

# Bulletin

## Health Data Standards and Systems

**Issue 69: 13 July 2004**

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

Issue 69 of the Health Data Standards & Systems (HDSS) Bulletin has been published in electronic format only. It has been posted onto our website at <http://www.health.vic.gov.au/hdss/bulletin/69-130704.pdf> and can be viewed as a downloadable file. To view the subject index for every edition of the bulletin, please refer to: <http://www.health.vic.gov.au/hdss/bulletin/index.htm>

Bulletin 69 provides information regarding:

- Hospital Code Tables Updates
- Hospital Circulars
- 2003-04 Final Consolidation: VAED, VEMD and ESIS
- PRS/2 Submissions
- Amendments to VAED Specifications
- Further Information: Criteria for Admission
- 2004-05: AR-DRG version, ICD-10-AM edition and Victorian Additions to the ACS
- ICD-10-AM Library File: 3<sup>rd</sup> and 4<sup>th</sup> edition modifications and sex edits 450 and 451

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,

VAUGHN MOORE  
ACTING MANAGER, HEALTH DATA STANDARDS AND SYSTEMS  
METROPOLITAN HEALTH AND AGED CARE SERVICES DIVISION

# Table of Contents

<b>Table of Contents</b>	<b>2</b>
<b>Global Update</b>	<b>3</b>
69.1 Hospital Code Table Updates (VAED, VEMD, ESIS)	3
69.2 Hospital Circular: ECT	4
69.3 Hospital Circulars: Other	4
69.4 2003-04 Final Consolidation: VAED, VEMD and ESIS	4
69.5 HDSS Policy on Data Manipulation	5
<b>Victorian Admitted Episodes Dataset (VAED)</b>	<b>6</b>
69.6 2004-05 PRS/2 Submissions	6
69.7 2004-05: AR-DRG Groupers Version	6
69.8 2004-05: ICD-10-AM Fourth edition	6
69.9 Victorian Additions to the Australian Coding Standards	7
69.10 Updated Calendar of ICD Coding and Grouping Systems Used in Victoria	8
69.11 ICD-10-AM Fourth Edition Library File Modification	9
69.12 ICD-10-AM Third Edition Library File Modification	10
69.13 ICD-10-AM Third Edition: Rejection Sex Edits 450 and 451	10
69.14 PRS/2 Testing	11
69.15 Amendments to the Specifications for Revisions to PRS/2 and the VAED	12
584 Sep Referral I, not approved for Interim Care	12
596 Same Day ECT: Not in Care Type 4 (New)	12
597 Mental Health Episode: Sep Mode = S (New)	13
598 Same Day Rehabilitation: Not in Scope (New)	13
69.16 Further Information: Criterion for Admission	14
Criterion for Admission: Same Day episodes	14
Library File: For Information	15
<b>Victorian Emergency Minimum Dataset (VEMD)</b>	<b>16</b>
69.17 VEMD User Manual, Ninth Edition, 1 July 2004	16
69.18 VEMD Version 9 Editor 1.0.0	16
<b>HDSS Bulletin by Dataset</b>	<b>17</b>
<b>HDSS Contact Details</b>	<b>18</b>

# Global Update

## 69.1 Hospital Code Table Updates (VAED, VEMD, ESIS)

An updated version of the Hospital Code Table file, including the details below, has been posted onto the HDSS Website: <http://hdss.health.vic.gov.au/reffiles/index.htm>

The Excel file contains multiple worksheets that categorise public, private and non-Victorian hospitals, in both alphabetical and numerical order.

### Hospital Name Change

Previous Name	New Name	VAED Code	Date Effective
Omeo District Hospital	Omeo District Health	2040	1 July 2004

### Health Service Change

From 1 July 2004 Women's and Children's Health will no longer govern The Royal Women's Hospital and The Royal Children's Hospital, which will once again operate as two specialist stand-alone hospitals. This will not affect the VAED codes for either site.

Name	VAED Code
Royal Children's Hospital	1191
Royal Women's Hospital	1230

### Hospital Amalgamation – For VAED Reporting Purposes

For VAED reporting purposes as of 1 July 2004 Upton House will be amalgamated into Box Hill Hospital.

Name	VAED Code	Date Effective
Box Hill Hospital	1050	1 July 2004
Upton House	1050	1 July 2004

As of 31 May 2004, the following codes will become inactive:

Name	VAED Code	Date Last Valid
Upton House	1820	30 June 2004

## **69.2 Hospital Circular: ECT**

Please note that the following circular has been released, and can be found at:

<http://www.health.vic.gov.au/hospitalcirculards/>

### **Hospital Circular No 19/2004**

Subject: Electroconvulsive Therapy (ECT) Reporting

This circular clarifies the ECT reporting requirements for both the VAED and CMI/ODS, effective from 1 July 2004, and should be accessed by sites that perform this procedure.

## **69.3 Hospital Circulars: Other**

Please note that the following circulars have been released, and can be found at:

<http://www.health.vic.gov.au/hospitalcirculards/>

### **Hospital Circular No 15/2004**

Subject: Changes to the maintenance dialysis program funding policy 03-04

### **Hospital Circular No 17/2004**

Subject: Legislative amendments and consultative council on obstetrics and paediatric mortality and morbidity

### **Hospital Circular No 18/2004**

Subject: Public hospital fees: Private admitted patients

## **69.4 2003-04 Final Consolidation: VAED, VEMD and ESIS**

The final consolidation of data for the 2003-04 financial year will occur on 17 September 2004. All health care facilities reporting to the VAED, ESIS and/or VEMD are reminded to complete transmission of data for the 2003-04 financial year by 17 August 2004 with final adjustments and corrections completed by 17 September 2004.

## 69.5 HDSS Policy on Data Manipulation

### Manipulation of Data Extracts

HDSS strongly discourages manipulation of any data extracts (for example with Microsoft Excel, Notepad or any other data manipulation tool) prior to processing by the Department. The rationale for this is as follows:

- It is expected that hospitals have a contractual arrangement with software vendors that obliges the vendor to provide software to hospitals that allows them to meet their statutory reporting requirements. In effect the vendor's software should be capable of producing an extract in the format required by HDSS. HDSS acknowledges that any software may have the potential to extract data that can trigger "Rejection" edits from time to time. Software vendors and hospitals should work together to ensure that, where this occurs, data can and are corrected **via the hospital's relevant operational database**, thus eliminating the need for secondary data manipulation.
- A major source of errors and corruption of extract data appears to be the inappropriate 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.
- There is an audit requirement that data received by HDSS is a reasonable reflection of the hospital's medicolegal system of record.

### Responsibilities of the hospital:

HDSS recognises that hospitals will sometimes encounter situations where their software does not allow the hospital to meet its reporting obligations. In these situations the use of third party data manipulation software may be an inevitable short-term consequence. In such cases the hospital must:

- Notify HDSS in writing of the specific problem, including the affected fields.
- Specify the plan and timeframe negotiated between the hospital and vendor for the resolution of the situation.
- Receive written permission from HDSS to proceed with the proposed short term intervention.

HDSS will maintain a register of such occurrences.

### Responsibilities of HDSS:

In rare circumstances a hospital may prefer HDSS to adjust an extract in order to address a specific data quality issue. HDSS will only do this where the hospital requests the changes in writing, confirming that it has made the changes to its own data (or indicating that this is not possible) and that the changes accurately reflect the hospital's medicolegal system of record. Where such data are adjusted by HDSS, HDSS will send a copy of the data back to the hospital and maintain a register of such occurrences.

# Victorian Admitted Episodes Dataset (VAED)

## 69.6 2004-05 PRS/2 Submissions

Hospitals are reminded not to send PRS/2 files with 2004-05 Header Dates to Mantrack until notified by HDSS. HDSS will notify hospitals through a Bulletin when new financial year files are able to be processed.

At the moment it is envisaged that 2004-05 files will be able to start being processed some time in August. Until this time only files in the 2003-04 format will be accepted.

Sites wishing to receive reports electronically (which will be new functionality for 2004-05), must contact Mantrack to register their intention to do so, prior to requesting this option in a PRS/2 file. Only sites that send files electronically will be able to receive electronic reports.

## 69.7 2004-05: AR-DRG Grouper Version

For 2004-05, DHS will map ICD-10-AM Fourth Edition codes to ICD-10-AM Third Edition codes for input to the AR-DRG Version 5.0 Grouper.

Information about AR-DRG Version 5.0 can be found on the website of the Commonwealth Department of Health and Ageing at <http://www.health.gov.au/casemix/ardrg1.htm>, and in the Australian Refined Diagnosis Related Groups Version 5.0 Definitions Manual.

Mapping tables from ICD-10-AM 4th to 3rd editions have been incorporated into the 2004–2005 library file or can be accessed on the Department of Health and Ageing website at <http://www.health.gov.au/casemix/mapdis1.htm#mapi10e34>.

## 69.8 2004-05: ICD-10-AM Fourth edition

All separations on or after 1 July 2004 must be coded using ICD-10-AM Fourth Edition (and relevant errata) in accordance with the current *Australian Coding Standards* effective 1 July 2004, *Victorian Additions to the Australian Coding Standards* and *ICD Coding Newsletters* issued by the department. Additionally coders are expected to follow relevant and current advice published on the National Centre for Classification in Health coding query database (<http://www3.fhs.usyd.edu.au/ncchwww/site/>).

## 69.9 Victorian Additions to the Australian Coding Standards

The Victorian Additions to the Australian Coding Standards have been reviewed and modified for 1 July 2004. The updated document has been published on the HDSS webpage at <http://www.health.vic.gov.au/hdss/icdcoding/index.htm> and will be printed in the 2004 Special Edition Coding Newsletter scheduled for release next week.

The Victorian Additions should be added to the ACS for 1 July 2004.

For 1 July 2004 there are changes to:

- *Vic Prefixes* and
- *Vic 2104 Rehabilitation*

Coders should pay particular attention to these two amended 'Vic Additions'.

### Summary of Victorian Additions for 2004–2005

Vic Prefixes	<i>Prefixes for diagnoses</i>
<a href="#">Vic 0029</a>	<i>Coding of contracted procedures</i>
<a href="#">Vic 0030</a>	<i>Organ procurement</i>
<a href="#">Vic 0229</a>	<i>Radiotherapy</i>
<a href="#">Vic 0233</a>	<i>Morphology</i>
<a href="#">Vic 2001</a>	<i>External cause code use and sequencing</i>
<a href="#">Vic 2104</a>	<i>Rehabilitation</i>
<a href="#">Vic 2108</a>	<i>Assessment</i>

## 69.10 Updated Calendar of ICD Coding and Grouping Systems Used in Victoria

Fin. Year July/June	ICD ed: (edition/ release date) (a)	ICD ed: Vic	Coding Standards used in Victoria	Aust DRG version released	DRG version: Vic (b)	Codes input to DRG version: Vic (c)
04-05	AM 4 (Jul 2004)	AM 4	Aust Standards AM 4th ed. with some Vic Additions	No release	AR v5.0 *	AM 3
03-04	No release	AM 3	Aust Standards AM 3rd ed. with some Vic Additions	No release	AR v4.2 *	AM 2
02-03	AM 3 (Jul 2002)	AM 3	Aust Standards AM 3rd ed. with some Vic Additions	AR v5.0	AR v4.2 *	AM 2
01-02	No release	AM 2	Aust Standards AM 2nd ed. with some Vic Additions	No release	AR v4.2 *	AM 2
00-01	AM 2 (Jul 2000)	AM 2	Aust Standards AM 2nd ed. with some Vic Additions	AR v4.2	AR v4.1 *	AM 1
99-00	No release except Amendment list	AM 1	Aust Standards AM 1st ed. with some Vic Additions	No release	AN v3.1 *	Aust CM 2
98-99	AM 1 (Jul 1998)	AM 1	Aust Standards AM 1st ed. with some Vic Additions	AR v4.1	AN v3.1 *	Aust CM 2
1.7.98	Victoria changed from ICD-9-CM to ICD-10-AM.					
97-98	No release	Aust CM 2	Aust Standards CM 2nd ed. with some Vic Additions	AR v4.0	AN v3.1 *	Aust CM 2
96-97	Aust CM 2 (Jul 96)	Aust CM 2	Aust Standards CM 2nd ed. with some Vic Additions	AN v3.1	AN v3.1 *	Aust CM 2
95-96	Aust CM 1 (Jul 95)	Aust CM 1	Aust Standards CM 1st ed. with some Vic Additions	AN v3.0	AN v1.0 *	U.S. 8
94-95	U.S. 10 (Oct 93)	U.S. 10	Vic Guidelines Revised, incorporating National Coding Standards	An v2.1	AN v1.0	U.S. 8
93-94	U.S. 9 (Oct 92)	U.S. 9	Vic Guidelines Revised, incorporating National Coding Standards	AN v2.0	AN v1.0	U.S. 8
1.7.93	Victoria introduced casemix funding					
92-93	U.S. 8 (Oct 91)	U.S. 8	Vic Guidelines 2nd ed (Revised)	No release	AN v1.0	U.S. 8
91-92	U.S. 7 (Oct 90)	U.S. 6	Vic Guidelines 2nd ed	AN v1.0	AN v1.0	U.S. 8
90-91	U.S. 6 (Oct 89)	U.S. 6	Vic Guidelines 2nd ed		HCFA v4	U.S. 2
89-90	U.S. 5 (Oct 88)	U.S. 5	Vic Guidelines 1st ed		HCFA v4	U.S. 2
88-89	U.S. 4 (Oct 87)	U.S. 2	Vic Guidelines 1st ed		HCFA v4	U.S. 2
87-88	U.S. 2 (Oct 86)	U.S. 2	(Victorian) VHSS guidelines		HCFA v4	U.S. 2
1.7.86	Victoria changed from ICD-9 to ICD-9-CM.					

(a) U.S. = HICF ICD (release date in the USA), Aust CM = Australian ICD-9-CM (release date in Australia), AM = ICD-10-AM

(b) DRG version used in Victoria (pre 1.7.1993) for any published grouped data and (post 1.7.1993) for casemix funding purposes.

\* = years Vic adjusted DRGs for funding purposes (details in relevant year's *Public Hospital Policy and Funding Guidelines* or equivalent publication).

(c) If ICD version: Victoria and Codes input to DRG version: Victoria columns differ, ICD codes were mapped from ICD version: Victoria to Codes input to DRG version: Victoria

## 69.11 ICD-10-AM Fourth Edition Library File Modification

The age edit for the following diagnosis code has been modified after the verification of a recent admission falling outside the age range:

ICD-10-AM Code	Code Description	Change						Specification
		First Age (Col D-F)			Second Age (Col G-I)			
		age	LL	HH	age	LL	HH	
Q860	Fetal alcohol syndrome (dysmorphic)	05 06	00	01				Reject Warn if outside 0-01 years of age.

The sex edit for the following procedure codes has been modified to allow the reporting of limited breast procedures to be performed on men:

ICD-10-AM Code	Code Description	Change	Specification
		Sex (Column J)	
3153600	Localisation of lesion of breast	6 4	Warn if male or indeterminate
9072400	Breast stereotactic localisation		
9072500	Aspiration of breast		
3155100	Incision and drainage of breast		
3155400	Microdochotomy of breast		
3150001	Open biopsy of breast		
3153300	Fine needle biopsy of breast		
3154800	Core biopsy of breast		
3150000	Excision of lesion of breast		
3151500	Re-excision of lesion of breast		
3152400	Subcutaneous mastectomy, unilateral		
3152401	Subcutaneous mastectomy, bilateral		
3151800	Simple mastectomy, unilateral		
3151801	Simple mastectomy, bilateral		
3155700	Excision of duct (central) of breast		
3156000	Excision of accessory breast tissue		
3156600	Excision of accessory nipple		

Please ensure this modification is made to the 2004-05 Library File. Alternatively the updated Library File is available for downloading at:

<http://www.health.vic.gov.au/hdss/reffiles/2003-04/vaed/libfil04.htm>

## 69.12 ICD-10-AM Third Edition Library File Modification

The age edit for the following diagnosis code has been modified after the verification of a recent admission falling outside the age range:

ICD-10-AM Code	Code Description	Change						Specification
		First Age (Col D-F)			Second Age (Col G-I)			
		age	LL	HH	age	LL	HH	
Q860	Fetal alcohol syndrome (dysmorphic)	05 06	00	01				Reject Warn if outside 0-01 years of age.

The sex edit for the following procedure codes has been modified to allow the reporting of limited breast procedures to be performed on men:

ICD-10-AM Code	Code Description	Change	Specification
		Sex (Column J)	
3036100	Localisation of lesion of breast	6 4	Warn if male or indeterminate
9072500	Aspiration of breast		
3036400	Incision and drainage of breast		
3036600	Microdochotomy of breast		
3034400	Open biopsy of breast		
3036000	Fine needle biopsy of breast		
3036300	Core biopsy of breast		
3034700	Excision of lesion of breast		
3034800	Re-excision of lesion of breast		
3035400	Subcutaneous mastectomy, unilateral		
3035401	Subcutaneous mastectomy, bilateral		
3035100	Simple mastectomy, unilateral		
3035101	Simple mastectomy, bilateral		
3036700	Excision of duct (central) of breast		
3036900	Excision of accessory breast tissue		
3037200	Excision of accessory nipple		

Please ensure this modification is made to the 2003-04 Library File. Alternatively the updated Library File is available for downloading at:

<http://www.health.vic.gov.au/hdss/reffiles/2003-04/vaed/libfil03.htm>

## 69.13 ICD-10-AM Third Edition: Rejection Sex Edits 450 and 451

It has been discovered that the sex edits 450 *Code Incompatible with Female Sex* and 451 *Code Incompatible with Male Sex*, have not been working properly. They have been fixed and will reject episodes for the rest of the 2003-04 financial year. HDSS will also follow up with hospitals any episodes where the coding should have been rejected.

## 69.14 PRS/2 Testing

A number of health care facilities will be installing new software systems throughout this financial year. All facilities are reminded that the transmission of test data to PRS/2 (before data can be transmitted to the live PRS/2 system) is necessary when a hospital or day procedure centre:

- Is a newly registered facility, beginning transmission of data to PRS/2; OR
- Changes software systems for their patient management information system; OR
- Recommences transmission after a break where data will not be recovered (that is, a facility's data had not reached 30<sup>th</sup> June when the year's file was closed on 17<sup>th</sup> September). Facilities meeting this condition will be advised by HDSS of the requirement to test.

The PRS/2 Testing Manual is included in the VAED Manual or can be downloaded from the HDSS Website. The PRS/2 Testing Notification Forms are also available on the HDSS website and must be faxed or emailed to the HDSS Helpdesk prior to the transmission of data from the new system or new financial year if applicable. There may be a charge applicable for the processing of test transmissions and all facilities should contact Mantrack Systems to enquiry about the cost for your facility.

## 69.15 Amendments to the Specifications for Revisions to PRS/2 and the VAED

The following edit has been changed from a Rejection edit to a Warning edit. This is to accommodate the practice whereby only a limited number of sites in a Health Service are able to admit patients under Care Type E and F *Interim Care Program*, but other sites within the Health Service are able to refer to the program.

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### 584 Sep Referral I, not approved for Interim Care

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**Effect** REJECTION Warning

**Problem** The E2 Episode Record's Separation Referral is I *Home based Interim Care, arranged before discharge* but the Hospital Campus is not approved to provide Interim Care.

**Remedy** Check Separation Referral, amend as appropriate and re-transmit the E2.

- ~~If you believe the Hospital Campus is approved to report Interim Care, contact the HDSS Help Desk.~~

- Your Hospital Campus is not approved to report Care Type E and F *Interim Care Program*. This Separation Referral is correct if another Hospital Campus within your Health Services has approval for Interim Care, and you are able to refer patients to this service.

Refer to:

- Section 9: Code Lists: Care Type: *Care Type F and E: Approved Interim Care Programs*.

In line with Hospital Circular 19/2004 *Electroconvulsive Therapy (ECT) Reporting*, the following edits will apply from 1 September 2004:

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### 596 Same Day ECT: Not in Care Type 4 (New)

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**Effect** REJECTION

**Problem** The E2 Episode Record's Care Type is not 4 *Other care (Acute) including Qualified Newborn*, Admission Date and Separation Date are the same, and a Procedure Code is 93340-02 or 93340-03 *Electroconvulsive Therapy*. Same day Electroconvulsive Therapy (ECT) in public hospitals must be recorded as Care Type 4.

**Remedy** Check Admission Date, Care Type, Procedure Codes and Separation Date, amend as appropriate and re-transmit the E2.

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## 597            **Mental Health Episode: Sep Mode = S (New)**

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<b>Effect</b>	Warning
<b>Problem</b>	The E2 Episode Record's Care Type is 5x <i>Approved Mental Health Service or Psychogeriatric Program</i> , and the Separation Mode is S <i>Statistical Separation</i> . If the patient is moving to another Care Type (usually 4) for a same day procedure such as ECT or a gastroscopy, the VAED Business Rules do not allow a statistical separation and readmission.
<b>Remedy</b>	Check Care Type, and Separation Mode, amend as appropriate and re-transmit the E2.

The following edit has been added to reflect the change in the *Victoria – public hospitals and mental health services Policy and Funding Guidelines 2004-2005* (section 7 Continuing Care). This is in line with the *DHS Hospital Admission Policy 2003-04*.

Same day rehabilitation is now delivered as a non-admitted patient service as part of the Sub-acute Ambulatory Care Services (SACS) framework. Activity for same-day rehabilitation is to be reported on the AIMS Sub-acute Services Non-admitted Patients Return (Form S2\_305) that has been revised in line with the SACS funding consolidation. Same-day rehabilitation will be reported under centre-based rehabilitation as either full day, sessional, single therapy or group sessions.

Revisions to AIMS reporting for 2004-05 have not been approved for release. The changes will be circulated as soon as approval is obtained.

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## 598            **Same Day Rehabilitation: Not in Scope (New)**

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<b>Effect</b>	REJECTION
<b>Problem</b>	The E2 Episode Record's Care Type is 2, 6, 7 or J <i>Designated Rehabilitation Unit/Program</i> , and the Admission Date and Separation Date are the same. Same day rehabilitation does not meet Criterion for Admission, and therefore should not be reported on the VAED.
<b>Remedy</b>	Check Admission Date, Care Type and Separation Date, amend as appropriate and re-transmit the E2.

## 69.16 Further Information: Criterion for Admission

### Criterion for Admission: Same Day episodes

In response to queries received by HDSS staff, the following information is presented to provide clarification regarding the assignment of Criterion for Admission codes, especially for same day episodes. It should be noted that the assignment of Criterion for Admission need to be assigned in the context of the *DHS Hospital Admission Policy 2003-04* and the *Day Only Procedures Manual*.

1. The assignment of Criterion for Admission is hierarchical, as listed below.
  - B *Day Only Bands 1A, 1B, 2, 3 and 4*
  - N *Qualified newborn*
  - U *Unqualified newborn*
  - O *Patient expected to require hospitalisation for minimum of one night*
  - E *Extended Medical Treatment*
  - C *Type C Professional Attention Procedures*
  - S *Secondary family member*
2. For same day episodes, the majority of episodes will have a Criterion of Admission of:
  - B *Day Only Bands 1A, 1B, 2, 3 and 4*: Refer to the *Day Only Procedures*.
  - E *Extended Medical Treatment*: This is defined as the appropriateness to admit the patient as determined and documented by a medical practitioner, *and* continuous active management for at least four hours (at least half hourly observations of vital or neurological signs).
3. Criterion for Admission Type C *Professional Attention Procedures* should rarely be used. If a patient undergoes a Type C procedure then they should not be admitted. The only time they would be admitted is in the *exceptional circumstances* where the patient's medical condition or other special circumstances justify admission, and the exceptional circumstances need to be documented in the patient's medical record.

#### **An illustration of the difference between Type B, Extended Medical Treatment and Type C, and the assignment of Criteria For Admission codes:**

- If a patient has CT scan (Type C) under IV sedation (Type B), then Criterion of Admission = B.
- If a patient has CT scan (Type C) not under anaesthetic, with at least half hourly observations of vital or neurological signs for four hours (Extended Medical Treatment), then Criterion of Admission = E.
- If a patient has CT scan (Type C), not under anaesthetic, without at least half hourly observations of vital or neurological signs for four hours, but special documented circumstances apply (no examples are provided – admissions as a result of this are expected to be minimal), then Criterion of Admission = C.

- If a patient has CT scan (Type C), not under anaesthetic, without at least half hourly observations of vital or neurological signs for four hours, then patient not admitted.

Please contact Catherine Perry on 03 9616 6928 for any questions relating to Admission Policy.

## **Library File: For Information**

The following will be printed in the *2004 Edition Coding Newsletter*, and is reproduced here for information also:

Many coders would be aware that the *Proposals for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2004* contained a proposal to edit between ICD-10-AM Procedure Code and Criterion for Admission. This proposal was not implemented, largely due to the need to clarify where some of the ICD-10-AM procedure codes 'fitted' into the *Day Only Procedures Manual*. We are continuing to liaise with the Commonwealth on these and related issues.

There have been several requests from HIMs in the field for us to release a list of the ICD-10-AM procedure codes with an indication of which codes are considered Type A, B and C codes, and which codes we believe should have no impact on the decision to admit (for example, the need for physiotherapy has no impact on whether the patient should be admitted or not). We are currently undertaking this work, and will publish it on the HDSS website in the near future. Due to ongoing negotiations with the Commonwealth, this work, even when released, will not be complete.

Hospitals will be notified of the availability of this document through the HDSS Bulletin. An article on the relationship between ICD-10-AM procedure codes and MBS codes will be published in the August ICD Coding Newsletter.

# Victorian Emergency Minimum Dataset (VEMD)

## 69.17 VEMD User Manual, Ninth Edition, 1 July 2004

The Ninth Edition of the *VEMD User Manual*, effective 1 July 2004 will be available shortly. The manual will be available for download on the HDSS website and distributed in hardcopy to all relevant hospitals.

Hospitals should use the *VEMD User Manual, Eighth Edition* in conjunction with the *Specifications for Revisions to the VEMD for 1 July 2004* document until the new version of the manual is received.

## 69.18 VEMD Version 9 Editor 1.0.0

The VEMD Version 9 Editor 1.0.0 is available for download at <http://www.health.vic.gov.au/hdss/>

Both the MS Access Editor and the HDSS in-house Editing system have been rewritten based on common logic. The MS Access Editor now incorporates the same suite of edits as the HDSS in-house system.

The extensive reworking of the two systems may result in some issues arising while using the VEMD Editor in the short term. Sites are encouraged to provide feedback on any issues arising to HDSS as soon as possible. HDSS values any other suggestions hospitals may wish to submit to us.

# HDSS Bulletin by Dataset

This table lists the most recent HDSS Bulletins, and identifies the dataset to which they relate. All previous Bulletins are on the website at:

<http://www.health.vic.gov.au/hdss/bulletin/bulindex.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 69	09 July 2004	✓	✓		✓
Bulletin 68	16 June 2004	✓	✓		✓
Bulletin 67	28 May 2004	✓	✓		
Bulletin 66	30 April 2004	✓	✓	✓	✓
Bulletin 65	08 April 2004	✓	✓	✓	✓
Bulletin 64	25 February 2004	✓	✓	✓	✓
Bulletin 63	26 November 2003	✓			✓
Bulletin 62	10 October 2003	✓	✓	✓	✓
Bulletin 61	16 September 2003	✓	✓	✓	✓
Bulletin 60	26 August 2003	✓	✓		✓
Bulletin 59	05 August 2003	✓	✓		✓
Bulletin 58	22 July 2003	✓			✓
Bulletin 57	01 July 2003	✓	✓	✓	✓
Bulletin 56	11 June 2003	✓	✓	✓	✓
Bulletin 55	29 May 2003	✓	✓	✓	✓
Bulletin 54	07 April 2003	✓	✓	✓	✓
Bulletin 53	19 February 2003	✓	✓		
Bulletin 52	20 January 2003	✓	✓		
Bulletin 51	20 December 2002	✓			✓
Bulletin 50	11 November 2002	✓	✓	✓	✓
Bulletin 49	17 October 2002	✓		✓	✓
Bulletin 48	04 October 2002	✓	✓	✓	✓
Bulletin 47	12 September 2002	✓	✓	✓	✓
Bulletin 46	23 August 2002	✓		✓	
Bulletin 45	13 August 2002	✓	✓	✓	
Bulletin 44	06 August 2002	✓	✓	✓	✓
Bulletin 43	19 July 2002	✓		✓	
Bulletin 42	12 July 2002	✓	✓	✓	✓
Bulletin 41	04 July 2002	✓	✓		✓
Bulletin 40	28 June 2002	✓			
Bulletin 39	26 June 2002	✓			✓
Bulletin 38	21 June 2002	✓	✓	✓	✓
Bulletin 37	28 May 2002	✓	✓	✓	✓
Bulletin 36	22 May 2002	✓			
Bulletin 35	26 April 2002	✓			
Bulletin 34	19 April 2002	✓			

