

Section 4: Business Rules

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Introduction

This section has been provided to consolidate information about a topic that involves two or more data items rather than have this in multiple sections of the Manual. It is split into two sections depending on the primary format of the information: tabular or non-tabular.

The non-tabular section provides references to other sections of the manual where appropriate. The majority of information in the tabular section is referenced in one or more edits, which are listed under each table.

Business Rules (non-tabular)

Contracted Care

Guide for use Related contracted hospital care data items should only be completed where contracted services are provided which represent some, but not all of the hospital's total services. That is, it is not necessary to complete contracted hospital care data items where all of the hospital services are contracted by a health authority, for example, privately owned and/or operated public hospitals such as Mildura Base Hospital.

Identification of Contracted Episodes of Care

In PRS/2, reporting 1 *Contract* in the Funding Arrangement field identifies episodes involving contracted care. The following fields are then reported:

- The type of contract involved is reported in the Contract Type field.
- The role of the hospital (contracting or contracted) is reported in the Contract Role field.
- The nature of the contract involving an external purchaser, or the other hospital involved in a contracted care or hub & spoke arrangement, is reported in the Contract/Spoke Identifier field.

Identification of Procedures Performed under Contract

The contracting (purchasing) hospital is termed Hospital A.

The contracted (service provider) hospital is termed Hospital B.

Brackets indicate the patient is not present in the hospital.

In PRS/2, procedures performed at another hospital under contract to this hospital are recorded by both hospitals, but flagged only by the contracting hospital: Hospital A reports a flag in the eighth character of the (ICD-10-AM) codes relating to procedures performed under contract by Hospital B.

Flags used by Hospital A are:

- Character F on procedures performed by Hospital B on an admitted basis.
- Character N on procedures performed by Hospital B on a non-admitted basis.

Allocation of Diagnosis and Procedure Codes should not be affected by the contract status of an episode: the Australian Coding Standards, including the Victorian Additions to the Australian Coding Standards, should be applied when coding all episodes. In particular, procedures that would not otherwise be coded should not be coded solely because they were performed at another hospital under contract. Procedures performed by a health care service (that is, not a recognised hospital) should be coded if appropriate but should not be flagged as contracted hospital procedures.

Contract Leave

Contract leave is a period spent as an admitted patient at a contracted (service provider) hospital, during an episode where the patient is also admitted to the contracting (purchasing) hospital.

Contract leave days are reported only by the contracting (purchasing) hospital and are treated as patient days and included in the length of stay at that hospital. In PRS/2, contract leave days for the episode are reported in three Contract Leave Days fields: Month-to-date, Financial Year-to-date, and Total. There is no limit to the duration of contract leave.

Patients going on contract leave are not separated.

Types of Contracted Hospital Care

Seven contract types are identified by the sequence of alpha characters, representing the movement of the patient between the contracting and contracted hospitals.

1 Contract Type B

A health authority/other external purchaser contracts **B** (hospital) for admitted service.

Examples include:

- Department of Human Services: HIV Aids
- St Vincent's Lithotripsy Service
- Individual contracts with international patients

Hospitals that believe they have a similar contract should contact the Department to discuss reporting arrangements.

2 Contract Type ABA

Patient admitted by Hospital **A**.

Hospital **A** contracts Hospital **B** for admitted or non-admitted patient service.

Patient returns to Hospital **A** on completion of service by Hospital **B**.

3 Contract Type AB

Patient admitted by Hospital **A**.

Hospital **A** contracts Hospital **B** for admitted or non-admitted patient service.

Patient does not return to Hospital **A** on completion of service by Hospital **B**.

4 Contract Type (A)B

Patient not present in the Contracting Hospital (**A**) at any time during the episode.

Hospital **A** contracts Hospital **B** for the whole admitted patient service.

An (A)B contract type cannot occur between two public hospitals unless approved by the Metropolitan Health & Aged Care Division of the Department. Where two public hospitals enter into a contract, the contracting hospital must admit and provide care or treatment for the patient as part of the overall service provided (Contract Types ABA, AB and BA).

5 Contract Type BA

Hospital **A** contracts Hospital **B** for an admitted patient service following which the patient moves to Hospital **A** for the remainder of the episode of care.

6 Contract Type A(B)

Hospital A contracts Hospital B for the whole admitted patient service.

Hospital B provides the service at Hospital **A**.

Patient not present in the Contracted Hospital (**B**) at any time during the episode.

An A(B) contract type cannot occur between two public hospitals unless approved by the Metropolitan Health & Aged Care Division of the Department. Where two public hospitals enter into a contract, the contracting hospital must admit and provide care or treatment for the patient as part of the overall service provided (Contract Types ABA, AB and BA).

7 Contract Type (A)

Hospital A contracts with a residential aged care facility or supported accommodation for provision of Interim Care.

Patient not present in the Contracting Hospital (**A**) for some or any time during the episode.

PRS/2 Reporting for Contracted Hospital Care

The contracting (purchasing) hospital is termed Hospital **A**.

The contracted (service provider) hospital is termed Hospital **B**.

Brackets indicate the patient is not present in the hospital.

Responsibility for exchange of information:

The contracting (purchasing) hospital (Hospital **A**) is responsible for ensuring that the contracted (service provider) hospital/facility (Hospital **B**/facility) provides adequate information for inclusion in the patient's record at Hospital **A** to:

- (i) enable ongoing patient care at Hospital **A** and
- (ii) support the diagnosis and procedure codes reported to the VAED by Hospital **A**.

These seven types of contracted hospital care should be recorded in the following ways:

1 Contract Type B

B records:

- Funding Arrangement code 1 *Contract*.
- Contract Type code 1 *Contract Type B*.
- Contract Role code B *Hospital B*.
- Contract/Spoke Identifier.

2 Contract Type ABA

A records:

- Admission Date.
- Funding Arrangement code 1 *Contract*.
- Contract Type code 2 *Contract Type ABA*.
- Contract Role code A *Hospital A*.
- Contract/Spoke Identifier (Campus code) of Hospital **B**.
- Contracted Leave Days: report difference between date patient leaves **A** for treatment by **B** and date patient returns to **A**.
- Diagnosis and Procedure Codes: include any additional diagnoses identified by **B**, and procedures provided by **B** each with relevant contract procedure flag (F or N) (see *Responsibility for exchange of information* above).
- Separation Date: being date patient left **A** after returning from **B**.
- Length of stay is Separation Date minus Admission Date minus Total [normal] Leave days; thus contract leave days are effectively treated as patient days and included in Length of Stay.

If admitted by B, B records:

- Admission Date, being date of commencement of care at **B**.
- Funding Arrangement code 1 *Contract*.
- Contract Type code 2 *Contract Type ABA*.
- Contract Role code B *Hospital B*.
- Contract/Spoke Identifier (Campus code) of Hospital **A**.
- Admission Source code T: requires Transfer Source code.
- Transfer Source: Contracting Hospital **A**.
- Diagnosis and Procedure Codes: only relating to care provided by **B**.
- Separation Date: actual date separated from **B**.
- Separation Mode code T: requires Transfer Destination code.
- Transfer Destination: Contracting Hospital **A**.

3 Contract Type AB

A records: (irrespective of the original intention for the patient to return or not):

- Admission Date.
- Funding Arrangement code 1 *Contract*.
- Contract Type code 3 *Contract Type AB*.
- Contract Role code A *Hospital A*.
- Contract/Spoke Identifier (Campus code) of Hospital **B**.
- Contracted Leave Days: report difference between date patient leaves **A** for treatment by **B** and date patient separated from **B**.
- If patient not admitted by **B**, contract leave is nil.
- Diagnosis and Procedure Codes: include any additional diagnoses identified by **B**, and procedures provided by **B** each with relevant contract procedure flag (F or N) (see *Responsibility for exchange of information* above).
- Separation Date: report actual date patient separated from **B** if admitted by **B**, or date separated from **A** if not admitted by **B**.
- Separation Mode code T: requires Transfer Destination code.
- Transfer Destination: Contracted Hospital **B**.
- Length of stay is Separation Date minus Admission Date minus Total [normal] *Leave* days; thus contract leave days are effectively treated as patient days and included in Length of Stay.

If admitted by B, B records:

- Admission Date, being date of commencement of care at **B**.
- Funding Arrangement code 1 *Contract*.
- Contract Type code 3 *Contract Type AB*.
- Contract Role code B *Hospital B*.
- Contract/Spoke Identifier (Campus code) of Hospital **A**.
- Admission Source code T: requires Transfer Source code.
- Transfer Source: Contracting Hospital **A**.
- Diagnosis and Procedure Codes: only relating to care provided by **B**.
- Separation Date: actual date separated from **B**.

4 Contract Type (A)B

A records:

- Admission Date: actual date admitted by **B**.
- Funding Arrangement code 1 *Contract*.
- Contract Type code 4 *Contract Type (A)B*.
- Contract Role code A *Hospital A*.
- Contract/Spoke Identifier (Campus code) of Hospital **B**.
- Diagnosis and Procedure Codes from information provided by **B**: each procedure with contract procedure flag for admitted services (F only) (see *Responsibility for exchange of information* above).
- Separation Date: actual date patient separated from **B**.

B records:

- Admission Date.
- Funding Arrangement code 1 *Contract*.
- Contract Type code 4 *Contract Type (A)B*.
- Contract Role code B *Hospital B*.
- Contract/Spoke Identifier (Campus code) of Hospital **A**.
- Diagnosis and Procedure Codes.
- Separation Date.

5 Contract Type BA

The contract may be for non-admitted services.

B records:

- Admission Date.
- Funding Arrangement code 1 *Contract*.
- Contract Type code 5 *Contract Type BA*.
- Contract Role code B *Hospital B*.
- Contract Identifier (Campus code) of Hospital **A**.
- Diagnosis and Procedure Codes from information provided by **B**.
- Separation Date: actual date patient separated from **B**.
- Separation Mode code T: requires Transfer Destination code.
- Transfer Destination: Contracting Hospital **A**.

A records:

- Admission Date: actual date admitted to **B**.
- Funding Arrangement code 1 *Contract*.
- Contract Type code 5 *Contract Type BA*.
- Contract Role code A *Hospital A*.
- Contract Identifier (Campus code) of Hospital **B**.
- Admission Source code T: requires Transfer Source code.
- Transfer Source: Contracted Hospital **B**.
- Contracted Leave Days: report difference between date patient admitted by **B** and date patient separated from **B** to go to **A**. If patient not admitted by **B**, contract leave is nil. If patient not admitted by **B**, contract leave is nil.
- Diagnosis and Procedure Codes: include any additional diagnoses identified by **B**, and procedures provided by **B** each with relevant contract procedure flag (F or N) (see *Responsibility for exchange of information* above).
- Separation Date: actual date patient separated from **A**.
- Length of stay is Separation Date minus Admission Date minus Total [normal] Leave days; thus contract leave days are effectively treated as patient days and included in Length of Stay.

6 Contract Type A(B)**A records:**

- Admission Date.
- Funding Arrangement code 1 *Contract*.
- Contract Type code 6 *Contract Type A(B)*.
- Contract Role code A *Hospital A*.
- Contract Identifier (Campus code) of Hospital **B**.
- Separation Date.

B is not required to record any information about this episode.

7 Contract Type (A)

A records:

- Admission Date: actual date Interim Care commenced.
- Funding Arrangement code 1 Contract.
- Contract Type code 7 Contract Type (A).
- Contract Role code A Hospital A.
- Contract/Spoke Identifier: 0050 or 0070 Interim Care Program.
- Diagnosis and Procedure Codes including information provided by residential aged care facility (see Responsibility for exchange of information above).
- Separation Date: actual date Interim Care finishes.

Elimination of duplicate procedures and patient days

Each contract type is clearly distinguished by the combination of reporting in the Contract Type and Contract Role fields. Apart from the Type B, A(B) and (A) contracts, all other contract types may involve duplication of reporting some or all of the procedures and patient days.

At a State level, to determine total activity figures for procedures and patient days, it is possible to determine aggregate figures and then subtract those procedures and patient days performed in cases where the Contract Type is 2, 3, 4, or 5 and Contract Role is B (Hospital **B**).

However, for VAED reporting, no discounting of activity figures is required.

Refer to:

- Section 2: *Contracted Care, Interim Care, Leave – Contract, Leave Without Permission and Patient Day.*
- Section 3: *Contract Leave Days Financial Year-To-Date, Contract Leave Days Month-To-Date, Contract Leave Days Total, Contract Role, Contract/Spoke Identifier, Contract Type, Funding Arrangement and Procedure Codes.*
- Section 4:
 - Business Rules (tabular) *Contracting: Contract Fields, Contract Leave and Funding Arrangement* page 4-36, *Contracting: Funding Arrangement and Contract Fields* page 4-37, and *Contracting: Funding Arrangement, Contract Type and Contract Role with Admission Source and Separation Mode* page 4-39.

DRG Classification

Guide for use

A single Diagnosis Related Group (DRG) can be derived for an episode of care, based on documentation in the patient's medical record. A DRG is assigned by computer software (Grouper) using codes for:

- The principal diagnosis,
- Procedures undertaken,
- The presence or absence of other diseases or co-morbidities and complications, and
- Other variables such as age, sex and discharge status, mental health legal status and, for neonates, admission weight.

Episodes can be grouped into multiple versions of the Grouper. The Department of Human Services is using Australian Refined Diagnosis Related Groups (AR-DRGs), v4.2, for funding in 2003-2004, and v5.0 for development purposes.

The details of grouping logic and methodology are contained in the Commonwealth manuals:

- *Australian Refined Diagnosis Related Groups, Version 4.1* (vols 1, 2, 3) and
- *Australian Refined Diagnosis Related Groups, Version 4.2: Addendum to Definitions Manual* (vol 4).

For funding purposes, some adjustments are made to the original AR-DRG (version 4.2) and the result is stored in the VIC-DRG4 field. For details, see *Victoria – Public Hospitals and Mental Health Policy and Funding Guidelines 2003-2004*, available at:

<http://www.health.vic.gov.au/pfg2003/index.htm>

Refer to:

- Section 2: *Age, Principal Diagnosis, Procedure, and Full List of Derived Items.*
- Section 3: *Admission Date, Admission Weight, Date Of Birth, Diagnosis Codes, Mental Health Legal Status, Procedure Codes, Separation Mode, and Sex.*

Episode of Care

Guide for use An overnight or multi-day stay patient may receive more than one type of care during the period of hospitalisation. If so, the period of hospitalisation is broken into Episodes of Care, one for each type of care (Care Type).

An Episode of Care refers to a phase of treatment and is designed to reflect the changing diagnosis and/or treatment of the patient. The Episode of Care ends when the Care Type changes or the patient physically leaves the hospital.

There are some exceptions to rules inherent in the above definition:

- (Compulsory for public hospitals) A newborn changing Qualification Status during an Episode of Care may also require a change in Care Type. If a newborn initially receiving Unqualified Newborn Care changes Qualification Status, their Care Type for the entire episode is reported as Acute Care.
- A patient cannot have two changes of Care Type on the one day (that is, start the day as one Care Type, become another Care Type, and then revert to the original Care Type or transfer to a third Care Type). PRS/2's editing prevents such a sequence: to accept it would result in a single day being double-counted as a patient day (once in the same day episode and once as the admission day of the following episode). This circumstance most commonly occurs when a patient is treated as an Acute patient (Care Type) for a day in the middle of another Care Type episode (the same day episode should not be reported to the VAED). Where the patient reverts to the original Care Type, continue the original episode. Where the patient is transferred to a third Care Type, statistically end the original episode and start an episode for the third Care Type.
- Public hospitals must use the Palliative Care Type only on formal admission, if the patient receives Palliative Care under the supervision of a palliative care specialist or physician. A statistical change is permitted only when the patient changes between Nursing Home Type and Palliative Care.
- Public hospitals may use the Alcohol and Drug Care Type only on admission; it is not for use following another Episode of Care.
- Public hospital patients may not change Care Type between a Designated Rehabilitation Program: Level 1, 2 or 3; patients must stay at their original level. These patients are only permitted to change Care Type when they move between Designated Rehabilitation Program: Level 1, 2 or 3 and Designated Rehabilitation Program: Home-based substitution.

Refer to:

- Section 2: *Acute Care, Admitted Patient, Episode of Care, Geriatric Evaluation and Management, Interim Care Program, Newborn, Nursing Home Type/Non-Acute, Palliative Care, Rehabilitation, and Separation.*
- Section 3: *Admission Source, Care Type, Qualification Status and Separation Mode.*

Geriatric Respite

Guide for use

Admissions to Geriatric Respite must be formal admissions. Geriatric Respite excludes:

- Nursing Home Type/Non-Acute patients and patients awaiting placement in residential care (refer to Interim Care).
- Residents of residential care facilities.

Geriatric Respite patients may be reported with a Care Type of 4 or 9, depending on the Health Service Agreement of the hospital.

Geriatric Respite patients shall:

- Be denoted by the use of one of the following Diagnosis Codes:
 - Z75.5 *Holiday relief care, or*
 - Z74.2 *Need for assistance at home and no other household member able to render care*
- Have an Account Class of MR.

Refer to:

- Section 2: *Interim Care Program, and Nursing Home Type/Non-Acute Care.*
- Section 3: *Account Class.*

Hub and Spoke

Guide for use

Reporting guidelines include:

- Same-day episodes should be reported by the hub hospital only, using the Funding Arrangement data item.
- Where a multi-day episode in the spoke includes a procedure completed by the hub:
 - The hub should report a same day episode and;
 - The spoke should report a multi-day episode excluding the Procedure performed by the hub.
- Neither hub nor spoke hospitals should report these episodes as contracted care.

Reporting guidelines depend on whether the episode is same day or multi-day.

Same-day episodes

Same-day episodes should be reported by the hub hospital only, using the Funding Arrangement data item.

Hub Hospital records:

- Admission and separation dates.
- Funding Arrangement code 2 Hub and Spoke.
- Contract/Spoke Identifier code: report the relevant Hospital Campus Code that denotes the Spoke hospital.
- Diagnosis and procedure codes: all diagnosis and procedure codes undertaken at the Spoke hospital.

Spoke Hospital records:

- Nil.

Multi-day Episodes

Where a multi-day episode in the spoke includes a procedure completed by the hub, the hub should report a same day episode and the spoke should report a multi-day episode excluding the procedure performed by the hub.

Hub Hospital records:

- Admission and Separation Dates.
- Funding Arrangement code 2 Hub and Spoke.
- Contract/Spoke Identifier code: report the relevant Hospital Campus Code that denotes the Spoke hospital.
- Diagnosis and Procedure Codes: all diagnosis and procedure codes undertaken at the Spoke hospital.

Spoke Hospital records:

- Admission and Separation Dates.
- Diagnosis Codes: diagnosis codes should be assigned for conditions where care is provided by the spoke hospital. This includes conditions that require care at the spoke hospital prior to and/or after the procedure performed by the hub hospital.
- Procedure Codes: assign codes only for procedures not undertaken by the hub hospital. Under no circumstances are procedure codes performed by the hub hospital to be assigned by the spoke hospital.

Neither hub nor spoke hospitals should report these episodes as contracted care.

Refer to:

- Section 2: *Contracted care and Hub and Spoke.*
- Section 3: *Contract/Spoke Identifier and Funding Arrangement.*

Intensive Care Unit

- Guide for use** There are five different types and levels of ICU, details of which are listed below:
- Adult intensive care – level 3, level 2, level 1
 - Paediatric intensive care
 - Neonatal intensive care – level 3

As defined, ICUs do not include Special Care Nurseries, Coronary Care Units, High Dependency Units, Intensive Nursing Units or Stepdown Units.

All types of ICU must substantially conform to appropriate guidelines of the Australian Council on Healthcare Standards (ACHS).

Adult Intensive Care Unit – Level 3:

Nature of Facility

A level 3 adult ICU must be a separate and self contained facility in the hospital capable of providing complex, multi-system life support for an indefinite period. It must be a tertiary referral centre for intensive care patients and have extensive back up laboratory and clinical service facilities to support this tertiary referral role.

Care Process

A level 3 adult ICU must be capable of providing mechanical ventilation, extra-corporeal renal support services and invasive cardio-vascular monitoring for an indefinite period. These types of services are illustrative of the nature of care provided in a level 3 adult ICU but are not exhaustive of the possibilities.

Adult Intensive Care Unit – Level 2:

Nature of Facility

A level 2 adult ICU must be a separate and self contained facility in the hospital capable of providing complex, multi-system life support.

Care Process

A level 2 adult ICU must be capable of providing mechanical ventilation, extra-corporeal renal support services and invasive cardio-vascular monitoring for a period of at least several days. These types of services are illustrative of the nature of care provided in a level 2 adult ICU but are not exhaustive of the possibilities.

Adult Intensive Care Unit – Level 1:

Nature of Facility

A level 1 adult ICU must be a separate and self contained facility in the hospital capable of providing basic multi-system life support usually for less than a 24-hour period.

Care Process

A level 1 adult ICU must be capable of providing mechanical ventilation and simple invasive cardio-vascular monitoring for a period of at least several hours. These types of services are illustrative of the nature of care provided in a level 1 adult ICU but are not exhaustive of the possibilities.

Paediatric Intensive Care Unit:***Nature of Facility***

A paediatric ICU must be a separate and self contained facility in the hospital capable of providing complex, multi-system life support for an indefinite period. It must be a tertiary referral centre for children needing intensive care and have extensive backup laboratory and clinical service facilities to support this tertiary role.

Care Process

A paediatric ICU must be capable of providing mechanical ventilation, extra-corporeal renal support services and invasive cardio-vascular monitoring for an indefinite period to infants and children less than 16 years of age. These types of services are illustrative of the nature of care provided in a paediatric ICU but are not exhaustive of the possibilities.

Neonatal Intensive Care Unit – Level 3:***Nature of facility***

A level 3 neonatal ICU must be a separate and self contained facility in the hospital capable of providing complex, multi-system life support for an indefinite period.

Care Process

A neonatal ICU must be capable of providing mechanical ventilation and invasive cardio-vascular monitoring. These types of services are illustrative of the nature of care provided in a neonatal ICU but are not exhaustive of the possibilities.

Refer to:

- Section 2: *Critical Care Inter-Hospital Transfer Program and Intensive Care Unit.*
- Section 3: *Accommodation Type, and Duration of Stay in Intensive Care Unit.*

Interim Care Program

Guide for use Only hospitals that have an Interim Care Program approved by the Metropolitan Health and Aged Care Division can report patients as having Interim Care.

While the details of the service model may vary between the sites, all people participating in an Interim Care project should have access to an appropriate mix of nursing and allied health care to maintain function to the extent possible. Projects are expected to include access to additional social work services to assist people to move to more appropriate long-term care. Interim Care provides additional time and assistance for families/carers to make arrangements for each person that suit their care needs. In some instances the patient may improve sufficiently or demonstrate the capacity to continue managing in the community or a low care facility.

The health service approved to provide the brokered Interim Care service is responsible for billing the patient for any contribution while a NHT patient (*if the hospital decides to collect such contributions*)

Contracting Episodes (see table)

Where an Interim Care period of care continues (that is, there is no change in Care Type) but the hospital contracts *part* of the time to another hospital or to a non-hospital:

- Report a *single* episode of care to PRS/2.
- Contract with other public or private hospital: Report the four character Campus Code that identifies the other party to the contracted service arrangement.
- Contract with service other than public or private hospital: Use Contract/Spoke ID codes 0050 and 0070 for episodes contracted to facilities other than public or private hospitals. These may include supported residential services, hostels etc. Contract/Spoke ID 0050 and 0070 can only be reported with Contract Type 7.

If the combination of care providers is more than one hospital:

- Report *Contract Type* as 2, 3, 4 or 5 as best fits the circumstances.
- Report *Contract Spoke ID* for the providing the greatest number of days in the episode.

If the combination of care providers is one (or more) hospital(s) and one (or more) non-hospital(s):

- Report *Contract Type* as 2, 3, 4 or 5 as best fits the circumstances.
- Report *Contract Spoke ID* for the hospital (rather than 0050 or 0070 representing the non-hospital). Where there is more than one hospital select the hospital providing the greatest number of days in the episode.

	Contract with other hospital		Contract with non-hospital facility
	Contracting Hospital	Contracted Hospital	
Funding Arrangement	1 Contract		1 Contract
Contract Type	2, 3, 4, or 5		7 Contract Type (A)
Contract Role	A Hospital A	B Hospital B	A Hospital A
Contract Spoke ID	Campus Code which identifies the other hospital to the contract		0050 or 0070 Interim Care Program

Refer to:

- Section 2: *Episode of care and Interim Care Program.*
- Section 3: *Care Type.*
- Section 4:
 - Business Rules (tabular) *Care Type: Interim Care Program (F and E)* page 4-33.
- Section 5: *Sub-Acute Record.*
- Section 9:
 - Code Lists: *Care Type Care Type F and E: Approved Interim Care Programs.*

Length of Stay

Guide for use

In practice, there are two methods for calculating length of stay:

- Retrospective: Separation Date minus Admission Date minus Total [normal] leave days; and
- Progressive: sum of patient days (including contract leave days) accrued to date.

By whichever method, the result must be the same at the conclusion of an individual patient episode.

Both methods of calculating LOS have some fundamental principles:

- 1 The sum of patient days (including contract leave days) and [normal] leave days must equal the number of days elapsed between Admission Date and Separation Date.
- 2 For any given date, either a patient day (including a contract leave day) or a [normal] leave day may be counted, but not both.
- 3 Patient days are not accrued when the patient is out of the hospital on [normal] leave, regardless of whether a bed is 'being held' for the patient during his/her absence.
Contract leave days are treated as patient days and included in Length of Stay.
- 4 For patients admitted and separated on different dates: count one patient day for date of admission; count no patient day for date of separation.
- 5 For patients admitted and separated on the same date: count one patient day; no leave days; and LOS = 1 day.
- 6 A period of absence starting and ending on the same date is not counted as leave.

Some Specific Guidelines for Counting Patient Days, Contract Leave Days and [Normal] Leave Days, and Hence Calculating LOS

- 7 A same day patient cannot go on either contract leave or [normal] leave. A same day patient is one who has completed their course of treatment and is separated on the same day.
- 8 A period of contract or [normal] leave starting and ending on the same date is not counted as a contract leave day or a [normal] leave day. To count a contract leave day or a [normal] leave day, the patient must be out of the hospital overnight.
- 9 A period of [normal] leave cannot exceed seven days. If a patient does not return to the hospital to continue this episode of care within seven days of starting [normal] leave, the patient is considered to have been separated on the date he/she started [normal] leave.
- 10 Count the day of going on contract leave or [normal] leave as a contract leave day or a [normal] leave day respectively. Count the day of returning from contract leave or [normal] leave as a patient day.
- 11 Notwithstanding point 10 above:
 - When, on the same date, a patient is admitted and goes on contract leave or [normal] leave, count this day as a patient day.
 - When, on the same date, a patient returns from contract leave and again goes on contract leave, count this day as a contract leave day.
 - When, on the same date, a patient returns from [normal] leave, is assessed as fit to continue on leave and again goes on [normal] leave, count this day as a [normal] leave day.
 - When, on the same date, a patient returns from [normal] leave, receives treatment, investigation and/or observation, and again goes on [normal] leave, count this day as a patient day.
 - When, on the same date, a patient returns from contract leave or [normal] leave and is separated, do not count this day as either a contract leave day or a [normal] leave day or as a patient day.
 - When, on the same date, a patient goes on contract leave and is separated from the contracted hospital, do not count this day as either a contract leave day or as a patient day.

Refer to:

- Section 2: *Leave - Contract, Leave [Normal], Leave Without Permission, Length of Stay, Overnight or Multi-Day Stay patient, and Same Day Patient.*
- Section 3: *Admission Date, Patient Days Financial Year-To-Date, Patient Days Month-To-Date, Patient Days Total, and Separation Date.*

Medi-hotel

Guide for use The following guidelines shall be met when reporting Medi-hotel admitted episodes:

1. Where the use of the Medi-hotel involves care/service/treatment during the day that resembles traditional admitted care, the patient should be admitted.
2. For Medi-hotel, movement between ward accommodation and the Medi-hotel accommodation is reported in the Status Segments within the same episode, excluding notes listed in 4. The Accommodation Type shown for each patient day shall be:
 - 1 *Overnight accommodation: shared room* or 2 *Overnight accommodation: single room* where the patient remains in a traditional hospital setting at midnight;
 - 7 *Ward Based/Medi-Hotel combination* when a patient is in a traditional hospital setting during the day and in a Medi-hotel at midnight.

For example, where a patient is admitted to a shared hospital ward on the 1 July 2003, moves to the Medi-hotel at 1700 on the 4 July 2003, and returns to the traditional hospital setting at 0900 on the 5 July 2003 where they are discharged at 1600, the Accommodation Type for the first three patient days is 2 *Overnight accommodation: single room*; and the Accommodation Type for the last patient day is 7 *Ward Based/Medi-Hotel combination*.

3. The use of Medi-hotel should be recorded as leave in the following circumstances:
 - Where the patient receives two or more consecutive days of non-admitted services (not a substitute for traditional admitted care), with an intervening night in the Medi-hotel, and the patient receives admitted patient care both directly before and after this period.
 - Where the patient receives no care for two to seven consecutive days, with an intervening night(s) in the Medi-hotel, and the patient receives admitted patient care both directly before and after this period.
4. The use of Medi-hotel should not be recorded as part of an admitted episode in the following circumstances:
 - Where the patient is receiving only non-admitted services on the first day(s), or no services (for example, a night in Medi-hotel to facilitate an 07:00 Admission Time), the patient should be admitted on the day they first received admitted services.
 - Where the patient is receiving only non-admitted services on the last day(s), the patient should be separated at the time they left the admitted services area (to go to the Medi-hotel).

Refer to:

- Section 2: *Criteria for Admission, Hospital in the Home, Medi-Hotel and Patient Day*.
- Section 3: *Accommodation Type*.

Newborn

Guide for use Newborn episodes are the only episodes where a change in Care Type does not result in a statistical discharge and re-admission (refer to Section 2: *Episode of Care*). It is also necessary to record Qualification Status. See the table below for the specific VAED data items containing 'newborn' information.

Field	Values	Applies	Allocated
Criterion for Admission	<i>Qualified or Unqualified</i>	At admission	At admission, never revised
Qualification Status	<i>Qualified or Unqualified</i>	To <i>days</i> during the episode	At each change in Qualification Status during the episode
Care Type	<i>Acute or Unqualified</i>	To highest level of care during the episode	At admission. However, if newborn at admission does not meet any criterion to be Qualified but later does meet a criterion to be Qualified, the Care Type is <i>changed</i> to Acute

Newborns may be:

- Admitted at or directly after birth: the birth episode.
- Admitted after the birth episode, while still 9 days old or less.

Regardless of whether it is the birth episode, Newborns:

- Cannot go on [normal] leave or contract leave.
- Meeting one of the criteria for 'Qualified Newborn' at Admission, are admitted as Qualified (Criterion for Admission).
- If unqualified and in a private hospital, do not have to be reported. However, all instructions regarding unqualified patients and bed days need to be followed by private hospitals, where they choose to report episodes relating to Unqualified Newborns.
- If the Unqualified Newborn remains in the hospital when they turn 10 days of age, and is not receiving clinical care, they should be discharged. At this point in time it becomes a boarder and the episode being reported to VAED is ended.

Newborn: Birth Episode

- (In public hospitals) is paid by Casemix.
- Expected to have the same Account Class as their mother for the birth episode. In certain circumstances in public hospitals, the mother may be public and the baby private, or the mother private and the baby public. For example:
 - Where the mother does not have private insurance and elects for the baby to be treated as private and pay all expenses; and
 - Where the mother has single private insurance and elects to be private, the baby can be a public patient.
- Can have a different Level of Insurance from their mother.
- See Table 1: Birth Episode.

Newborn: Not Birth Episode

- When a Newborn meets one of the criteria for being Qualified on Admission, assign the appropriate Account Class (must not be NT, does not have to be the same as the mother's).
- When a Newborn does not meet one of the criteria for being Qualified at any time during the episode, the Account Class and the Account Class on Separation must be NT. This most usually occurs when both mother and baby are transferred from the birth hospital to another hospital.
- When a Newborn does not meet one of the criteria for being Qualified at time of admission but later becomes Qualified, the initial Unqualified days must have Account Class NT, and the later Qualified days have the actual Account Class which also must be the Account Class at Separation (NT must not be reported as Account Class at Separation for these patients).
- Diagnosis coding: the majority of these babies are healthy, but as the episode is not the first admission Z38.- is not appropriate. Unless there is another condition that meets the Principal Diagnosis definition, the episode should be assigned the following diagnosis code: *Z76.2 Health supervision and care of other healthy infant and child.*
- See Table 2: Not Birth Episode.

Refer to:

- Section 2: *Admitted Patient, Age, Boarder, Criteria for Admission, Episode of Care, Live Birth, and Neonate.*
- Section 3: *Account Class, Account Class on Separation, Admission Source, Admission Type, Care Type, Criteria for Admission, and Qualification Status.*

Table 1: Birth Episode:

The Newborn	Criterion for Admission	Qualification Status	Care Type	Acc Class	Acc Class on Sep'n
Qualified at admission, remained so for entire episode	N <i>Qualified Newborn</i>	Starts as N <i>Qualified</i> , remains so for entire episode	4 <i>Other Care (Acute) including Qualified newborn</i>	Expected to be same as mother	Expected to be same as mother
Unqualified at admission, remained so for entire episode	U <i>Unqualified Newborn</i>	Starts as U <i>Unqualified</i> , remains so for entire episode	U <i>Unqualified newborn</i>	Expected to be same as mother	Expected to be same as mother
Qualified at admission but later ceased to be qualified	N <i>Qualified Newborn</i>	Starts as N <i>Qualified</i> but has some days as U <i>Unqualified</i>	4 <i>Other Care (Acute) including Qualified newborn</i>	Expected to be same as mother	Expected to be same as mother
Unqualified at admission but later became qualified	U <i>Unqualified Newborn</i>	Starts as U <i>Unqualified</i> but has some days as N <i>Qualified</i>	U <i>Unqualified newborn</i> but later must be amended to 4 <i>Other Care (Acute) including Qualified newborn</i>	Expected to be same as mother	Expected to be same as mother

Table 2: Not Birth Episode

The Newborn	Criterion for Admission	Qualification Status	Care Type	Account Class	Acc Class on Sep'n
Qualified at admission, remained so for entire episode	N <i>Qualified Newborn</i>	Starts as N <i>Qualified</i> , remains so for entire episode	4 <i>Other Care (Acute) including Qualified newborn</i>	As appropriate (probably same as mother)	As appropriate at separation
Accompanying mother & Unqualified at admission, remained so for entire episode	U <i>Unqualified Newborn</i>	Starts as U <i>Unqualified</i> , remains so for entire episode	U <i>Unqualified newborn</i>	NT	NT
Qualified at admission but later ceased to be qualified	N <i>Qualified Newborn</i>	Starts as N <i>Qualified</i> but has some days as U <i>Unqualified</i>	4 <i>Other Care (Acute) including Qualified newborn</i>	As appropriate (probably same as mother)	As appropriate at separation
Accompanying mother & Unqualified at admission but later became qualified	U <i>Unqualified Newborn</i>	Starts as U <i>Unqualified</i> but has some days as N <i>Qualified</i>	U <i>Unqualified newborn</i> but later must be amended to 4 <i>Other Care (Acute) including Qualified newborn</i>	NT for original Unqualified days. As appropriate (probably same as mother) for Qualified days. Continue this Account Class for any subsequent Unqualified days.	As appropriate for Qualified days. Do not report as NT on separation.

Palliative Care

Guide for use

The Palliative Care Type is only reported to the VAED for patients admitted to designated programs.

When a patient is deemed to require palliative care during a non-Palliative Care Type episode, a Diagnosis Code of Z51.5 *Palliative Care* should be included in the Diagnosis Code string to denote the component of palliation.

Change from or to Palliative Care (Care Type 8) as a statistical separation or a statistical admission is prohibited, unless the change is from or to Nursing Home Type (Care Type 1).

Refer to:

- Section 2: *Episode of Care*.
- Section 3: *Care Type*.
- Section 5: *Sub-Acute Record*.
- Section 9:
 - Code Lists: *Care Type Care Type 8: Approved Palliative Care Units*.

Rehabilitation in the Home

- Guide for use** For all separations to RITH, use:
- Separation Mode S *Statistical Separation (Change in Care Type within this hospital)*.

For all admissions to RITH, use:

- Care Type J *Designated Rehabilitation Program: Home-based substitution*.
- Accommodation Type 4 *In the Home (Hospital - HITH)(Rehabilitation - RITH)*

Note that the Acute Hospital in the Home program treats accommodation changes differently.

Refer to:

- Section 2: *Hospital in the Home, Non-Admitted Patient, Rehabilitation care and Rehabilitation in the Home*.
- Section 3: *Accommodation Type*.
- Section 4:
 - Business Rules (tabular) *Care Type: Designated Rehabilitation Programs (2, 6, 7 or J)* page 4-31.

Transfer

- Guide for use** Reporting requirements are listed below:

Hospitals transferring admitted patients to a second hospital

- Separation Mode: T *Separation and transfer to other acute hospital/extended care/rehabilitation/geriatric centre*
- Transfer Destination: Report appropriate hospital campus code.

Hospitals receiving patients from another hospital

- Admission Source: T *Transfer from acute hospital/extended care/rehabilitation/geriatric centre*
- Transfer Source: Report appropriate hospital campus code.

Refer to:

- Section 2: *Campus, Criteria for Admission, and Hospital*.
- Section 3: *Admission Source, Separation Mode, Transfer Destination, Transfer Source*.

Business Rules (tabular)

Account Class, Acc Type, Care Type and Medicare Suffix

Listed below are the valid reporting combinations for each Account Class.

Note, Accommodation Type 4 *Hospital in the Home*, can only be used for public, private, DVA, TAC and WorkCover patients, unless the Department has notified hospitals that specific funders accept other types of patients for this program.

Account Class	Accom Type	Care Type	Medicare Suffix
Newborn (Transferred and Unqualified)			
NT	B	U	name, C-U, BAB
Public			
MP	1 2 3 4 6 7 8 B C M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, E, U	name, C-U, BAB
ME	1 2 3 4 6 7 8 B C M S	0, 2, 4, 5, 6, 7, J, 8, 9, U	N-E
MR	1 2 4	4, 9	name, C-U
MN	1 2 4 6 M S	1, F	name, C-U, N-E
M5	1 2 4 6 M S	1, F	name, C-U, N-E
MA	1 2 3 4 6 7 8 B C M S	4, 5, E, U	name, C-U
Private			
PA	1 2 4 6 7 8 B C M S	4, 5, U	name, C-U, BAB
PB	1 2 4 6 7 8 B C M S	4, 5, U	name, C-U, BAB
PC	1 2 4 6 7 B C M S	4, 5, U	name, C-U, BAB
PD	1 2 4 6 7 B C M S	4, 5, U	name, C-U, BAB
PE	1 2 3 4 6 7 8 B C M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB
PF	1 2 4 6 7 8 B C M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB
PG	1 2 3 6 7 B C M S	4, 5, U	name, C-U, BAB
PH	1 2 6 7 B C M S	4, 5, U	name, C-U, BAB
PI	1 2 3 6 7 M S	2, 6, 7, J	name, C-U
PJ	1 2 6 7 M S	2, 6, 7, J	name, C-U
PK	1 2 6 7 M S	2, 6, 7, J	name, C-U
PL	1 2 3 6 M S	5	name, C-U
PM	1 2 6 M S	5	name, C-U
PN	1 2 6 M S	5	name, C-U
PO	1 2 3 4 6 7 8 B C M S	0, 2, 4, 5, 6, 7, J, 8, 9	name, C-U, BAB
PP	1 2 3 4 6 7 8 B C M S	0, 2, 4, 5, 6, 7, J, 8, 9	name, C-U, BAB
PQ	1 2 3 4 6 7 8 B C M S	0, 2, 4, 5, 6, 7, J, 8, 9	name, C-U, BAB
PR	1 2 3 4 6 7 8 B C M S	0, 2, 4, 5, 6, 7, J, 8, 9	name, C-U, BAB
PS	1 2 4 6 M S	1	name, C-U
PT	1 2 4 6 M S	1	name, C-U
PU	1 2 4 6 M S	1	name, C-U
PV	1 2 4 6 M S	1	name, C-U
DVA			
VX	1 2 3 4 6 7 8 B C M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U, E	name, C-U, BAB
VN	1 2 4 6 M S	1, F	name, C-U
V5	1 2 4 6 M S	1, F	name, C-U

Account Class	Accom Type	Care Type	Medicare Suffix
Prisoners			
JP	1 2 3 4 6 8 B C M S	0, 2, 4, 5, 6, 7, 8, 9, U	name, P-N
JN	1 2 4 6 8 M S	1	name, P-N
Compensable			
WorkCover			
WC	1 2 3 4 6 7 8 B C M S	0, 2, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, N-E, P-N
WN	1 2 4 6 M S	1	name, C-U, N-E, P-N
TAC			
TA	1 2 3 4 6 7 8 B C M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, N-E, P-N
TN	1 2 4 6 M S	1	name, C-U, N-E, P-N
Services			
AS	1 2 3 4 6 7 8 B C M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB
AN	1 2 4 6 M S	1	name, C-U
Seamen			
SS	1 2 3 4 6 7 8 B C M S	0, 2, 4, 5, 6, 7, J, 8, 9, U	name, C-U, N-E
SN	1 2 4 6 M S	1	name, C-U, N-E
Common Law			
CL	1 2 3 4 6 7 8 B C M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, N-E
CN	1 2 4 6 M S	1	name, C-U, N-E
Other			
OO	1 2 3 4 6 7 8 B C M S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, N-E
ON	1 2 4 6 M S	1	name, C-U, N-E
Ineligible			
XX	1 2 3 4 6 7 8 B C M S	0, 2, 4, 5, 6, 7, J, 8, 9, U	N-E
XN	1 2 4 6 M S	1	N-E

Edits 094 Combination A/C, Accom Care Med Suff
 329 Geri Respite- Invalid Comb
 344 Invalid Comb For Family Choice
 454 Incompat Fields for Interim Care

Account Class: Geriatric Respite

If Account Class is MR *Geriatric Respite Care* then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

Field	Valid codes
E2 Episode Record	
Medicare Suffix *	Name, C-U
Admission Source	H
Admission Type	C, L, O, X
Transfer Source	Spaces
Accommodation Type	1, 2, 4
Qualification Status	X
Separation Mode	S, D, Z, T, N, A, H
Separation Referral	P, M, B, U, C, S, D, G, A, K, R, X or spaces
Criterion for Admission	O
Intended Duration of Stay	2
Mental Health Legal Status	9
X2 Diagnosis Record	
Principal Diagnosis	Z75.5 <i>Holiday relief care</i> , or Z74.2 <i>Need for assistance at home and no other household member able to render care</i>
Admission weight	Spaces
Duration of Stay in ICU *	Spaces
Duration of MV *	Spaces
Duration of Stay in CCU	Spaces
Reason for Critical Care Transfer	Spaces
Duration of NIV	Spaces

* Field is not checked by Edit 329 *Geri Respite – Invalid Comb*, as this field is checked by other general edits relating to the field.

Edits 329 Geri Respite – Invalid Comb

Admission Source and Admission Type

Valid combinations (this information is an extract of the same information in the edit table on page 4-40).

If Admission Source is		then Admission Type must be
S	Statistical Admission (change in Care Type within this hospital)	S
Y	Birth Episode	Y
T	Transfer from Acute hospital/Extended care/Rehabilitation/Geriatric centre	M, C, L, O, X
N	Transfer from Aged Care Residential Facility	M, C, L, O, X
A	Transfer from Mental Health Residential Facility	M, C, L, O, X
H	Admission from Private Residence/Accommodation	M, C, L, O, X
If Admission Type is		then Admission Source must be
S	Statistical Admission (change in Care Type within this hospital)	S
Y	Birth Episode	Y
M	Maternity	T, N, A, H
C	Emergency Admission through Emergency Department at this hospital	T, N, A, H
L	Admission – from the Waiting List	T, N, A, H
O	Other Emergency Admission	T, N, A, H
X	Other Admission	T, N, A, H

Edit

056 Incompatible Adm Type/Source

Admission Source and Age

Valid combinations (this information is an extract of the same information in the edit table on page 4-40). Only fields that cannot contain the full code set are listed.

If Age at admission is	then Admission Source must be
< 2 days	Y, T, H
< 10 days	T, H
> 9 days and <= 2 years	S, T, H
> 2 years	S, T, N, A H
If Admission Source is	then Age at admission must be
S Statistical Admission (change in Care Type within this hospital)	> 9 days
Y Birth Episode*	< 2 days
N Transfer from Aged Care Residential Facility	> 2 years
A Transfer from Mental Health Residential Facility	> 2 years

* Private hospitals may report Admission Source code Y for Age at admission > 2 days.

Edit 479 Incompatible Adm Source/Age

Admission Source and Care Type

Valid combinations. Only fields that cannot contain the full code set are listed.

If Admission Source is	then Care Type must be
S Statistical Admission (change in Care Type within this hospital)	F, E, 1, 2, 6, 7, J, 8, 5, 9, 3, 4
Y Birth Episode	4, U
N Transfer from Aged Care Residential Facility	F, E, 1, 2, 6, 7, J, 8, 5, 9, 0, 4
A Transfer from Mental Health Residential Facility	F, E, 1, 2, 6, 7, J, 8, 5, 9, 0, 4
If Care Type is	then Admission Source must be
F Interim Care Program – Nursing Home Type	S, T, N, A, H
E Interim Care Program	S, T, N, A, H
1 NHT/Non-Acute	S, T, N, A, H
2 Designated Rehab – Level 1	S, T, N, A, H
6 Designated Rehab – Level 2	S, T, N, A, H
7 Designated Rehab – Level 3	S, T, N, A, H
J Designated Rehab – Home-based substitution	S, T, N, A, H
8 Palliative Care Program	S, T, N, A, H
5 Approved Mental Health/Psychogeriatric	S, T, N, A, H
9 Geriatric Evaluation and Management Program	S, T, N, A, H
0 Alcohol and Drug Program	T, N, A, H
3 Family Choice: Awake Attendant Care	S, T, H
U Unqualified Newborn	Y, T, H

Edits 488 Incompat Care Type/Adm Source Statistical
 507 Stat Episode: Rehab also in Prior Episode
 528 Stat Episode Pall: Not NHT in Prior Episode

Admission Source and Criterion For Admission

Valid combinations (this information is an extract of the same information in the edit table on page 4-40). Only fields that cannot contain the full code set are listed.

If Admission Source is	then Criterion For Admission must be
S Statistical Admission (change in Care Type within this hospital)	B, C, O
Y Birth Episode	N, U
N Transfer from Aged Care Residential Facility	B, C, O
A Transfer from Mental Health Residential Facility	B, C, O
If Criterion For Admission is	then Admission Source must be
B Day Only Bands	S, T, N, A, H
C Type C Professional Attention Procedures	S, T, N, A, H
N Qualified Newborn	Y, T, H
U Unqualified Newborn	Y, T, H
O Expected to require hospitalisation for minimum of one night	S, T, N, A, H
S Secondary Family Member	T, H

Edit 482 Incompatible Adm Source/Crit for Adm

Admission Source and Qualification Status

Valid combinations (this information is an extract of the same information in the edit table on page 4-40). Only fields that cannot contain the full code set are listed.

If Admission Source is	then Qualification Status must be
S Statistical Admission (change in Care Type within this hospital)	X
Y Birth Episode	N, U
N Transfer from Aged Care Residential Facility	X
A Transfer from Mental Health Residential Facility	X
If Qualification Status is	then Admission Source must be
N Qualified Newborn	Y, T, H
U Unqualified Newborn	Y, T, H
X Not Applicable	S, T, N, A, H

Edit 483 Incompatible Adm Source/Qual Stat

Admission Type and Qualification Status

Valid combinations (this information is an extract of the same information in the edit table on page 4-40). Only fields that cannot contain the full code set are listed.

If Admission Type is	then Qualification Status must be
S Statistical Admission (change in Care Type within this hospital)	X
Y Birth Episode	N, U
M Maternity	X
If Qualification Status is	then Admission Type must be
N Qualified Newborn	Y, C, L, O, X
U Unqualified Newborn	Y, C, L, O, X
X Not Applicable	S, M, C, L, O, X

Edit 485 Incompatible Adm Type/Qual Stat

Age and Criterion For Admission

Valid combinations (this information is an extract of the same information in the edit table on page 4-40). Only fields that cannot contain the full code set are listed.

If Age at admission is	then Criterion For Admission must be
< 2 days	N, U
< 10 days	B, C, N, U
> 9 days	B, C, O, S
If Criterion For Admission is	then Age at admission must be
B Day Only	>= 2 days
C Type C Professional Attention Procedures	>= 2 days
N Qualified Newborn	< 10 days
U Unqualified Newborn	< 10 days
O Overnight	> 9 days
S Secondary Family Member	> 9 days

Edit 217 Newborn Adm Crit But Age >9 Days
486 Incompatible Age/Crit for Adm

Care Type: Designated Rehabilitation Program (2, 6, 7 and J)

If Care Type is 2 *Designated Rehabilitation Program/Unit: Level 1*, 6 *Designated Rehabilitation Program/Unit: Level 2*, 7 *Designated Rehabilitation Program/Unit: Level 3* or J *Designated Rehabilitation Program/Unit: Home Based Substitution* then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

Note that the only difference between the four Care Types is Clinical Sub-program.

Field	Valid codes
E2 Episode Record	
Admission Source	S, T, N, A, H
Admission Type	S, C, L, O, X
Qualification Status	X
Separation Referral	P, M, B, U, C, S, D, G, A, K, R, X or spaces
Criterion for Admission	B, C, O
Mental Health Legal Status	9
Funding Arrangement	1 or space
X2 Diagnosis Record	
Admission weight	Spaces
Duration of MV	Spaces
Reason for Critical Care Transfer	Spaces
Duration of NIV	Spaces
S2 Sub-Acute Record	
Barthel Index Score on Admission	Range 000 to 100
Barthel Index Score on Separation	Range 000 to 100
Clinical Sub-program	
If Care Type 2	02x, 04x, 05x
If Care Type 6, 7, J	Any code from list see section 3
Onset Date	DDMMCCYY
Admission/Re-admission to Rehabilitation	0, 1
RUG ADL on Admission	Spaces
RUG ADL on Separation	Spaces
Source of Referral to Palliative Care	Spaces

Edits	251	Invalid Adm Barthel
	252	Invalid Sep Barthel
	253	Rehab: Invalid Clin Sub-Prog
	254	Rehab: Invalid Adm/Re-Adm to Rehab
	255	Rehab Invalid Onset Date
	258	Sub-Acute: No Sub-Acute Record
	260	Invalid Care for Qual
	289	Adm Sc T'fr & Onset = Adm Date
	291	Adm Barthel > Sep Barthel
	305	Adm Rug ADL Present
	306	Sep Rug ADL Present
	341	Source Of Refer To Pal Care Present
	405	Inapplic Clin Prog For Care Type 2
	406	Rehab Care Type W/Out Rehab PDx
	407	Rehab Level 2 or 3 W Low Adm Barth
	506	Stat Episode: Rehab also in Next Episode
	507	Stat Episode: Rehab also in Prior Episode

Care Type: Family Choice

If Care Type is 3 *Family Choice: Awake Attendant Care* (currently permissible only for the Royal Children's Hospital), then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

Field	Valid codes
E2 Episode Record	
Marital Status	1
Admission Type	S, X
Admission Source	S, T, H
Account Class	MP, PE, PF, VX, TA, AS, CL, OO
Accommodation Type	4
Qualification Status	X
Separation Mode	S, D, Z, T, H
Separation Referral	U, C, S, G, K, R, X, or spaces
Carer Availability	Space
Criterion for Admission	O
Intended Duration of Stay	2
Mental Health Legal Status	9
X2 Diagnosis Record	
Duration of Stay in ICU	Spaces
Duration of MV	Spaces
Duration of Stay in CCU	Spaces
Reason for Critical Care Transfer	Spaces
Duration of NIV	Spaces

Edits 094 Combination A/C Accom Care Med Suff
 268 Inv Comb MHLS & Care Type
 344 Invalid Comb For Family Choice

Care Type: Interim Care Program (F and E)

If Care Type is F *Interim Care Program – Nursing Home Type* or E *Interim Care Program* then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

Note that the only differences between the two Care Types is in:

- Account Class and Account Class on Separation
- Admission Source and Separation Mode

Field	Valid codes
E2 Episode Record	
Admission Type	S, C, L, O, X
Admission Source	
If Care Type F	S, T, N, A, H
If Care Type E	S, T, N, A, H
Account Class	
If Care Type F	MN, M5, VN, V5
If Care Type E	MP, MA, VX
Accommodation Type	1, 4
Qualification Status	X
Separation Referral	P, M, B, U, C, S, D, G, A, K, R, X or spaces
Account Class on Separation *	
If Care Type F	MN, M5, VN, V5
If Care Type E	MP, MA, VX
Criterion for Admission	O
Intended Duration of Stay	2
Mental Health Legal Status *	9
Funding Arrangement	1 or space
Contract Type	2, 3, 4, 5, 7 or space
X2 Diagnosis Record	
Principal Diagnosis Code *	Z75.11 <i>Person awaiting admission to residential aged care facility</i> Z75.12 <i>Person awaiting admission to psychiatric facility/unit</i>
Admission Weight	Spaces
Duration of Stay in ICU	Spaces
Duration of MV	Spaces
Duration of Stay in CCU	Spaces
Reason for Critical Care Transfer	Spaces
Duration of NIV	Spaces
S2 Sub-Acute Record *	
Barthel Index Score on Admission *	Range 000 to 100
Barthel Index Score on Separation *	Range 000 to 100
Clinical Sub-Program *	Spaces
Onset Date *	Spaces
Admission/Re-admission to Rehabilitation *	Spaces
RUG ADL on Admission *	Spaces
RUG ADL on Separation *	Spaces
Source of Referral to Palliative Care *	Spaces

* Field is not checked Edit 454 *Incompat Fields for Interim Care*, as this field is checked by other general edits relating to field, not just in relation to Interim Care.

Edits

094	Combination A/C Accom Care Med Suff
251	Invalid Adm Barthel
252	Invalid Sep Barthel
258	Sub-Acute: No Sub-Acute Record
268	Inv Comb MHLS and Care Type
305	Adm RugADL Present
306	Sep Rug ADL Present
341	Source Of Refer To Pal Care Present
453	Wrong PDx for Interim Care
454	Incompat Fields for Interim Care

Care Type and Separation Mode

Valid combinations. Only fields that cannot contain the full code set are listed.

If Care Type is	then Separation Mode must be
0 Alcohol and Drug Program	D, Z, T, N, A, H
3 Family Choice: Awake Attendant Care	S, D, Z, T, H
U Unqualified Newborn	D, Z, T, H
If Separation Mode is	then Care Type must be
S Statistical Separation (change in Care Type within this hospital)	F, E, 1, 2, 6, 7, J, 8, 5, 9, 3, 4
N Separation/Transfer Aged Care Residential Facility	F, E, 1, 2, 6, 7, J, 8, 5, 9, 0, 4
A Separation/Transfer Mental Health Residential Facility	F, E, 1, 2, 6, 7, J, 8, 5, 9, 0, 4

Edits	489	Incompat Care Type/Sep Mode Statistical
	506	Stat Episode: Rehab also in Next Episode
	529	Stat Episode Pall: Not NHT in Next Episode

Carer Availability and Separation Mode

The edit table applies to Public Hospital episodes only. Private hospitals should report Carer Availability as a space only.

For Care Types 1, 2, 6, 7, J, 8, 9, F and E, if an episode has the combination of Separation Mode and Age, then Carer Availability must have one of the codes in the third column:

Separation Mode	Age	Carer Availability
S, D, Z, T, N, A	any age	1
H	<8 years	4, 5, 6
H	>7 years	1, 2, 3, 4, 5, 6, 7, 8

Edits	390	Invalid Carer Availability
	399	Incompat Sep Mode & Carer Availability
	400	Child, Incompatible Carer Availability

Contracting: Contract Fields, Contract Leave and Funding Arrangement

Edits not applied until Separation Date present. Valid combinations of Contract fields:

Contract Type	Contract Role	Contract/Spoke Identifier	Contract Leave	Funding Arrangement
Space	Space	Space	MTD, YTD: Space Total: Space	Space
1 Type B	B Hospital B	Valid code (not 0050 or 0070)	MTD, YTD: Space Total: Space	1 Contract
2 Type ABA	A Hospital A	Valid code	MTD, YTD: Value or space Total: Value or space*	1 Contract
	B Hospital B	Valid code	MTD, YTD: Space Total: Space	1 Contract
3 Type AB	A Hospital A	Valid code	MTD, YTD: Value or space Total: Value or space*	1 Contract
	B Hospital B	Valid code	MTD, YTD: Space Total: Space	1 Contract
4 Type (A)B	A Hospital A	Valid code	MTD, YTD: Space Total: Space	1 Contract
	B Hospital B	Valid code	MTD, YTD: Space Total: Space	1 Contract
5 Type BA	A Hospital A	Valid code	MTD, YTD: Value or space Total: Value or space*	1 Contract
	B Hospital B	Valid code	MTD, YTD: Space Total: Space	1 Contract
6 Type A(B)	A Hospital A	Valid code	MTD, YTD: Space Total: Space	1 Contract
7 Type (A)	A Hospital A	0050 or 0070	MTD, YTD: Space Total: Space	1 Contract

* Can be space: if contract leave is *same day*, no Leave Day is counted.

Edit 410 Illegal Comb Fund Arrange & Contract
 456 Contract Leave, No Contract

Contracting: Funding Arrangement and Contract Fields

Valid combinations for public and private hospitals and day procedure centres.

Edits not applied until Separation Date present. If Funding Arrangement code is as shown in the first column, the various Contract fields must contain codes as shown in the Code column.

Funding Arrangement	Contract fields	Code
Space – None	Contract Type	Space
	Contract Role	Space
	Contract/Spoke Identifier	Space
	Contract Leave Days MTD	Space
	Contract Leave Days YTD	Space
	Contract Leave Days Total	Space
1 Contract with Contract Type 1	Contract Type	1
	Contract Role	B
	Contract/Spoke Identifier	Valid External Purchaser Agency code: 0100-0900. For reporting the location of lithotripsy services provided by St Vincent's Hospital only, codes: 0910, 0920, 0930, 0940, 0950, 0960, 0970, 0980, 0990.
	Contract Leave Days MTD	Space
	Contract Leave Days YTD	Space
	Contract Leave Days Total	Space
1 Contract with Contract Types 2, 3, 4, 5	Contract Type	2, 3, 4, 5
	Contract Role	A, B
	Contract/Spoke Identifier	Valid Campus code
	Contract Leave Days MTD	Value or space*
	Contract Leave Days YTD	Value or space*
	Contract Leave Days Total	Value or space*
1 Contract with Contract Type 6	Contract Type	6
	Contract Role	A
	Contract/Spoke Identifier	Valid Campus code
	Contract Leave Days MTD	Space
	Contract Leave Days YTD	Space
	Contract Leave Days Total	Space
1 Contract with Contract Type 7	Contract Type	7
	Contract Role	A
	Contract/Spoke Identifier	Valid External Purchaser Agency code: 0050, 0070.
	Contract Leave Days MTD	Space
	Contract Leave Days YTD	Space
	Contract Leave Days Total	Space
2 Hub/spoke	Contract Type	Space
	Contract Role	Space
	Contract/Spoke Identifier	Valid Campus code
	Contract Leave Days MTD	Space
	Contract Leave Days YTD	Space
	Contract Leave Days Total	Space

Funding Arrangement	Contract fields	Code
3 Healthstreams	Contract Type	Space
	Contract Role	Space
	Contract/Spoke Identifier	Space
	Contract Leave Days MTD	Space
	Contract Leave Days YTD	Space
	Contract Leave Days Total	Space
4 Coordinated Care Trial	Contract Type	Space
	Contract Role	Space
	Contract/Spoke Identifier	Space
	Contract Leave Days MTD	Space
	Contract Leave Days YTD	Space
	Contract Leave Days Total	Space
5 Rural Patients Initiative	Contract Type	Space
	Contract Role	Space
	Contract/Spoke Identifier	Space
	Contract Leave Days MTD	Space
	Contract Leave Days YTD	Space
	Contract Leave Days Total	Space
6 Elective Surgery Access Service	Contract Type	Space
	Contract Role	Space
	Contract/Spoke Identifier	Space
	Contract Leave Days MTD	Space
	Contract Leave Days YTD	Space
	Contract Leave Days Total	Space

* Can be space: if contract leave is *same day*, no Leave Day is counted.

Edit 410 Illegal Comb Fund Arrange and Contract

Contracting: Funding Arrangement, Contract Type and Contract Role with Admission Source and Separation Mode

Edit not applied until Separation Date present. If an episode has the combination of Contract fields in the *first three columns*, then a Transfer must be indicated in Admission Source and/or Separation Mode as indicated in the last two columns. Valid combinations:

Funding Arrangement	Contract Type	Contract Role	Admission Source	Separation Mode
1 Contract	2 Contract Type ABA	B Hospital B	T Transfer from acute hospital/extended care/rehabilitation/geriatric centre	T Separation and transfer to other acute hospital/extended care/rehabilitation/geriatric centre
1 Contract	3 Contract Type AB	A Hospital A		T Separation and transfer to other acute hospital/extended care/rehabilitation/geriatric centre
1 Contract	3 Contract Type AB	B Hospital B	T Transfer from acute hospital/extended care/rehabilitation/geriatric centre	
1 Contract	5 Contract Type BA	B Hospital B		T Separation and transfer to other acute hospital/extended care/rehabilitation/geriatric centre
1 Contract	5 Contract Type BA	A Hospital A	T Transfer from acute hospital/extended care/rehabilitation/geriatric centre	

Edit

423 Invalid Comb Fund / Contract /Transfer

Criterion for Admission, Age, Admission Type, Admission Source, Qualification Status

This information is a summary of the information presented in the following tables:

- Admission Source and Admission Type, on page 4-25.
- Admission Source and Age, on page 4-26.
- Admission Source and Criterion For Admission, on page 4-27.
- Admission Source and Qualification Status, on page 4-27.
- Admission Type and Age, on page 4-28.
- Admission Type and Criterion For Admission, on page 4-28.
- Admission Type and Qualification Status, on page 4-29.
- Age and Criterion For Admission, on page 4-29.
- Age and Qualification Status, on page 4-30.
- Criteria For Admission and Qualification Status, on page 4-42.
- Criteria For Admission and Qualification Status (1st Status Segment), on page 4-42.

Age	Criterion for Admission	Admission Type	Admission Source	Qualification Status
<2 days	N Qualified Newborn	Y Birth Episode*	Y Birth Episode*	N Qualified Newborn**
<2 days	U Unqualified Newborn	Y Birth Episode*	Y Birth Episode*	U Unqualified Newborn**
<2 days	N Qualified Newborn	C Emergency admission through ED O Other Emergency X Other Admission	T Transfer H Private Residence/ Accommodation	N Qualified Newborn**
<2 days	U Unqualified Newborn	C Emergency admission through ED O Other Emergency X Other Admission	T Transfer H Private Residence/ Accommodation	U Unqualified Newborn**
<10 days	B Day Only Bands C Type C N Qualified Newborn	C Emergency admission through ED L Admission - Waiting List O Other Emergency X Other Admission	T Transfer H Private Residence/ Accommodation	N Qualified Newborn**
<10 days	U Unqualified Newborn	C Emergency admission through ED L Admission - Waiting List O Other Emergency X Other Admission	T Transfer H Private Residence/ Accommodation	U Unqualified Newborn**
>9 days	B Day Only Bands C Type C O Overnight	S Statistical Admission	S Statistical Admission	X Not Applicable
>9 days	S Secondary Family Member	C Emergency admission through ED L Admission - Waiting List O Other Emergency X Other Admission	T Transfer H Private Residence/ Accommodation	X Not Applicable
>9 days <= 2 years	B Day Only Bands C Type C O Overnight	C Emergency admission through ED L Admission - Waiting List O Other Emergency X Other Admission	T Transfer H Private Residence/ Accommodation	X Not Applicable

Age	Criterion for Admission	Admission Type	Admission Source	Qualification Status
> 2 years	B Day Only Bands C Type C O Overnight	C Emergency admission through ED L Admission - Waiting List O Other Emergency X Other Admission	T Transfer N From Aged Care Res Facility A From Mental Health Res Facility H Private Residence/ Accommodation	X Not Applicable
11-54 years inclusive	B Day Only Bands C Type C O Overnight	M Maternity	T Transfer N From Aged Care Res Facility A From Mental Health Res Facility H Private Residence/ Accommodation	X Not Applicable

* Private hospitals may report Admission Source and Admission Type codes Y for Age at admission > 2 days.

** The Qualification Status value that must be reported in the 1st Status Segment.

Edits	056	Incompatible Adm Type/Source
	057	Incompat Adm Type/Age
	074	Invalid Age For Criterion
	216	Newborn Qual Status But Age > 9 Days
	217	Newborn Adm Crit But Age > 9 Days
	479	Incompat Adm Source/Age
	482	Incompat Adm Source/Crit for Adm
	483	Incompat Adm Source/Qual Stat
	484	Incompat Adm Type/Crit for Adm
	485	Incompat Adm Type/Qual Stat
	486	Incompat Age/Crit for Adm
	487	Incompat Age/Qual Stat
	490	Incompat Crit For Adm/Qual Stat

Criterion for Admission and Newborn Qualification Status (1st Status Segment)

This edit table, in addition to the edit table 'Criterion for Admission and Qualification Status' further specifies the Qualification Status code required for newborns in the 1st Status Segment of the admission.

Valid combinations (this information is an extract of the same information in the edit table on page 4-40).

If Criterion For Admission is	then Qualification Status (1st Status Segment) must be
B Day Only Bands	N, X
C Type C Professional Attention Procedures	N, X
N Qualified Newborn	N
U Unqualified Newborn	U
O Overnight	X
If Qualification Status (1st Status Segment) is	then Criterion For Admission
N Qualified Newborn	B, C, N
U Unqualified Newborn	U
X Not Applicable	B, C, O

Edit 490 Incompatible Crit for Adm/Qual Stat

Criterion for Admission and Qualification Status

Valid combinations (this information is an extract of the same information in the edit table on page 4-40). Only fields that cannot contain the full code set are listed.

If Criterion For Admission is	then Qualification Status must be
B Day Only Bands	N, X
C Type C Professional Attention Procedures	N, X
N Qualified Newborn	N, U
U Unqualified Newborn	U, N
O Overnight	X
S Secondary Family Member	X
If Qualification Status is	then Criterion For Admission
N Qualified Newborn	B, C, N, U
U Unqualified Newborn	U, N
X Not Applicable	B, C, O, S

Edit 490 Incompatible Crit for Adm/Qual Stat

Criterion for Admission: Secondary Family Member

If Criterion For Admission is *S Secondary Family Member* then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

Field	Valid codes
E2 Episode Record	
Admission Type	C, L, O, X
Admission Source	T, H
Care Type	4
Accommodation Type	1, 2, 3, B
Separation Mode	D, Z, T, N, A, H
Mental Health Legal Status	9
X2 Diagnosis Record	
Duration of Stay in ICU	Spaces
Duration of MV	Spaces
Duration of Stay in CCU	Spaces
Reason for Critical Care Transfer	Spaces
Duration of NIV	Spaces

Edit 328 Early Parenting Centre – Invalid Comb

Funding Arrangement: Elective Surgery Access Service

If Funding Arrangement is *6 Elective Surgery Access Service*, then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

Field	Valid codes
E2 Episode Record	
Admission Type	L
Admission Source	T, N, A, H
Account Class	MP, PE, PF, VX, TA, AS, CL, OO
Qualification Status	X
Carer Availability	Space
Care Type	4
Criterion for Admission	B, C, O
Mental Health Legal Status	9

Edit 491 Incompat Fields for ESAS

Funding Arrangement: Rural Patients Initiative

If Funding Arrangement is 5 *Rural Patients Initiative*, then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

Field	Valid codes
E2 Episode Record	
Admission Type	S, L, X, C, O
Admission Source	S, T, N, A, H
Account Class	MP, PE, PF, VX, TA, AS, CL, OO
Qualification Status	X
Carer Availability	Space
Care Type	4
Criterion for Admission	B, C, O
Mental Health Legal Status	9

Edit 492 Incompat Fields for RPI

Intention to Readmit and Separation Mode

Valid combinations. Only fields that cannot contain the full code set are listed.

If Intention to Readmit is	then Separation Mode must be
0 Not applicable	S, D, Z, T
1 Re-admission planned this hospital within 28 days, booking arranged	N, A, H
2 Re-admission planned this hospital within 28 days, no booking arranged	N, A, H
3 Re-admission planned other hospital within 28 days, booking arranged	N, A, H
4 Re-admission planned other hospital within 28 days, no booking arranged	N, A, H
9 No plan to re-admit within 28 days	N, A, H
If Separation Mode is	then Intention to Readmit must be
S Statistical Separation (change in Care Type within this hospital)	0
D Death	0
Z Left against medical advice	0
T Separation and Transfer to other Acute Hospital/Extended Care/Rehabilitation/Geriatric Centre	0
N Separation and Transfer to Aged Care Residential Facility	1, 2, 3, 4, 9
A Separation and Transfer to Mental Health Residential Facility	1, 2, 3, 4, 9
H Separation to Private Residence/Accommodation	1, 2, 3, 4, 9

Edit 192 Invalid Comb Int./Readmit/Sep Mode

Locality/Postcode

The following editing on the Locality and Postcode data items apply:

- 1 Accept if the Locality is blank and the Postcode is 1000 or 8888 or 9988.
 Accept if the Locality is not blank and the Postcode is 8888.
 Reject (Edit 058) if the Locality is blank and the Postcode is not 1000 or 8888 or 9988.
 Reject (Edit 058) if the Locality is not blank and the Postcode is 1000 or 9988.
- 2 Reject (Edit 037) if Postcode is not valid, that is not in the Postcode/Locality/SLA reference file.
- 3 Check validity of the Locality and Postcode combination against the reference file:
 Reject (Edit 058) records of Victorian residents (postcode commences with 3) if there is not an exact match for both Locality and Postcode.

All other (non-Victorian residents) records will be:

- Accepted if there is an exact match for both Locality and Postcode.
- Accepted if there is a match on Postcode and part of the Locality. This routine will look for the best fit for the Locality, with a minimum requirement that there is a match on the first three letters.
- Rejected (Edit 058) if neither of the above apply.

Accepted variations of locality spellings in the Postcode/Locality reference file

Australia Post Postcode/Locality	Examples of accepted variations of locality spellings
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Compass bearing descriptors:

3051 NORTH MELBOURNE	3051 MELBOURNE NORTH 3051 NTH MELBOURNE 3051 MELBOURNE NTH 3051 NTH.MELBOURNE 3051 N.MELBOURNE
3205 SOUTH MELBOURNE	3205 MELBOURNE SOUTH 3205 STH MELBOURNE 3205 MELBOURNE STH 3205 STH.MELBOURNE 3205 S.MELBOURNE
3002 EAST MELBOURNE	3002 MELBOURNE EAST 3002 E.MELBOURNE
3003 WEST MELBOURNE	3003 MELBOURNE WEST 3003 W.MELBOURNE

Other locality descriptors:

3107 TEMPLESTOWE LOWER	3107 LOWER TEMPLESTOWE
3123 HAWTHORN UPPER	3123 UPPER HAWTHORN
3212 LARA LAKE	3212 LAKE LARA
3149 MOUNT WAVERLEY	3149 MT WAVERLEY 3149 MT. WAVERLEY 3149 MT.WAVERLEY
3182 ST KILDA	3182 ST.KILDA 3182 ST. KILDA 3182 SAINT KILDA
3030 POINT COOK	3030 PT.COOK 3030 PT. COOK 3030 PT COOK
3193 RICKETTS POINT	3193 RICKETTS PT. 3193 RICKETTS PT

Examples of errors in postcodes and localities that will be rejected

Error Type	Example	Result	Remedy*
Inclusion of region in locality field	3350 ALFREDTON BALLARAT	Rejection	3350 ALFREDTON
Inclusion of state identifier in locality field	3820 WARRAGUL VIC	Rejection	3820 WARRAGUL
Inclusion of street address in locality field	3181 76 WILLIAMS RD PRAHRAN	Rejection	3181 PRAHRAN
Invalid postcode and/or locality	3057 BRUNSWICK	Rejection	3056 BRUNSWICK <i>or</i> 3057 EAST BRUNSWICK
Invalid use of 'dot'	3350 BALLARAT.	Rejection	3350 BALLARAT
Incorrect number of words	3024 WYNDHAMVALE 3006 SOUTH BANK	Rejection	3024 WYNDHAM VALE 3006 SOUTHBANK
More than one space between words	3021 ST ALBANS	Rejection	3021 ST ALBANS
Invalid abbreviation of locality descriptor	3055 W BRUNSWICK 3107 LWR TEMPLESTOWE	Rejection	3055 W.BRUNSWICK 3107 LOWER TEMPLESTOWE
Misspellings	3064 CRAIGEBURN 3064 CRAIGIBURN	Rejection	3064 CRAIGIEBURN

* Check latest postcode/locality reference file and/or Australia Post postcode/locality listings

Newborns: Criteria for Admission, Qualification Status, Care Type

Newborns should always have the following:

- Admission Type: Y *Birth Episode*
- Accommodation Type: C *Nursery accommodation: NICU/SCN only* or B *Other nursery accommodation or mother's bedside (rooming in)*

If Criteria for Admission codes N or U are present, the following are valid combinations:

Criterion for Admission	Qualification Status	Care Type
N Qualified Newborn	N Qualified	4 Other Care (Acute) including Qualified newborn
U Unqualified Newborn	U Unqualified	U Unqualified newborn
N Qualified Newborn	N Qualified* and U Unqualified	4 Other Care (Acute) including Qualified newborn
U Unqualified Newborn	U Unqualified* and N Qualified	4 Other Care (Acute) including Qualified newborn

* The Qualification Status value that must be reported in the 1st Status Segment.

Edits	235	Adm Crit is N But Care Not 4
	241	Illegal Qual Stat Combination N & X
	242	Illegal Qual Stat Combination U & X
	260	Invalid Care For Qual
	490	Incompat Crit For Adm/Qual Stat

