletin 42	15 July 2002	✓	✓	✓	✓

## HDSS Contact Details

The Health Data Standards and Systems (HDSS) Unit of the Metropolitan Health and Aged Care 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 HelpDesk,
- 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      <http://hdss.health.vic.gov.au/bulletin/index.htm>

### HDSS HelpDesk

Telephone:                    03 9616 8141

Fax:                             03 9616 7629

Email:                         VAED:      [PRS2.Help-Desk@dhs.vic.gov.au](mailto:PRS2.Help-Desk@dhs.vic.gov.au)

                                      VEMD:      [submit.vemd@dhs.vic.gov.au](mailto:submit.vemd@dhs.vic.gov.au)

                                      ESIS:       [ESIS.ESIS@dhs.vic.gov.au](mailto:ESIS.ESIS@dhs.vic.gov.au)