

Proposals for revisions to PRS/2
and the Victorian Admitted
Episodes Dataset (VAED) for
1 July 2006

November 2005

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Executive Summary

Each year the Department of Human Services (DHS) reviews the data elements and format of PRS/2 and the Victorian Admitted Episodes Dataset (VAED). This review seeks to ensure that the admitted patient collection supports the Department's national reporting obligations, and assists DHS planning and policy development.

This document has been produced to invite comment and stimulate discussion on the proposals outlined below. If you would like to comment on any of the proposals, please see the introduction section on how to do so.

In order to be accepted into the VAED proposals need to demonstrate clear business justification and be fully costed, meaning funding streams will need to be identified and confirmed. Final acceptance of all proposals is dependent on the Executive Director, Metropolitan Health and Aged Care Services (based upon recommendations by the Data Management Advisory Committee (DMAC)).

For further information on the revisions process and time table contact the HDSS Help Desk on 9616 8141.

The proposed revisions for the Victorian Admitted Episodes Dataset (VAED) for 1 July 2006 are summarised below. They include (but are not limited to) the:

- Addition of two new data items
- Addition of one edit table (tabular business rules)
- Addition of nine edits
- Amendment of four existing data items
- Deletion of one data item
- Deletion of one concept definition
- Deletion of one edit table (tabular business rule)
- Amendment of four edit tables (tabular business rules)
- Amendment of three edits
- Deletion of one supplementary code list

The proposals are:

1. Changing the format of Site Identifier to be comprised of the three-digit Campus Code plus the existing Site Identifier.

The proposal includes:

- Amend the submission file structure for E2 records and transaction types of all records to change from '-2' to '-3'.

2. Add two Barthel Index Score related data items to collect the date of functional assessment on admission and separation. The proposal includes:

- The date of the functional assessment conducted to determine the patient's Barthel Index Score on Admission.
- The date of the functional assessment conducted to determine the patient's Barthel Index Score on Separation.
- Nine new edits.

3. Remove Reason for Critical Care Transfer. This data item ceased being collected as of 1 July 2005.

The proposal includes:

- Remove Reason for Critical Care Transfer data item
- Remove Critical Care Inter-Hospital Transfer Program
- Remove one edit table (tabular business rule)
- Amend four edit tables (tabular business rule)
- Remove three edits

4. Relocate the Intention to Readmit from the X2 record to the E2 record to avoid the problems associated with editing between two record types, and therefore reduce hospital workload. The proposal includes:
 - Amend the submission file structure for E2 and X2 records
 - Amend one edit
5. AR-DRG Version and WIES figures/calculations: A new version of AR-DRGs and VicDRGs, and updated WIES calculations and weights will be implemented.
6. New library file for ICD-10-AM/ACHI/ACS Fifth Edition.

Introduction

The VAED proposals consultation process

Each year the Department of Human Services (DHS) reviews the data elements and format of PRS/2 and the Victorian Admitted Episodes Dataset (VAED). This review seeks to ensure that the admitted patient collection supports the Department's national reporting obligations, and assists DHS planning and policy development.

The Proposal document is being distributed to all Victorian hospitals, to patient management system suppliers known to have Victorian clients, and to a range of industry bodies. It outlines *proposals* for changes to PRS/2 and the VAED as at the time of its release in November 2005. This should not be regarded as a complete list of changes to be made for 2006—07. Items in this publication cannot be guaranteed to change or to change in the form suggested here; nor does the absence of an item from this publication indicate it will not change from 1 July 2006. Confirmed changes will be published in the document '*Specification for Revisions to PRS/2 and the VAED for 1 July 2006*', which will be published in February 2006.

It is expected that release of these proposals will stimulate discussion within the health industry.

Prompt feedback is sought on these proposals. Hospitals and software suppliers should review this document and assess the feasibility of the proposals. All are invited to provide written feedback to DHS by completing the proforma provided as an Appendix to this document, and forwarding it to HDSS as indicated **by 9 December 2006**. Copies of the proforma may also be obtained from the HDSS web site located at <http://www.health.vic.gov.au/hdss> .

Please note that there will be no HDSS forum this year. Anyone with queries or concerns regarding the proposals will be welcome to meet with Health Data Standards and Systems.

Orientation to this document

As this document provides 'proposals' for revisions, there are a few features that require explanation:

- New values and definitions relating to existing items appear in boxes
- ~~Redundant values and definitions relating to existing items are struck through.~~
- *[Comments relating to the proposal document only appear in square brackets and italics.]*
- Page numbers representing cross referencing to another section of the VAED Manual are represented by a #.
- Edits that are proposed to change are marked when listed as part of a Data Item or after an Edit Table with a * after the edit number. New proposed edits will be shown with an edit number of ###.
- The text is divided into the categories of 'Specification' and 'Administration' as presented in the *Victorian Admitted Episodes Dataset (VAED 15th Edition, 1 July 2005)*.
 - Specification:* details the reporting requirements for the item.
 - Administration:* provides additional information including the purpose of the collection of the data item and the source of the code set and definitions.
- Further information such as the background to each proposal is provided.

Abbreviations

ABS	Australian Bureau of Statistics
ACAS	Aged Care Assessment Service
ACHI	Australian Classification of Health Interventions
AHCA	Australian Health Care Agreement
AIHW	Australian Institute of Health and Welfare
AIMS	Agency Information Management System
AR-DRG	Australian Refined Diagnosis Related Group
DHS	Department of Human Services
ERC	Expenditure Review Committee
HDSS	Health Data Standards and Systems
HITH	Hospital In The Home
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
ICU	Intensive Care Unit
KHSU	Koori Human Services Unit
NHDD	National Health Data Dictionary
NICU	Neonatal Intensive Care Unit
NIV	Non-invasive Ventilation
NMDS	National Minimum Data Set
PRS/2	Patient Reporting System, Version 2
SCN	Special Care Nursery
VACCDI	Victorian Advisory Committee on Casemix Data Integrity
VAED	Victorian Admitted Episodes Dataset
VICC	Victorian ICD Coding Committee
WIES	Weighted inlier Equivalent Separations

Symbols

<	Less than
>	Greater than
=	Equal to
≠	Not equal to
&	And

Proposed revisions/additions to data items

Proposal 1 – Site Identifier to become Campus Code

It is proposed to Change the Site Identifier from one to four characters and rename as Campus Code. This will comprise the existing Hospital Code plus the existing Site Identifier.

The implementation of this change will be facilitated by changing the Transaction Type for the Episode Record from E2 to E3 for episodes remaining-in or separated in the 2006-07 financial year. This will ensure the appropriate record format for each financial year is easily identifiable and issues surrounding conversion of records are avoided. For consistency, all Transaction Types will change from '-2' to '-3', for example, 'V2' will become 'V3', etc.

Proposed by **HDSS**
Department of Human Services

Implementation Date 1 July 2006
Background This change would enable hospitals or health services to include data for any campus in one submission file without changing Campus Codes or encountering other reporting difficulties when reporting arrangements change or health services are reorganised.

Currently, for example, a health service with campuses that have different campus codes will report data in separate transmission files. If the health service decides to report via one combined transmission file, the Hospital Codes must be made the same and separate Site Identifiers allocated. Making the proposed change would enable any service to change reporting method without having to change Hospital Code or Site Identifier.

Changing Hospital Codes creates disruption and difficulties at the hospital, within DHS, and for all users of VAED data. Within DHS it can cause issues with funding and reporting, and requires complex and time-consuming mapping of codes.

~~Site Identifier~~ **Campus Code** Specification

Definition Indicates the ~~hospital~~ **Hospital Code and** campus where the episode of care was provided.

Datatype Numeric **Form** Code

Field size 4 **Layout** NNNN

Location Episode Record

Reported by All Victorian hospitals (public and private.)

Reported for All admitted episodes of care.

Reported when	The Episode Record is reported.
Code set	Refer to Section 9: <i>Code Lists: Hospitals</i> .
Reporting guide	The site identifier for single campus hospitals is 0. The Hospital Code plus the Site Identifier. Site Identifier for single campus hospitals is 0.
Edits	330 Invalid Site Identifier Campus Code 420 Contract/Spoke = Campus / Site Campus Code 472 Pall Care, not approved for Palliative Care Program 473 Care Type 9, not approved for GEM 475 Care Type F or E, not approved for Interim Care 477 Funding Arrangement 5, not approved for Rural Patients Initiative 478 Funding Arrangement 6, not approved for ESAS 520 Accom Type 7, not approved for Medi-hotel 521 Accom Type M, no registered MAPU 522 Accom Type S, no registered SOU 523 CCU Hrs, no Approved CCU 524 CCIHT not approved 526 ICU Hrs, not approved ICU or NICU 527 Accom Type 8, not approved for EMU
Related items	Section 2: <i>Campus, and Hospital</i> . Section 9: <i>Code Lists: Hospitals</i> .

Administration

Purpose	To identify the specific campus of a hospital providing this episode of care, for use in policy and planning development.		
Principal data users	Funding, Health and Information Policy Branch (Metropolitan Health and Aged Care Services, DHS).		
Collection start	1998-99		
Definition source	DHS	Code set source	DHS

Proposal 2 – Date of Functional Assessment

It is proposed to

Add two items:

- Date of Functional Assessment on Admission, and
- Date of Functional Assessment on Separation.

The date of the functional assessment conducted to determine the patient's Barthel Index Score on Admission/Separation for episodes with Care Type F, E, 2, 6, 7, 9 and K (Interim Care, Rehabilitation or Geriatric Evaluation and Management).

The collection of these items in the VAED would support the annual reporting obligations under the Australian Health Care Agreement.

Proposed by

Susan Race, Manager Sub-acute Inpatient Services
Department of Human Services
Phone: 9616 2169, Email: Simon.Moy@dhs.vic.gov.au

Implementation Date Background

1 July 2006

Collection of these data items would facilitate the Department's annual reporting obligations to the Commonwealth Department of Health and Ageing under the Australian Health Care Agreement. It would also be used as a quality measure for local assessment.

The proposed data items would be collected in association with existing data items Barthel Index Score on Admission and Barthel Index Score on Separation.

Data will be used for reporting to the Australian Government, and service planning.

Functional Assessment Date on Admission (a) (New)

Functional Assessment Date on Separation (b) (New)

Specification

Definition

- (a) Date of functional assessment for assignment of Barthel Index Score on admission.
- (b) Date of functional assessment for assignment of Barthel Index Score on separation.

Datatype

Numeric

Form

Date

Field size

8

Layout

DDMMCCYY

Location

Sub-Acute Record

Reported by

Public hospitals.

Reported for

Care Types F, E, 2, 6, 7, 9 and K. For Care Type 8, report spaces.

Reported when	A Separation Date is reported in the Episode Record.
Code set	Valid date.
Reporting guide	<p>Reported when a Barthel Index Score is reported, for Interim Care, Rehabilitation and GEM (Care Types F, E, 2, 6, 7, 9 and K).</p> <p>(a) The Functional Assessment must be performed on or after the date of admission, but should be within 48 hours of admission.</p> <p>(b) The Functional Assessment must be performed on or before the date of separation, but should be on the day the decision is made to cease the episode. Where a patient dies in hospital, the Functional Assessment Date on Separation may be reported as spaces.</p> <p>Statistical separations:</p> <ul style="list-style-type: none"> • From episodes with Care Types F, E, 2, 6, 7, K or 9 to episodes with Care Types F, E, 2, 6, 7, K or 9: Functional Assessment Date on Separation of the prior episode may be repeated as the Functional Assessment Date on Admission of the subsequent episode. • From episodes with Care Types F or E to episodes with Care Types F or E (Interim Care NHT to/from Interim Care only): Functional Assessment Date on Admission of the prior episode may be repeated as both the Functional Assessment Date on Separation of the prior episode and the Functional Assessment Date on Admission of the subsequent episode. <p>Editing of data is carried out on the S3 record. If an E3 Update record is submitted with a Care Type change from F, E, 2, 6, 7, 9 or K to Care Type 1, 8, 5x, 0, 4 or U (which does not require Functional Assessment Date on Admission/Separation), the Sub-Acute data will be deleted from the database and a warning edit to this effect will be triggered by the E3 record.</p>
Edits	<p>(a) 454* Incompat Fields for Interim Care 618 Invalid Adm Functional Assessment Date 620 Adm Barthel/Functional Assessment Date / Care Type mismatch 622 Functional Assessment Date < 7 days before Adm Date 624 Functional Assessment Date < Adm Date or > 7 days after Adm Date 627 Care Type changed, Sub-Acute data deleted</p> <p>(b) 454* Incompat Fields for Interim Care 619 Invalid Sep Functional Assessment Date 621 Sep Barthel/Functional Assessment Date / Care Type mismatch 625 Functional Assessment Date > 7 days after Sep Date 626 Functional Assessment Date > Sep Date or < 3 days before Sep Date 627 Care Type changed, Sub-Acute data deleted</p>

Related items

Section 3:

- *Barthel Index Score on Admission/Separation*

Section 4:

- Business Rules (tabular), *Care Type: Designated and Non-Designated Rehabilitation Programs (2, 6, 7 and K)*, and *Care Type: Interim Care Program (F and E)*.

Administration

Purpose

To support annual reporting obligation under the Australian Health Care Agreement.

Principal data users

Sub-Acute Inpatient Services (Metropolitan Health and Aged Care Services, DHS).

Collection start

2006-07

Definition source

DHS

Proposal 3 – Removal of Reason for Critical Care Transfer

It is proposed to	<p>Remove <i>Reason for Critical Care Transfer</i> data item. This data item is no longer required for collection in the VAED.</p> <p>Delete:</p> <ul style="list-style-type: none">• Data Item <i>Reason for Critical Care Transfer</i>• Concept Definition <i>Critical Care Inter-Hospital Transfer Program</i>• Data item from <i>Account Class: Geriatric Respite</i> edit table.• Data item from <i>Care Type: Designated and Non-Designated Rehabilitation Programs (2, 6, 7 and K)</i> edit table.• Data item from <i>Care Type: Interim Care Program (F and E)</i> edit table.• Data item from <i>Criterion for Admission: Secondary Family Member</i> edit table• Reason for <i>Critical Care Transfer: Valid Combinations</i> edit table• Supplementary Code List: <i>Critical Care Inter-Hospital Transfer (CCIHT) Program: Participating Hospitals</i>
Proposed by	<p>HDSS Department of Human Services</p>
Implementation Date	<p>1 July 2005</p>
Background	<p>Reason for Critical Care Transfer ceased to be collected in the VAED as of 1 July 2005, but as the proposal was received late it was not fully removed from the VAED.</p>

Proposal 4 – Relocate Intention to Readmit to E3 record

It is proposed to Relocate the Intention to Readmit data item from the Diagnosis (X2) record to the Episode (E3) record.

Proposed by **HDSS**
Department of Human Services

Implementation Date 1 July 2006

Background Due to the PRS/2 processing logic, resubmitting previously accepted Episode or Diagnosis records with changed Separation Mode or Intention to Readmit values can cause Fatal edit 192 to be triggered. This may occur, for example, if a submission file contains an updated E2 and X2 record, when the E2 is processed it will be edited against the X2 data already stored on the database.

Moving the Intention to Readmit from the X2 record to the E3 record will avoid this situation and allow editing to be carried out within the E3 record.

Proposal 5 - AR-DRG Version and WIES figures/calculations

It is proposed to	Update the following, to maintain the currency of the funding process: <ul style="list-style-type: none">• DRG Version used for funding (from AR-DRG version 5.0 to 5.1)• Victorian cost weights• Victorian DRGs
Proposed by	Daniel Borovnicar , Policy Analyst, Purchasing Policy Department of Human Services Phone: 9616 8438, Email: Daniel.Borovnicar@dhs.vic.gov.au
Implementation Date	1 July 2006
Background	<p>As part of the annual casemix funding process DHS updates cost weights and Victorian DRGs to reflect changes in practice and client composition within the Victorian Hospital system.</p> <p>Also in 2006-07 DHS will be updating to AR-DRG version 5.1. Version 5.1 includes a number of amendments made by the Commonwealth that were flagged by Victorian hospitals.</p> <p>In order for hospital systems to duplicate the calculations made by DHS for timely and accurate internal reporting, hospital systems will need to be updated with the new DRGs (grouper software) and cost weights.</p>

Hospital Generated DRG (Amended) Specification

Definition	The DRG (AR-DRG, version 5.0 ¹ or Vic DRG, version 5.0 ¹) generated by the in-house hospital grouper for this episode of care.		
Datatype	Alphanumeric	Form	Code
Field size	4	Layout	ANNA or NNNA or spaces
Location	Diagnosis Record		
Reported by	Public and private hospitals - optional . Otherwise, report spaces in this field. Reporting in this field is recommended for hospital quality control, if the hospital has onsite grouping facilities.		
Reported for	Any/all admitted episodes of care. Otherwise, report spaces in this field.		
Reported when	The Separation Date is reported in the Episode Record.		
Code set	AR-DRG, version 5.0 ¹ , or Vic DRG, version 5.0 ¹ .		
Reporting guide	Report the AR-DRG or Vic DRG version 5.0 ¹ DRG generated by the hospital for each episode. This field should be automatically reported for all episodes grouped by the hospital.		
Edits	334 Hosp Generated DRG Not = PRS2 DRG		

Related items Section 2: *DRG Classification*.

Section 4:

- Business Rules (non-tabular) *DRG Classification*.

Administration

Purpose To enable hospitals to detect differences between their grouping processes and those of DHS.

Principal data users Hospital Health Information Managers.

Collection Start 1 July 1998

Version ~~5 (1 July 2004)~~ 5.1 (1 July 2006)

Definition source DHS

Code set source Commonwealth Department of Health and Aged Care, *Australian Refined Diagnosis Related Groups, version 5.6*.
Department of Human Services, *Victoria – Public Hospitals and Mental Health Services Policy and Funding Guidelines 2005–2006 2006–2007*.

Proposal 6 – New Library File for ICD-10-AM/ACHI/ACS 5th Edition

It is proposed to Adopt ICD-10-AM, Australian Classification of Health Interventions (ACHI—previously volumes 3 and 4 of ICD-10-AM) and Australian Coding Standards (ACS—previously volume 5 of ICD-10-AM) Fifth Editions to meet national reporting requirements.

The NCCH has advised that the publication that was to be 'ICD-10-AM Fifth Edition' will now be:

- Volumes 1 and 2: ICD-10-AM Fifth Edition
- Volumes 3 and 4: ACHI Fifth Edition
- Volume 5: ACS Fifth Edition

Collectively these will be referred to as ICD-10-AM/ACHI/ACS Fifth Edition.

Proposed by **Daniel Borovnicar**, Policy Analyst, Purchasing Policy
Department of Human Services
Phone: 9616 8438, Email: Daniel.Borovnicar@dhs.vic.gov.au

Implementation Date 1 July 2006

Diagnosis Codes (Amended) Specification

Definition	At least one (principal diagnosis) and up to 40 ICD-10-AM (Fourth Fifth Edition) codes reflecting injuries, disease conditions, patient characteristics and circumstances impacting this episode of care.		
Datatype	Alphanumeric	Form	Code
Field size	8 (x 40)	Layout	AANNNNspacespace Left justify, with trailing spaces.
Location	Diagnosis Record (12) Extra Diagnosis Record (28)		
Reported by	All Victorian hospitals (public and private).		
Reported for	All admitted episodes of care.		
Reported when	A Separation Date is reported in the Episode Record.		
Code set	DHS ICD-10-AM/ACHI/ACS Library File 2005-06 2006-07, available at: http://www.health.vic.gov.au/hdss/reffiles/2005-06-2006-07/vaed/libfil050.htm		

Reporting guide

Report diagnoses in accordance with ~~ICD-10-AM~~ *Australian Coding Standards*, the *Victorian Additions to Australian Coding Standards* and *ICD Coding Newsletters* issued by DHS. The *Victorian Additions to Australian Coding Standards* are available at:

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

Omit punctuation as shown in ICD-10-AM books (that is, no dot or oblique in codes): for example, ICD-10-AM diagnosis code A00.0 *Cholera due to Vibrio cholerae 01, biovar cholerae* must be entered as A000.

When a code is shown in ICD-10-AM with a symbol (dagger or asterisk), omit the symbol when transmitting to PRS/2.

The first character of the field is the prefix: P, A, C or M.

In the first diagnosis code field:

- *Character 1* must be P.
- *Next five characters* must contain an alpha/numeric code of three, four or five characters (with trailing spaces if required).
- *Characters 7 and 8* must be spaces.

For the remaining thirty nine diagnosis code fields, *if* a code is present:

- *Character 1* must be P, A, C or M.
- *Next six characters* must contain an alpha/numeric code of three, four, five or six characters (with trailing spaces if required).
- *Character 8* must be a space.

Morphology codes (where first character is M)

Submit without punctuation (oblique) and with M prefix: for example MM80703

Prefixes: Definitions for P, A, C, M

Refer to the *Victorian Additions to the Australian Coding Standards*, available at: <http://www.health.vic.gov.au/hdss/icdcoding/index.htm>

Effect of prefix A

A secondary function of the A prefix is to suppress the code description appearing in data extracts provided to TAC and on DRG statements generated by PRS/2 for Work Cover Patients.

Edits

127	Nil Value DRG
160	AR-DRG Grouper GST Code > Zero
186	Neonate MDC But Age >= 28 Days
195	Blank X23
197	Embedded Blank Diag Oper
231	P - Diag Not Prefixed By P
232	Possible Coding or Sequencing Problem
329	Geri Respite - Invalid comb
334	Hosp Generated DRG Not = PRS/2 DRG
351	Illegal Code Format
352	Code Not Found On Code File
353	Code & Age Incompatible
354	Code & Sex Incompatible
355	Invalid Principal Diag - Rejection
355	Invalid Principal Diag - Warning
358	Area Code Restraint
361	External Cause Code Missing
362	Morphology Code Missing
363	External Cause needs Place Code
364	External Cause/Activity Code Mismatch

403 Qual Newborn W/Out Justificat
 406 Rehab Type W/Out Rehab PDx
 411 Adm Wt < 1000g, No Matching Dx Code
 412 Adm Wt 1000-2499g, No Matching Dx Code
 413 Adm Wt > 6000g, No Matching Dx Code
 426 Y23 Not Accompanied by X23
 428 X23 Upd not Accompanied by Y23 Upd
 442 NIV Duration for Healthy Newborn
 447 Unqual Newborn; Age at Sep > 10 Days
 450 Code Incompatible W Female Sex
 451 Code Incompat W Male Sex
 452 Place/Activity W/Out External Cause Code
 453 Wrong PDx for Interim Care
 454 Incompat Fields for Interim Care
 498 Pall Care without Pall care Diag
 525 Diagnosis Code Indicates Boarder Episode
 559 Prefix = P, Unusual Code Combination
 560 Prefix = P, Unusual Code Combination
 561 Prefix = C, Unusual Code Combination
 562 Prefix = C, Unusual Code Combination
 563 Prefix = A, Unusual Code Combination
 564 Prefix = A, Unusual Code Combination
 590 Diag Prefix M, Not Morph Code
 595 Neoplasm Code Missing
 600 Invalid Code
 601 Sequencing Error

Related items

Section 2: *DRG Classification and Principal Diagnosis*.

Section 3: *Hospital Generated DRG* page 3- 15.

Section 4:

- Business Rules (non-tabular) *DRG Classification*
- Business Rules (tabular) *Account Class: Geriatric Respite, and Care Type: Designated and Non-Designated Rehabilitation Programs (2, 6, 7 and K), and Care Type: Interim Care Program (F and E)*.

Administration

Purpose

To:

- Facilitate epidemiological studies and other research.
- Identify episodes containing specified codes for co-payments.
- Facilitate grouping for casemix purposes.

Principal data users

Multiple internal and external data users.

Collection start

1979-80

Definition source

DHS

Code set source

ICD-10-AM ~~Fourth~~ Fifth Edition

Procedure Codes (Amended)

Specification

Definition Up to 40 ~~ICD-10-AM Fourth~~ **ACHI Fifth** Edition codes reflecting the interventions used for the diagnosis and/or treatment of ill health during this episode of care.

Datatype	Alphanumeric	Form	Code
Field size	8 (x 40)	Layout	NNNNNNN 8 th character - A or space. Left justified, trailing spaces.

Location Diagnosis Record (12)
Extra Diagnosis Record (28)

Reported by All Victorian hospitals (public and private).

Reported for All admitted episodes of care.

Reported when A Separation Date is reported in the Episode Record.

Code set DHS ICD-10-AM/ACHI/ACS Library File ~~2005-2006~~ **2006-07**, available at: <http://www.health.vic.gov.au/hdss/reffiles/2005-062006-07/vaed/libfil056.htm>

Where no procedures were performed, report spaces.

Reporting guide *Character 1-7* must contain a numeric code of seven characters.

Character 8 must be F, N or space.

Report procedures undertaken during this episode of care in accordance with the ~~ICD-10-AM Australian Coding Standards~~ **Fifth Edition**, the *Victorian Additions to Australian Coding Standards* and *ICD Coding Newsletters* issued by DHS. The *Victorian Additions to Australian Coding Standards* are available at: <http://www.health.vic.gov.au/hdss/icdcoding/index.htm>

Omit punctuation as shown in **ACHI** ~~ICD-10-AM~~ books (no dash in codes); for example, **ACHI** ~~ICD-10-AM~~ procedure code 40903-00 *Neuroendoscopy* must be entered 4090300. Do not transmit Block numbers.

Procedures performed under contract at another agency

Procedures performed *at another hospital under contract to this hospital* are recorded by both hospitals (where the episode is admitted by both hospitals), but flagged in the *contracting* hospital only, by use of a flag in the eighth character allocated for each procedure code.

- 'F' indicating the procedure was performed at another hospital on an admitted basis.
- 'N' indicating the procedure was performed at another hospital on a non-admitted basis.

Edits	127	Nil Value DRG
	160	AR-DRG Grouper GST Code>Zero
	195	Blank X2 ³
	197	Embedded Blank Diag Oper
	232	Possible Coding or Sequencing Problem
	320	MV Duration But No Procedure Code
	334	Hosp Generated DRG Not = PRS/2 DRG
	351	Illegal Code Format
	352	Code Not found On Code File
	353	Code & Age Incompatible
	354	Code & Sex Incompatible
	358	Area Code Restraint
	408	Contract Role 'A' W/Out Proc Flag
	409	Proc Flag W/out Contract Role 'A'
	428	X2 ³ Upd not Accompanied by Y2 ³ Upd
	440	NIV Duration without NIV Proc Code
	450	Code Incompatible W Female Sex
	451	Code Incompat W Male Sex
	596	Same Day ECT: Not in Care Type 4
	600	Invalid Code

Related items Section 2: *Contracted Care, DRG Classification and Procedure.*

Section 3: *Hospital Generated DRG* page 3-15.

Section 4:

- Business Rules (non-tabular) *Contracted Care and DRG Classification.*

Administration

Purpose To facilitate:

- Epidemiological studies and other research.
- Grouping for casemix purposes.

Principal data users Multiple internal and external data users.

Collection start 1979-80

Definition source DHS **Code set source** ~~ICD-10-AM Fourth Edition~~ **ACHI Fifth**

Proposed revisions/additions to Business Rules (Tabular), and Edits Business Rules

Proposal 2 Date of Functional Assessment

Proposal 3 Removal of Reason for Critical Care Transfer

Care Type: Designated and Non-Designated Rehabilitation Programs (2, 6, 7 and K) (Amended)

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 K *Non-Designated Rehabilitation Program/Unit* 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
E23 Episode Record	
Admission Source	S, T, B, N, A, H
Admission Type	S, C, L, O, X
Qualification Status	X
Separation Referral	P, M, L, B, U, C, S, D, G, I, A, K, T, R, X or spaces
Criterion for Admission	B, O, E, C
Mental Health Legal Status	9
Funding Arrangement	1 or space
X23 Diagnosis Record	
Admission weight	Spaces
Duration of MV	Spaces
Reason for Critical Care Transfer	Spaces
Duration of NIV	Spaces
S23 Sub-Acute Record	
Barthel Index Score on Admission	Range 000 to 100
Barthel Index Score on Separation	Range 000 to 100
Functional Assessment Date on Admission	DDMMCCYY
Functional Assessment Date on Separation	DDMMCCYY or spaces
Clinical Sub-program	
If Care Type 2*	02x, 04x, 05x
If Care Type 6, 7, K	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

Note: * If age at admission is less than 18 years, any Clinical Sub-Program can be used with Care Type 2.

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
618	Invalid Adm Functional Assessment Date
619	Invalid Sep Functional Assessment Date
620	Adm Barthel/Functional Assessment Date / Care Type mismatch
621	Sep Barthel/Functional Assessment Date / Care Type mismatch
622	Adm Functional Assessment Date < Adm Date
623	Adm Functional Assessment Date > 7 days after Adm Date
624	Sep Functional Assessment Date > Sep Date
625	Sep Functional Assessment Date < 3 days before Sep Date
627	Care Type changed, Sub-Acute data deleted

Proposal 2 Date of Functional Assessment

Proposal 3 Removal of Reason for Critical Care Transfer

Care Type: Interim Care Program (F and E) (Amended)

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

Field	Valid codes
E23 Episode Record	
Admission Type	S, C, L, O, X
Admission Source	S, T, B, N, A, H
Account Class	
If Care Type F	MN, M5, TN, VN, V5
If Care Type E	MP, MA, TA, VX
Accommodation Type	1, 2, 3
Qualification Status	X
Separation Referral	P, M, L, B, U, C, S, D, G, I, A, K, T, R, X or spaces
Account Class on Separation *	
If Care Type F	MN, M5, TN, VN, V5
If Care Type E	MP, MA, TA, 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
X23 Diagnosis Record	

Field	Valid codes
Principal Diagnosis Code *	Z75.11 <i>Person awaiting admission to residential aged care service</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
S23 Sub-Acute Record *	
Barthel Index Score on Admission *	Range 000 to 100
Barthel Index Score on Separation *	Range 000 to 100
Functional Assessment Date on Admission	DDMMCCYY
Functional Assessment Date on Separation	DDMMCCYY or spaces
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
	618	Invalid Adm Functional Assessment Date
	619	Invalid Sep Functional Assessment Date
	620	Adm Barthel/Functional Assessment Date / Care Type mismatch
	621	Sep Barthel/Functional Assessment Date / Care Type mismatch
	622	Adm Functional Assessment Date < Adm Date
	623	Adm Functional Assessment Date > 7 days after Adm Date
	624	Sep Functional Assessment Date > Sep Date
	625	Sep Functional Assessment Date < 3 days before Sep Date
	627	Care Type changed, Sub-Acute data deleted

Editing

Proposal 2 Date of Functional Assessment

618 Invalid Adm Functional Assessment Date (New)

<i>Effect</i>	REJECTION
<i>Problem</i>	The S3 Sub-Acute Record's <i>Functional Assessment Date on Admission</i> is in an invalid format (ie. Not DDMMCCYY or spaces).
<i>Remedy</i>	Check Functional Assessment Date on Admission, amend as appropriate and re-transmit the S3. Refer to: <ul style="list-style-type: none">• Section 3: <i>Functional Assessment Date on Admission.</i>

619 Invalid Sep Functional Assessment Date (New)

<i>Effect</i>	REJECTION
<i>Problem</i>	The S3 Sub-Acute Record's <i>Functional Assessment Date on Separation</i> is in an invalid format (ie. Not DDMMCCYY or spaces).
<i>Remedy</i>	Check Functional Assessment Date on Separation, amend as appropriate and re-transmit the S3. Refer to: <ul style="list-style-type: none">• Section 3: <i>Functional Assessment Date on Separation.</i>

620 Adm Barthel/Functional Assessment Date / Care Type mismatch (New)

<i>Effect</i>	REJECTION
<i>Problem</i>	The E3 Episode Record and S3 Sub-Acute Record have an invalid combination of Care Type, Barthel Index Score on Admission and Functional Assessment Date on Admission.
<i>Remedy</i>	Check Care Type (E3), Functional Assessment Date on Admission (S3) and Barthel Index Score on Admission (S3), amend as appropriate and re-transmit the E3 and/or S3. Refer to: <ul style="list-style-type: none">• Section 3: <i>Barthel Index Score on Admission and Functional Assessment Date on Admission.</i>• Section 4: Business Rules (tabular) <i>Care Type: Designated and Non-Designated Rehabilitation Programs (2, 6, 7 and K)</i>, and <i>Care Type: Interim Care Program (F and E)</i>

621 Sep Barthel/Functional Assessment Date / Care Type mismatch (New)

Effect

REJECTION

Problem

The E3 Episode Record and S3 Sub-Acute Record have an invalid combination of Care Type, Barthel Index Score on Separation and Functional Assessment Date on Separation.

Remedy

Check Care Type (E3), Functional Assessment Date on Separation (S3), Barthel Index Score on Separation (S3) and Separation Mode (E3), amend as appropriate and re-transmit the E3 and/or S3.

Refer to:

- Section 3: *Barthel Index Score on Separation and Functional Assessment Date on Separation.*
- Section 4: Business Rules (tabular) *Care Type: Designated and Non-Designated Rehabilitation Programs (2, 6, 7 and K), and Care Type: Interim Care Program (F and E)*

622 Adm Functional Assessment Date < 7 days before Adm Date (New)

Effect

REJECTION

Problem

This S3 Sub-Acute Record has a Functional Assessment Date on Admission which is more than 7 days before the Admission Date, and the episode is not a statistical change from Care Type F, E, 2, 6, 7, 9 or K.

Remedy

Check Admission Date (E3) and Functional Assessment Date on Admission (S3), amend as appropriate and re-transmit the E3 and/or S3.

Refer to:

- Section 3: *Functional Assessment Date on Admission.*

623 Adm Funct Assess Date < Adm Date or > 7 days after Adm Date (New)

Effect

Warning

Problem

The S3 Sub-Acute Record has a Functional Assessment Date on Admission which is up to seven days before the Admission Date or is more than seven days after the Admission Date. Functional Assessment should occur within two days of admission.

Remedy

Check Admission Date (E3) and Functional Assessment Date on Admission (S3). Where incorrect, amend as appropriate and re-transmit the E3 and/or S3.

Refer to:

- Section 3: *Functional Assessment Date on Admission.*

624 Sep Funct Assess Date > 7 days after Sep Date (New)

Effect

REJECTION

Problem

The S3 Sub-Acute Record has a Functional Assessment Date on Separation which is more than 7 days after the Separation Date and the episode is not a statistical separation to Care Type F, E, 2, 6, 7, 9 or K.

Remedy

Check Separation Date (E3) and Functional Assessment Date on Separation (S3). Where incorrect, amend as appropriate and re-transmit the E3 and/or S3.

Refer to:

- Section 3: *Functional Assessment Date on Separation.*

625 Sep Funct Assess Date after Sep Date or < 3 days before Sep Date (New)

Effect

Warning

Problem

The S3 Sub-Acute Record has a Functional Assessment Date on Separation which is up to seven days after the Separation Date or is more than three days before the Separation Date. Functional Assessment should ideally occur on the day of separation.

Remedy

Check Separation Date (E3) and Functional Assessment Date on Separation (S3). Where incorrect, amend as appropriate and re-transmit the E3 and/or S3.

Refer to:

- Section 3: *Functional Assessment Date on Separation.*

627 Care Type changed, Sub-Acute data deleted (New)

Effect	Warning
Problem	Sub-Acute data previously submitted for this Unique Key has been deleted. An E3 record with Care Type F, E, 2, 6, 7, 9, or K and an S3 record have previously been accepted, but this E3 record has Care Type 1, 8, 5x, 0, 4 or U and therefore Sub-Acute data should not be present.
Remedy	<p>If the Care Type was changed in error the E3 and S3 records must be resubmitted with corrected data. If the Care Type was changed intentionally then no further action is required.</p> <p>Refer to:</p> <ul style="list-style-type: none">Section 4: Business Rules (tabular) <i>Care Type: Designated and Non-Designated Rehabilitation Programs (2, 6, 7 and K)</i>, and <i>Care Type: Interim Care Program (F and E)</i>

251 Invalid Adm Barthel (Amended)

Effect	REJECTION
Problem	The E2 Episode Record's Care Type is 2, 6, 7 or K Rehabilitation, 9 Geriatric Evaluation and Management or F or E Interim Care but the S23 Sub-Acute Record's Barthel Index Score on Admission is in an invalid format (i.e. not NNN or spaces) .
Remedy	Check Care Type (E2) and Barthel Index Score on Admission (S23), amend as appropriate and re-transmit the E2 and/or S23 .
	<p>Refer to:</p> <ul style="list-style-type: none">Section 3: <i>Barthel Index Score on Admission</i>.Section 4: Business Rules (tabular) <i>Care Type: Designated and Non-Designated Rehabilitation Programs (2, 6, 7 and K)</i> and <i>Care Type: Interim Care Program (F and E)</i>.

252 Invalid Sep Barthel (Amended)

Effect	REJECTION
Problem	The E2 Episode Record's Care Type is 2, 6, 7 or K Rehabilitation, 9 Geriatric Evaluation and Management or F or E Interim Care but the S23 Sub-Acute Record's Barthel Index Score on Separation is in an invalid format (i.e. not NNN or spaces) .
Remedy	Check Care Type (E2) and Barthel Index Score on Separation (S23), amend as appropriate and re-transmit the E2 and/or S23 .
	<p>Refer to:</p> <ul style="list-style-type: none">Section 3: <i>Barthel Index Score on Separation</i>Section 4: Business Rules (tabular) <i>Care Type: Designated and Non-Designated Rehabilitation Programs (2, 6, 7 and K)</i> and <i>Care Type: Interim Care Program (F and E)</i>.

Proposal 4 Relocate Intention to Readmit to E2 Record

192 Invalid Comb Int Readmit/Sep Mode (Amended)

Effect FATAL REJECTION

Problem The X2-Diagnosis E3 Episode Record's Intention to Re-admit is incompatible with the E2-Episode-Record's Separation Mode.

Remedy If this is a new X2, e-Check Separation Mode and Intention to Re-admit, amend as appropriate and re-transmit the E2³ and/or X2/Y2.
If the Separation Mode and/or Intention to Re-admit is amended after the record has been transmitted to PRS/2, this edit can be avoided by transmitting a deletion record to PRS/2, followed by updated E2 and X2/Y2 records.

- This combination of data items is incorrect, but is fatal to accommodate the PRS/2 logic in the update process. HDSS will notify each hospital periodically of their episodes that trigger fatal edits. This combination of data items must be amended.

Refer to:

- Section 4: Business Rules (tabular) *Intention to Readmit and Separation Mode*.

Proposed Revisions in Record Structures

Episode Record File Structure

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	E23
M	Unique Key	9	3	Hospital-generated Right justified, zero filled
M	Patient Identifier	10	12	Hospital generated Right justified, zero filled
M	Site Identifier Campus Code	4	22	0, 1, 2, 3, 4, 5, 6, 7, 8, 9
M	Medicare Number	11	236	NNNNNNNNNNN or spaces
M	Medicare Suffix	3	347	AAA or A-A
M	Sex	1	3740	1, 2, 3, 4
M	Marital Status	1	3841	1, 2, 3, 4, 5, 6
M	Date of Birth	8	3942	DDMMCCYY
M	Postcode	4	4750	NNNN Refer to Section 3
M	Locality	22	5154	Refer to Section 3
M	Admission Date	8	7376	DDMMCCYY
M	Admission Time	4	8184	HHMM
M	Admission Type	1	8588	S, Y, M, C, L, O, X
M	Admission Source	1	8689	S, Y, T, B, N, A, H
1	Transfer Source	4	8790	NNNN or spaces Refer to Section 3
	Leave With Permission Days MTD	2	9194	NN or spaces
	Leave With Permission Days Financial YTD	3	9396	NNN or spaces
	Leave With Permission Days Total	3	9699	NNN or spaces
	Status Segment Occurs 7 times			
2	Account Class	2	99102, 112115, 125128, 138141, 151154, 164167, 177180	AA or AN Refer to Field Data item specification
2	Accommodation Type	1	101104, 114117, 127130, 140143, 153156, 166169, 179182	1, 2, 3, 4, 6, 7, 8, B, C, M, S
2	Qualification Status	1	102105, 115118, 128131, 141144, 154157, 167170, 180183	N, U, X

Note	Data Item	Field Size	Record Position	Layout/Code Set
2	Patient Days MTD	2	103-106, 116-119, 129-132, 142-145, 155-158, 168-171, 181-184	Must be present if other Status details are present
2	Patient Days Financial YTD	3	105-108, 118-121, 131-134, 144-147, 157-160, 170-173, 183-186	Must be present if other Status details are present
2	Patient Days Total	4	108-111, 121-124, 134-137, 147-150, 160-163, 173-176, 186-189	Must be present if other Status details are present
3	Separation Date	8	190-193	DDMMCCYY
3	Separation Time	4	198-201	HHMM
3	Separation Mode	1	202	S, D, Z, T, B, N, A, H
1	Transfer Destination	4	203-6	NNNN or spaces Refer to Section 3
4	Separation Referral	4	207-10	F, P, M, L, B, U, C, S, D, G, I, A, K, T, R, X or spaces Left justified, trailing spaces
5	Carer Availability	1	214	1, 2, 3, 4, 5, 6, 7, 8 or space
3	Account Class on Separation	2	212-5	AA or AN Refer to Field specification
3	Accommodation Type on Separation	1	214	7, 1, 2, 3, 4, 6, 7, 8, B, C, M, S
M	Care Type	2	215-8	F, E, 1, 2, 6, 7, K, 8, 5x, 9, 0, 3, 4, U Refer to Section 3
M	Country of Birth	4	217-20	NNNN Refer to Section 3
M	Indigenous Status	1	224	2, 5, 6, 7, 8, 9
M 6	Criterion for Admission	1	222	5, B, N, U, O, E, C, S
M	Intended Duration of Stay	1	223	6, 1, 2
M	Health Insurance Fund	3	224	7, Refer to Section 3
M	Level of Insurance	1	227	30, 1, 3, 8, 6, 9
3	Mental Health Legal Status	1	228	31, 1, 2, 9
7	Funding Arrangement	1	229	32, 1, 2, 4, 5, 6 or space
8	Contract Type	1	230	3, 1, 2, 3, 4, 5, 6, 7 or space
8	Contract Role	1	231	4, A, B or space
9	Contract/Spoke Identifier	4	232-5	NNNN or spaces Refer to Section 3
10	Contract Leave Days - MTD	2	236	9, NN or spaces
10	Contract Leave Days - Financial YTD	2	238	41, NN or spaces

Note	Data Item	Field Size	Record Position	Layout/Code Set
10	Contract Leave Days - Total	2	2403	NN or spaces
	User Flag	1	2425	Optional field, free text
12	Preferred Language	2	2436	NN Refer to Section 3
12	Interpreter Required	1	2458	N Refer to Section 3
13	ACAS Status	1	2469	N or space Refer to Section 3
15	Mental Health Statewide Patient Identifier	10	24750	ODS generated or spaces Refer to Section 3
	Leave Without Permission Days MTD	2	25760	NN or spaces
	Leave Without Permission Days Financial YTD	3	25962	NNN or spaces
14	Leave Without Permission Days Total	3	2625	NNN or spaces
14 16	Palliative Care Patient Days	3	2658	NNN or spaces
3	Intention to Readmit	1	271	0, 1, 2, 3, 4, 9
		Total 267 271		

All alpha characters uppercase. All numeric fields right justified and zero filled.

M Mandatory

- 1 Transfer Source: Mandatory if Admission Source = T, else spaces. Transfer Destination: Mandatory if Separation Mode = T, else spaces.
- 2 Mandatory in first Status Segment. In any subsequent Status Segment, if any field is present, then all fields for that segment must be present.
- 3 Mandatory but transmit only when Separation Date is transmitted.
- 4 Mandatory for public hospital if Separation Mode = H but transmit only when Separation Date is transmitted, else spaces. Private hospitals report codes or spaces.
- 5 Carer Availability: Mandatory for public hospitals when Care Type is 1, 2, 6, 7, K, 8, 9, F or E but transmit only when Separation Date is transmitted, else spaces. Private hospitals report a space.
- 6 Criterion for Admission: Code S only for use by Early Parenting Centres.
- 7 Mandatory for all hospitals involved in contracted care, hub and spoke arrangements, or the Healthstreams Program, else space.
- 8 Mandatory for all hospitals involved in contracted care arrangements, else space.
- 9 Mandatory for all hospitals involved in contracted care or Hub and Spoke (only Hub reports) arrangements, else spaces.
- 10 Mandatory for contracting hospitals, in specific instances. Refer to Section 3.
- 12 Mandatory for all public hospitals. Private hospitals report codes or spaces.

- 13 Mandatory for public hospitals when Care Type is 1, 2, 4, 6, 7, K, 8, 9, F or E, and patient age is greater than or equal to 50, and where the episode is not a sameday episode, but transmit only when Separation Date is transmitted, else spaces. Private hospitals report codes or spaces.
- 14 Where a field at the end of a record has a value of space, the record can be ended at the last field where a value is not space(s).
- 15 Mandatory for all public hospitals with an approved Mental Health Service when Care Type is 5x. Private hospitals report spaces.
- 16 Mandatory for all public hospitals when Care Type is 8.

Diagnosis Record File Structure

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	X23
M	Unique Key	9	3	Hospital generated Right justified, zero filled
1	Diagnosis Code x 12 - each code	8 (8 x 12)	12	ICD-10-AM 4th edition Each left justified, trailing spaces
2	Procedure Code x 12 - each code	8 (8 x 12)	108	ICD-10-AM 4th edition Each left justified, trailing spaces
3	Admission Weight	4	204	In grams, or spaces
M	Intention to Re-admit	1	208	0, 1, 2, 3, 4, 9
98	User Flag	1	209	Optional field, free text
4	Duration of Stay in Intensive Care Unit	4	210	0001 to 9999 or spaces
5	Duration of Mechanical Ventilation in ICU	4	214	0001 to 9999 or spaces
6	Hospital Generated DRG	4	218	ANNA or NNNA or spaces
7	Duration of Stay in Cardiac/Coronary Care Unit	4	222	0001 to 9999 or spaces
8	Reason for Critical Care Transfer	1	226	X, E, J, W, Y, F, K, Z or space
9	Duration of Non-Invasive Ventilation	4	227	00001 to 9999 or spaces
		Total 230		

All alpha characters uppercase. All numeric fields right justified with leading zeros.

M Mandatory

- 1 *First* diagnosis code is mandatory.
- 2 Eighth character is F or N for procedures occurring in the contracted hospital when reported by the *contracting* hospital, else space.
- 3 Mandatory if patient aged <1 year at admission, else spaces.
- 4 Mandatory for patients cared for in an ICU listed in Section 9, and by hospitals providing contracted services to those listed hospitals, else spaces.
- 5 Mandatory for patients who received mechanical ventilation in an ICU listed in Section 9, and by hospitals providing contracted services to those listed hospitals, else spaces.
- 6 Optional but recommended for all hospitals with grouping software; else spaces.

7 Mandatory for patients cared for in a CCU listed in Section 9, and by hospitals providing contracted services to those listed hospitals, else spaces.

~~8 Mandatory for public hospitals participating in the Critical Care Inter-hospital Transfer Program, listed Section 3, else space.~~

~~9~~ Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

Sub-Acute Record File Structure

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	S23
M	Unique Key	9	3	Hospital generated Right justified, zero filled
M	Patient Identifier	10	12	Hospital generated Right justified, zero filled
1, 2, 4	Barthel Index Score on Admission	3	22	Range 000 to 100 or spaces
1, 2, 4	Barthel Index Score on Separation	3	25	Range 000 to 100 or spaces
1	Clinical Sub-program	3	28	From code list or spaces
1	Onset Date	8	31	DDMMCCYY or spaces
1	Admission/Re-admission to Rehabilitation	1	39	0, 1 or space
5	User Flag	1	40	Optional field, free text
3 5	RUG ADL on Admission	2	41	Range 00 to 18 or spaces
3 5	RUG ADL on Separation	2	43	Range 00 to 18 or spaces
3 5	Source of Referral to Palliative Care	2	45	Range 01 to 09 or spaces
1, 2, 4	Functional Assessment Date on Admission	8	47	DDMMCCYY or spaces
1, 2, 4	Functional Assessment Date on Separation	8	55	DDMMCCYY or spaces
		Total 4662		

All alpha characters uppercase. All numeric fields right justified and zero filled.

M Mandatory

1 Mandatory if Care Type = 2, 6, 7 or K *Rehabilitation Program Unit*

2 Mandatory if Care Type = 9 *Geriatric Evaluation and Management Program*

3 Mandatory if Care Type = 8 *Palliative Care Program*

4 Mandatory if Care Type = F or E *Interim Care Program*

5 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

Reported by Public hospitals.

[Private hospitals: Do not report S23s.]

Reported for Care Types F, E, 2, 6, 7, K, 8, and 9 only.

Reported when A Separation Date is reported in the Episode Record.

Refer to: 'Data Transmission Scheduling', page 5-#.

Reporting guide **General**

The data items collected (marked with an * in the table below) in the

Sub-Acute Record are needed for the support and further development of casemix classifications for sub-acute patients.

Field	Rehab Care Type 2, 6, 7 or K	Palliative Care Type 8	GEM Care Type 9	Interim Care Type F, E
Transaction Type	S23	S23	S23	S23
Unique Key	*	*	*	*
Patient Identifier	*	*	*	*
Barthel Index Score on Adm	*	Spaces	*	*
Barthel Index Score on Sep	*	Spaces	*	*
Functional Assessment Date on Admission	*	Spaces	*	*
Functional Assessment Date on Separation	*	Spaces	*	*
Clinical Sub-Program	*	Spaces	Spaces	Spaces
Onset Date	*	Spaces	Spaces	Spaces
Admission / Re-admission	*	Spaces	Spaces	Spaces
RUG ADL on Admission	Spaces	*	Spaces	Spaces
RUG ADL on Separation	Spaces	*	Spaces	Spaces
Source of Referral to Palliative Care	Spaces	*	Spaces	Spaces

Other Record File Structures

The Transaction Types for Extra Diagnosis Record, DVA and TAC Record and Trailer Records will also change as listed below, but otherwise the Record File Structure will not change.

- Y2 to Y3
- V2 to V3
- T2 to T3
- U2 to U3

Appendix: Feedback Proforma

Feedback: Proposals for Revisions - VAED, VEMD or ESIS, 1 July 2006

To:	HDSS Help Desk, Department of Human Services		
Send to:	Email: PRS2.Help-Desk@dhs.vic.gov.au Fax: (03) 9616 7743	Date sent:	
Sender name:			
Telephone number:			
Email address:			
Organisation name:			
My comment/question relates to (please indicate [X]): <input type="checkbox"/> VAED <input type="checkbox"/> VEMD <input type="checkbox"/> ESIS <i>Please use one email/form per item. Thank you for your input.</i>			
Proposal Reference (number & title)			

Comments/Questions: