

Specifications for revisions to  
PRS/2 and the Victorian Admitted  
Episodes Dataset (VAED) for  
1 July 2010

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## 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
DH	Department of Health
EMU	Emergency Medical Unit
HDA	Health Data Acquisition Unit
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
NHDD	National Health Data Dictionary
NICU	Neonatal Intensive Care Unit
NMDS	National Minimum Data Set
PRS/2	Patient Reporting System, Version 2
SCN	Special Care Nursery
VAED	Victorian Admitted Episodes Dataset
VHI MDS	Victorian Health Integrated Minimum Dataset
WIES	Weighted Inlier Equivalent Separations

## Symbols

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

# Executive Summary

Each year the Department of Health (DH) reviews the data elements and format of PRS/2 and the Victorian Admitted Episodes Dataset (VAED). The review seeks to ensure that the admitted patient collection supports DH state and national reporting obligations, assists DH planning and policy developments, and incorporates appropriate feedback on improvements from data providers.

The process for reviewing PRS/2 and VAED commences annually in September, with a call for submissions of proposed changes. Following this, in late October, the Health Information Section and Governance Committee (the Committee) meets to discuss proposed changes to the major health data collections. DH finalises the specifications of changes by 31 December, allowing for 6 months of development and implementation of software changes.

2010–11 will continue to see the introduction of the HealthSMART administrative data collection system to health services across Victoria. In light of this significant transition, and ongoing data reform work, the Committee reviewed proposals within a policy of minimising changes to the datasets.

The revisions to PRS/2 and the VAED for 2010–11 are summarised below:

1. Mandatory reporting of the time component of *Procedure Start Date Time*.
2. Deletion of Emergency Medical Unit from *Accommodation Type* and *Accommodation Type on Separation*.
3. Addition of Restorative Care to *Separation Mode*.
4. Deletion of Winter Demand Strategy from *Program Identifier*.
5. Deletion of Home based Interim Care from *Separation Referral*.
6. Deletion of intensive care unit, coronary care unit and high dependency unit from *Account Class* and *Account Class on Separation*.
7. Upgrade to ICD-10-AM/ACHI Seventh Edition

# Introduction

## The need for PRS/2 interface modifications

From 1 July 2010, only minor changes to the VAED have been adopted in keeping with the Governance Committee's intention to reduce burden on hospitals, maximise efficient roll out of new software and allow maximum time for preparation for the data reform changes due in 2011.

## Distribution and components of this document

This document has been distributed to all Victorian hospitals, software suppliers known to have Victorian clients, and to a range of industry bodies and DH staff. It provides the following information:

- Amended, deleted and new concept definitions, data items and business rules.
- End of financial year considerations.
- Amended file structures.

The *VAED Manual, 20<sup>th</sup> Edition, July 2010* will be distributed at a later date. Until then, the *VAED Manual, 19<sup>th</sup> Edition, July 2009* (and subsequent bulletins) together with this document will form the admitted patient data transmission specification for 2010–11.

Victorian hospitals are required to arrange for their software to be modified in accordance with the revised specifications.

The current *VAED Manual, 19<sup>th</sup> Edition, July 2009* may be accessed on the Internet at <http://www.health.vic.gov.au/hdss/vaed/index.htm>

Any questions related to this document may be directed to the HDSS Help Desk on 9096 8141, or [HDSS.Help-Desk@dhs.vic.gov.au](mailto:HDSS.Help-Desk@dhs.vic.gov.au)

## Orientation to this document

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

- New values are marked as (*New*)
- Changes to existing items are highlighted in yellow, such as this, **the quick brown fox jumps over the lazy dog.**
- Redundant values and definitions relating to existing items are struck through. For example, ~~the quick brown fox jumps over the lazy dog.~~
- *[Comments relating only to the proposal document 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) Manual*.
  - *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.

## Outcome of the proposals process

**Proposal 1: Mandatory reporting of the time component of Procedure Start Date Time**

Procedure start time will now be mandatory. Upgrading this data element will allow patient level information relating to surgery to better inform service and resource planning.

Status: Accepted

**Proposal 2: Reporting of Procedure Start Date Time of primary percutaneous angioplasty when performed in catheter laboratory**

Procedure date time is already reported for primary percutaneous angioplasty if it is the first coded procedure. Reporting of time will be mandatory as per proposal 1 (above).

Status: Rejected

**Proposal 3: Arrival and Departure Date and Time to and from an intensive care unit (including neonatal and paediatric intensive care units)**

Proposal to supplement total hours accommodated in an intensive care unit (ICU) with information on arrival and departure date and time has been rejected. The software and resource impacts of adding two new data items and relevant edits were considered to be untenable in the current environment. The introduction of the VHI MDS will enable collection of this information.

Status: Rejected

**Proposal 4: Deletion of Emergency Medical Unit from Accommodation Type and Accommodation Type on Separation**

Emergency Medical Unit will be deleted from Accommodation Type. Following the implementation of *Observation Medicine Guidelines 2009* (available at <http://www.health.vic.gov.au/emergency/obs09.pdf>), Emergency Medical Unit patients will now be coded to the Short Stay Unit, making the need for this separate code unnecessary.

Status: Accepted

**Proposal 5: Separation of neonatal intensive care unit and special care nursery within Accommodation Type and Accommodation Type on Separation**

The proposal to split Nursery accommodation: NICU/SCN (code C) and identify each separately has been rejected because of the software and resource impacts of such a change. The introduction of the VHI MDS will enable collection of this information.

Status: Rejected

**Proposal 6: Addition of Restorative Care to Separation Mode**

Restorative Care will be added to data element *Separation Mode* to allow for increased monitoring and understanding of subacute services and outcomes from funding. It is also hoped that this data will assist in the development of performance indicators for the subacute sector, particularly with regards to service provision geared towards an ageing population.

Status: Accepted

**Proposal 8: Deletion of Winter Demand Strategy from Program Identifier**

Proposal to remove the Winter Demand Strategy from the data element *Program Identifier* has been adopted. The Winter Demand Strategy code is not mutually exclusive to other program identifiers, and as such, does not assist in the analysis of existing service models, or the development and streamlined introduction of new service models.

Status: Accepted

**Proposal 9: Deletion of Home based Interim Care from Separation Referral**

Home based Interim Care has been removed from data element *Separation Referral* as this activity is no longer funded and has been replaced by the Transition Care program. This will lead to a more accurate dataset, and assist activity based funding for subacute programs initiatives.

Status: Accepted

**Proposal 10: New data element to identify visa status for Medicare ineligible admitted episodes treated at Victorian public hospitals**

This proposal sought to identify the extent to which this group of patients is contributing to hospital funding shortfalls. However, hospital, resource and software issues lead to the rejection of this proposal.

Status: Rejected

**Proposal 11: Deletion of intensive care unit, coronary care unit and high dependency unit from Account Class and Account Class on Separation**

The Account Class codes PW *Intensive Care Unit*, PX *Coronary Care Unit* and PY *High Dependency Unit* for private patients have been removed from data elements *Account Class* and *Account Class on Separation*, as they are no longer required.

Status: Accepted

# Specifications

## Section Three: Data Definitions

### Mandatory reporting of Time component for Procedure Start Date Time

<b>Revision Summary</b>	The 'Time' portion of the data element Procedure Start Date Time for first listed procedure is now mandatory.
<b>Implementation Guide</b>	All admitted episodes of care where a procedure occurring in an operating room or a cardiac catheter laboratory or involving a scope is recorded as the first coded procedure Report DDMMYYYYHHMM.

#### Data Definitions:

## Procedure Start Date Time (*Amended*)

### Specification

<b>Definition</b>	Date and Time at which a procedure commenced for an admitted patient.		
<b>Datatype</b>	Numeric	<b>Form</b>	Datetime
<b>Field size</b>	12	<b>Layout</b>	DDMMYYYYHHMM
<b>Location</b>	Diagnosis Record		
<b>Reported by</b>	All Victorian hospitals (public and private).		
<b>Reported for</b>	All admitted episodes of care where a procedure occurring in an operating room or a cardiac catheter laboratory or involving a scope is recorded as the first coded procedure. (Note: Time of procedure is optional and may be reported as spaces, e.g. '01052009 ').		
<b>Reported when</b>	The Diagnosis Record is reported.		
<b>Code set</b>	Valid datetime.		
<b>Reporting guide</b>	Procedure Start Date Time <del>should</del> <b>must</b> be reported for an episode where the first coded procedure is one identified in the ICD-10-AM Library File for the current year as requiring the procedure date time: [On Library File: column K, Coding practices, code 4] The Library file is available from:		

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

- (i) Occurred in an operating room (procedures with an 'OR Flag' of 'O' in the ICD-10-AM Library File for the current year. The Library file is available from: <http://www.health.vic.gov.au/hdss/icdcoding/libfilesindex.htm>); or
- (ii) Occurs in a cardiac catheter laboratory (list of ICD-10-AM procedure codes is available from: <http://www.health.vic.gov.au/hdss/reffiles/index.htm>); or
- (iii) Involves the use of a scope (list of ICD-10-AM procedure codes is available from: <http://www.health.vic.gov.au/hdss/reffiles/index.htm>).

The procedure is deemed to have commenced when:

- For (i) above: the first incision is made for a surgical procedure.
- For (ii) and (iii) above: the instrument is inserted for procedures in a cardiac catheter laboratory or those involving the use of a scope.

<b>Edits</b>	655	Invalid Procedure Start DateTime
	656	Proc Start DateTime < Adm Date or > Sep Date
	657	Proc Start DateTime and Valid Proc Mismatch

**Related items**      Section 3 *Procedure codes*

## Administration

<b>Purpose</b>	To enable analysis of wait times for surgical and significant procedures.
<b>Principal data users</b>	Access & Metropolitan Performance, DH
<b>Collection start</b>	2009-10
<b>Definition source</b>	DH

## Deletion of Emergency Medical Unit from Accommodation Type and Accommodation Type on Separation

<b>Revision Summary</b>	Deletion of Accommodation Type/Accommodation Type on Separation 8 <i>Emergency Medical Unit</i> .
<b>Implementation Guide</b>	As per the <i>Observation Medicine Guidelines 2009</i> ( <a href="http://www.health.vic.gov.au/emergency/obs09.pdf">http://www.health.vic.gov.au/emergency/obs09.pdf</a> ), within VAED, Emergency Medical Units are no longer in use and therefore Accommodation Type 8 must not be reported.

### Data Definitions:

## Accommodation Type (a) (*Amended*)

## Accommodation Type on Separation (b) (*Amended*)

### Specification

- Definition**
- (a) The accommodation type or types occupied by the patient during their admission, including changes to this item during the episode.
  - (b) The accommodation type occupied by the patient on their last (counted) patient day.

**Datatype**                      Alphanumeric                      **Form**                      Code

**Field size**                      1                                              **Layout**                      N or A

- Location**
- (a) Status Segments of the Episode Record.
  - (b) Episode Record.

**Reported by**                      All Victorian hospitals (public and private).

**Reported for**                      All admitted episodes of care.

- Reported when**
- (a) The Episode Record is reported. Any changes in Accommodation Type are reported in new Status Segments.
  - (b) Once the Separation Date is reported in the Episode Record.

**Code set**                      For data items (a) and (b), select the first appropriate category:

<b>Code</b>	<b>Descriptor</b>
4	In the Home (Hospital - HITH)
7	Ward Based/Medi-Hotel combination
8	Emergency Medical Unit

S	Short Stay Observation Unit
M	Medical Assessment and Planning Unit
6	Emergency Department accommodation
C	Nursery accommodation: NICU/SCN
B	Other nursery accommodation or mother's bedside (rooming in)
3	Same Day accommodation
2	Overnight accommodation: single room
1	Overnight accommodation: shared room

### **Reporting guide**

Status Segments are used to record changes of Accommodation Type during the episode. If more than one change of Accommodation Type occurs within the same day, do not report the first change, only report the patient's status as of midnight each day.

#### **4 In the Home (Hospital - HITH)**

Approved care in accommodation outside the hospital.

##### *Includes:*

- Under the Hospital in the Home (HITH) program, if the public hospital's Health Service Agreement and/or Statement of Priorities specifies the hospital is participating in this program. HITH services can only be provided to public, private, DVA, TAC and WorkCover patients.

##### *Excludes:*

- Accommodation in a Medi-Hotel (use code 7).

#### **7 Ward Based/Medi-Hotel combination**

For multi-day stay patients, where the patient receives treatment as an inpatient in a traditional hospital setting (ward) during the day and resides in the hospital's Medi-Hotel overnight.

##### *Includes:*

- Accommodation in same day facilities during the day.
- Where the patient is cared for in the Medi-Hotel by someone not arranged for, provided by, or paid for by the hospital, such as a relative or other carer.

##### *Excludes:*

- Accommodation in the Home (HITH) (use code 4).

#### **8 Emergency Medical Unit**

Accommodation within an approved Emergency Medical Unit (EMU), often located near the Emergency Department.

EMUs concentrate on admissions for general medical conditions in one geographical area to streamline the care planning processes. Planned length of stay in the Emergency Medical Unit may be up to 48 hours prior to transfer to another ward or discharge home (majority of patients). The clinical management of these patients is jointly managed by Emergency Department physicians and general physicians.

##### *Excludes:*

- Medical Assessment and Planning Unit (use code M).
- Short Stay Observation Unit (use code S).

### **S Short Stay Observation Unit**

Accommodation within an approved Short Stay Observation Unit (SOU). The facility may be in, adjacent to, or remote from the Emergency Department.

SOU is a designated unit that is specifically staffed and equipped to provide observation care and treatment for emergency patients who have an expected length of stay between 4 and 24 hours.

*Includes:*

- General and specific Short Stay Observation Units, for example chest pain units.

*Excludes:*

- Short stay facilities designated specifically for elective surgical and radiological procedures
- Medical Assessment and Planning Unit admissions (use code M).
- ~~Emergency Medical Unit admissions (use code 8).~~

### **M Medical Assessment and Planning Unit**

Accommodation within an approved Medical Assessment and Planning Unit (MAPU). MAPUs concentrate on admissions for general medical conditions in one geographical area to streamline the care planning processes. Planned length of stay in the Medical Assessment and Planning Unit may be up to 48 hours prior to transfer to another Accommodation Type (ward) or separation home.

*Excludes:*

- Short Stay Observation Unit (use code S).
- ~~Emergency Medical Unit (use code 8).~~

### **6 Emergency Department accommodation**

Patient accommodation provided in the Emergency Department.

### **C Nursery accommodation: NICU/SCN**

Accommodation provided to any infant in a facility approved by the Commonwealth Minister for the purpose of provision of neonatal intensive or special care.

### **B Other nursery accommodation or mother's bedside (rooming in)**

Accommodation provided to any infant in a postnatal ward, either in a nursery that is not an approved NICU or SCN or by its mother's bedside (that is 'rooming in').

For infants in pediatric wards, report code 1, 2 or 3 as appropriate.

### **3 Same Day accommodation**

Same day bed or accommodation such as a renal dialysis chair, regardless of whether this bed/chair is in a single or shared room.

*Excludes:*

Where a same day patient is accommodated in a ward or bed not designated as a same day ward/bed either because the hospital has no such designated accommodation or because that

accommodation is full.

## **2 Overnight accommodation: single room**

Sole occupation of a room intended for the overnight accommodation of a single patient but only when the patient has requested single accommodation.

### *Includes:*

- Where the patient has requested single accommodation and occupies a room intended for single occupancy but her newborn is rooming-in.
- Where a same day patient is accommodated in a ward/bed not designated as a same day ward/bed either because the hospital has no such designated accommodation or because that accommodation is full.

### *Excludes:*

- Where the patient is the only person occupying a room intended for shared occupancy, such as the isolation of a patient for medical reasons, or where there is no available shared room (use code 1).
- Where the patient occupies a single room but has not requested single accommodation (use code 1).

## **1 Overnight accommodation: shared room**

Occupation of a room intended for the overnight accommodation of more than one patient.

### *Includes:*

- Where the patient is the only person occupying a room intended for shared occupancy.
- Where the patient and her rooming-in newborn are the only people occupying a room intended for occupancy by more than one adult patient.
- Where the patient has not requested single accommodation but occupies a single room because of a clinical decision.
- Where a same day patient accommodated in a ward/bed not designated as a same day ward/bed either because the hospital has no such designated accommodation or because that accommodation is full.

### **Edits**

- (a)
- 076 Not Sufficient Fields First Status
  - 077 Not Sufficient Fields Other Status
  - 084 Invalid Accom Type
  - 094 Combination A/C Accom Care Med Suff
  - 117 Sep Accom Type Not In A Status Seg
  - 240 Newborn Accom But Over 4 Months
  - 329 Geri Respite - Invalid Comb
  - 431 Newborn But Not Newborn Accom
  - 432 MAPU or SOU >48 Hours
  - 434 NICU/SCN Accom But Unqual Newborn
  - 454 Incompat Fields for Interim Care
  - 463 Accom Type 4, Care Type invalid
  - 464 Accom Type 7, not Care Type 4
  - 520 Accom Type 7, not approved for Medi-hotel
  - 521 Accom Type M, no registered MAPU
  - 522 Accom Type S, no registered SOU
  - 527 Accom Type 8, not approved for EMU

- 602 Newborn Accom But Over 12 Months
- (b) 106 Invalid Sep Accom
- 108 Field(s) Missing From Sep
- 117 Sep Accom Type Not In A Status Seg
- 401 Accom Type On Sep – Emerg, Not Same Day
- 455 Inconsist Newborn Transferred/Unqual Data

**Related items**

Section 2: *Admitted Patient, Hospital in the Home, Intensive Care Unit, and Medi-Hotel.*

Section 4:

- Business Rules (non-tabular) *Medi-Hotel Reporting and Reporting history of code changes.*
- Business Rules (tabular) *Account Class, Acc Type, Care Type and Medicare Suffix, and Account Class: Geriatric Respite, and Care Type: Interim Care Program (F and E), and Criterion for Admission: Secondary Family Member.*

Section 5: *Status Segments.*

Section 9:

- Supplementary Code Lists: *Emergency Medical Unit (EMU); Accommodation Type 8, and Medical Assessment and Planning Units (MAPU): Accommodation Type M, and Neonatal Intensive Care Units and Special Care Nurseries: Accommodation Type C, and Short Stay Observation Units: Accommodation Type S, and Ward Based/Medi-Hotel Combination: Accommodation Type 7.*

## Administration

<b>Purpose</b>	For analysis of patient movement during an episode.		
<b>Principal data users</b>	Multiple internal and external data users		
<b>Collection start</b>	1991-92		
<b>Definition source</b>	DH	<b>Code set source</b>	DH

## Deletion of Home Based Interim Care from Separation Referral

<b>Revision Summary</b>	Deletion of code value I <i>Home Based Interim Care, arranged before discharge</i> from Separation Referral
-------------------------	-------------------------------------------------------------------------------------------------------------

### Data Definitions:

## Separation Referral (*Amended*)

### Specification

**Definition** Clinical care and support services arranged by the hospital to meet the person's recuperative needs when discharged to private accommodation or home.

<b>Datatype</b>	Alpha	<b>Form</b>	Code
<b>Field size</b>	4	<b>Layout</b>	AAAA or spaces Left justified, trailing spaces.

**Location** Episode Record

**Reported by** Public hospitals.  
Private hospitals – Optional. If the private hospital chooses not to report these data, report spaces in this field.

**Reported for** Episodes where the Separation Mode is H *Separation to private residence/accommodation*. For all other Separation Modes, report spaces in this field.

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

**Code set** Select up to four options from list. Do not repeat codes. If more than four referrals have been made, select the first four listed:

<b>Code</b>	<b>Descriptor</b>
F	Domiciliary postnatal care, arranged before discharge
P	Post Acute Care Program services, arranged before discharge
M	Referral to a community rehabilitation centre arranged before discharge
L	Alcohol and drug treatment service, arranged before discharge
B	Community palliative care support, arranged before discharge
U	Home nursing support, arranged before discharge

C	Mental health community services, arranged before discharge
S	Referral to private psychiatrist, arranged before discharge
D	Psychiatric disability support services, arranged before discharge
G	Referral to general practitioner, arranged before discharge
<del>I</del>	<del>Home based Interim Care, arranged before discharge</del>
A	Referral to Aged Care Assessment Service (ACAS), arranged before discharge
K	Referral to Aboriginal and Torres Strait Islander (ATSI), arranged before discharge
T	Referral to Transition Care home based program, arranged before discharge
R	Other clinical care and/or support services, arranged before discharge
X	No referral or support services arranged before discharge

### **Reporting guide**

In arranging the referral of a patient to these services, the hospital would expect to receive confirmation from the referred provider of their preparedness to accept responsibility for delivering the required services to the patient upon discharge.

Unless a specific service has been arranged, use code X *No referral or support services arranged before discharge*.

#### **F Domiciliary postnatal care, arranged before discharge**

Mother discharged, with domiciliary postnatal care arranged before discharge to her own home or home of relative or friend or other private accommodation\*. Domiciliary care includes that provided by the hospital and by home nursing services.

Code *not* for use for the baby's Separation Mode: unless a specific service (with another code) has been arranged for the baby, baby's code would be X *No referral or support services arranged before discharge*.

#### **P Post Acute Care Program services, arranged before discharge**

Discharge, with provision of Post Acute Care Program services arranged before discharge to own home or home of relative or friend or other private accommodation\*.

For more information about Post Acute Program Services refer to *Victoria—Public Hospitals and Mental Health Services Policy and Funding Guidelines 2007-2008* and <http://www.health.vic.gov.au/pfg/>

#### **M Referral to a community rehabilitation centre arranged before discharge**

Discharge, with referral to community rehabilitation centre (formerly known as day hospital) arranged before discharge to own home or home of relative or friend or other private accommodation\*.

*Excludes:*

- Discharge, with referral to alcohol and drug treatment service (use code L).

**L Referral to alcohol and drug treatment service, arranged before discharge**

Discharge, with referral to alcohol and drug treatment service, arranged before discharge to own home or home of relative or friend or other private accommodation\*.

**B Community palliative care support, arranged before discharge**

Discharge, with community palliative care service support arranged before discharge to own home or home of relative or friend or other private accommodation\*.

**U Home nursing support, arranged before discharge**

Discharge, with home nursing support arranged before discharge to own home or home of relative or friend or other private accommodation\*. Home nursing support includes that provided by the hospital and by district nursing services.

**C Mental health community services, arranged before discharge**

Discharge, with mental health community services arranged before discharge to own home or home of relative or friend or other private accommodation\*.

**S Referral to private psychiatrist, arranged before discharge**

Discharge, with referral to a private psychiatrist arranged before discharge to own home or home of relative or friend or other private accommodation\*.

**D Psychiatric disability support services, arranged before discharge**

Discharge, with referral to psychiatric disability support services arranged before discharge to own home or home of relative or friend or other private accommodation\*.

**G Referral to general practitioner, arranged before discharge**

Discharge, with referral to general practitioner arranged before discharge to own home or home of relative or friend or other private accommodation\*.

~~**I Home based Interim Care, arranged before discharge**~~

~~Discharge, with referral to Home based Interim Care arranged before discharge to own home or home of relative or friend or other private accommodation\*.~~

**A Referral to Aged Care Assessment Service (ACAS), arranged before discharge**

Discharge, with referral to Aged Care Assessment Service (ACAS) arranged before discharge to own home or home of a relative or friend or other private accommodation.

**K Referral to Aboriginal and Torres Strait Islander (ATSI) service, arranged before discharge**

Discharge, with referral to an Aboriginal and Torres Strait Islander (ATSI) service arranged before discharge to own home or home of a relative or friend or other private accommodation\*.

*Includes:*

- Services provided by the local Aboriginal co-operative
- Designated Koori HACC services
- Designated Koori Alcohol and Drug Services

**T *Referral to Transition Care home based program, arranged before discharge***

Discharge, with referral to a Transition Care home based program arranged before discharge to own home or home of a relative or friend or other private accommodation\*.

*Excludes:*

- Bed-based Transition Care (use Separation Mode code B).

**R *Other clinical care and/or support services, arranged before discharge***

Discharge, with other clinical care and support service arranged before discharge to own home or home of relative or friend or other private accommodation\*.

*Includes:*

- Discharge to residential care facility if patient was admitted from a *less* supportive form of accommodation, such as a private home.
- Discharge of newborn to foster care.
- Any service not under the other values for this field (for example, outpatient appointment, specialist appointment, meals on wheels, home maintenance services, private community care and services, community health services, private allied health services, maternal and child health services).

**X *No referral or support services arranged before discharge***

No referral or support services arranged before discharge to own home or home of relative or friend or other private accommodation\*.

**Notes:**

\*Private accommodation comprises:

- Supported residential facilities, special accommodation houses, half-way houses, training centres for intellectually disabled persons, prisons, and armed forces hospitals.

*Includes:*

- A patient treated under the HITH program in private accommodation or residential facility who, on separation, remains in the same private accommodation.
- A newborn discharged with his/her mother.

**Edits**

329	Geri Respite – Invalid Comb
388	Sep Referral - Episode Not Separated
389	Invalid Sep Referral
394	Sep Mode Home, No Sep Referral
395	Sep Mode not Home, Sep Referral Present
396	Sep Referral, No Refer Plus Other Ref
397	Sep Referral Postnatal, Incompatible Age/ Sex
398	Sep Referral, Duplicates
454	Incompat Fields for Interim Care

462 Incompat ACAS Status and Sep Referral  
 471 Care Type 5x, not usual Sep Referral  
 495 Incompat Sep Referral and Indigenous Status  
 584 Sep Referral I, not approved for Interim Care

**Related items**

Section 3: *Separation Mode*

Section 4:

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

## Administration

**Purpose**

To monitor discharge planning processes to inform policy and planning.

Principal data users

Continuing Care and Clinical Service Development (Metropolitan Health and Aged Care Services, DHS).

Collection start

1999-00 (Formerly a sub-set of Separation Mode)

**Definition source**

DH

**Code set source**

DH

## Addition of Separation and Transfer to Restorative Care Bed Based program

<b>Revision Summary</b>	Addition of code R <i>Separation and Transfer to Restorative Care Bed Based Program</i> to Separation Mode
<b>Implementation Guide</b>	Report code R for episodes separated to the Restorative Care Bed Based Program

## Separation Mode (*Amended*)

### Specification

**Definition** Status at separation of the person, and place to which the person is released (where applicable).

**Datatype** Alpha **Form** Code

**Field size** 1 **Layout** A

**Location** Episode Record

**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** Select the first appropriate category:

Code	Descriptor
S	Statistical Separation (change in Care Type within this hospital)
D	Death
Z	Left against medical advice
T	Separation and transfer to other acute hospital/extended care/rehabilitation/geriatric centre
<b>R</b>	<b>Separation and transfer to Restorative Care bed-based program</b>
B	Separation and transfer to Transition Care bed based program
A	Separation and transfer to mental health residential facility
N	Separation and transfer to aged care residential facility
H	Separation to private residence/accommodation

**Reporting guide** **S** **Statistical Separation (change in Care Type within this hospital)**

Assign this code when a new episode of care (change in Care Type) occurs within the same hospital stay.

*Includes:*

- Statistical separation from Palliative Care (Care Type 8) only if the change is to Nursing Home Type (Care Type F, 1, 5T).

*It is not permissible to:*

- Change to Alcohol and Drug Program Care Type following another episode of care (for public hospitals).
- Change between Rehabilitation Program/Units: Levels 1, 2 or 3 Care Types (2, 6 or 7).
- Change from or to Unqualified newborn (Care Type U) as a Statistical Separation or a Statistical Admission. Changes between Qualified and Unqualified status of newborns is recorded in Status Segments using the Qualification Status field. Refer to Section 2: *Newborns*.
- Change to Palliative Care (Care Type 8) as a Statistical Admission, unless the change is from Nursing Home Type (Care Type F, 1, 5T).

**D *Death***

Died in hospital.

**Z *Left against medical advice***

Patient absconds or leaves against medical advice, at own risk. This Separation Mode is significant in the allocation of some DRGs.

*Includes:*

- Newborns taken from the hospital against medical advice.

**T *Separation and transfer to other acute hospital/extended care/rehabilitation/geriatric centre***

Separation and transfer to another hospital, regardless of whether the patient is to be admitted at the receiving hospital. Requires a Transfer Destination code.

*Includes:*

- Unqualified newborn being transferred to another hospital.
- Public and private acute, extended care and mental health admitted patient units.

*Excludes:*

- Transition Care bed based program (use code B).
- Aged care residential facilities (use code N).
- Mental health residential units (use code A).

**R *Separation and transfer to Restorative Care bed-based program***

Separation and transfer directly to a Restorative Care bed-based program. Does not require a transfer code.

**B *Separation and transfer to Transition Care bed based program***

Separation and transfer directly to a Transition Care bed based program. Does not require a Transfer Destination code.

*Excludes:*

- Home-based Transition Care (use code H and Separation Referral Code T).

**A Separation and transfer to mental health residential facility**

Separation and transfer to mental health residential facility (includes psychogeriatric nursing home and community care unit) funded by Mental Health Services. Does not require a Transfer Destination code.

*Includes:*

- Patient returning to the mental health residential facility in which they live.
- Mental health aged care residential facility.

*Excludes:*

- Mental health admitted patient units (use code T).

**N Separation and transfer to aged care residential facility**

Separation and transfer to an aged care residential facility (includes nursing home and hostel). Does not require a Transfer Destination code.

*Includes:*

- Patient returning to the aged care residential facility in which they live.

*Excludes:*

- Transition Care bed based program (use code B).
- Mental health aged care residential facility (use code A).

**H Separation to private residence/accommodation**

Place of residence immediately following separation. Requires a Separation Referral code.

*Includes:*

- Home or home of relative or friend.
- Supported residential facilities.
- Special accommodation houses.
- Training centres for intellectually disabled persons.
- Prison.
- Forensic hospital (Thomas Embling)
- Juvenile detention centre.
- Armed forces base camp.
- Homeless (shelters, half way houses).
- A patient in Accommodation Type 4 *In The Home (Hospital – HITH)* in private accommodation or residential facility who, on separation, remains in the same private accommodation.
- Home-based Transition Care.

*Excludes:*

- Restorative Care bed-based program (use code R)
- Transition Care bed based program (use code B).
- Aged care residential facility (use code N).
- Mental health residential facility (use code A).

## **Edits**

103	Invalid Sep Mode
108	Fields(s) Missing From Sep
109	Trans Dest Not Blank
110	Invalid Transfer Type
122	Sameday Adm Source/ Sep Mode Mismatch
127	Nil Value DRG
160	AR-DRG Grouper GST Code Zero
192	Invalid Comb Int. Readmit Sep Mode
288	Sep Barthel & Sep Mode Incompatible
291	Adm Barthel > Sep Barthel
297	Sep Rug ADL & Sep Mode Incompatible
328	Early Parenting Centre – Invalid Comb
329	Geri Respite – Invalid Comb
334	Hosp Generated DRG Not = PRS/2 DRG
390	Incompat Care Type, Carer Avail, Age and Sep Mode
394	Sep Mode Home, No Sep Referral
395	Sep Mode Not Home, Sep Referral Present
397	Sep Referral Postnatal, Incompat Age/Sex
423	Invalid Comb Fund/ Contract /Transfer
454	Incompat Fields for Interim Care
467	Adm Wt <1000g, LOS < 28 Days, Sep Mode ≠ T or D
471	Care Type 5x, not usual Sep Referral
489	Incompat Care Type/Sep Mode Statistical
493	Incompat Sep Mode/Age <15
494	Incompat Sep Mode/Age <55
501	Stat Episode: Adm Source ≠ Sep Mode Prev Episode
502	Stat Episode: Care Type same as Next Episode
504	Stat Episode: Next Episode > 1 Minute Apart
506	Stat Episode: Rehab also in Next Episode
509	Stat Episode: Sep Mode ≠ Adm Source Next Episode
510	Stat Sep Mode: No Subsequent Episode
597	Mental Health Episode: Sep Mode = S
642	Unqualified Newborn but Separation Mode D
643	Maternity Episode but Separation Mode D

## **Related items**

Section 2: *Admission, Admitted Patient, Episode of Admitted Patient Care, Geriatric Evaluation and Management Program, Hospital Stay, Interim Care, Nursing Home Type/Non-Acute care, Palliative Care, Rehabilitation Care and Transfer.*

Section 3: Data Definitions  
*Transfer Source*, page

Section 4: Business Rules (non-tabular)  
*Episode of Care and Transfer Reporting*

Section 4: Business Rules (tabular)  
*Account Class: Geriatric Respite*, and  
*Care Type: Designated and Separation Mode*, and  
*Carer Availability and Separation Mode*, and  
*Contracting: Funding Arrangement, Contract Type and Contract Role with Admission Source and Separation Mode*, and  
*Criterion for Admission: Secondary Family Member*, and  
*Intention to Readmit and Separation Mode.*

## Administration

<i>Purpose</i>	To:		
		<ul style="list-style-type: none"><li>• Distinguish between formal and statistical separations.</li><li>• Study service patterns - Care Type changes, transfers.</li><li>• Assist in the allocation of DRGs.</li></ul>	
<i>Principal data users</i>	Multiple internal and external data users.		
<i>Collection start</i>	1979-80		
<i>Definition source</i>	NHDD	<i>Code set source</i>	DH

## Deletion of code values from Account Class and Account Class on Separation

<b>Revision Summary</b>	Deletion of PW <i>Intensive Care Unit</i> , PX <i>Coronary Care Unit</i> and PY <i>High Dependency Unit</i> from Account Class and Account Class on Separation.
<b>Implementation Guide</b>	The requirement to report these Account Class codes for overnight stays in ICU, CCU or HDU has been removed, therefore these codes should not be reported for separations on or after 1 July 2010.

### Data Definitions:

## Account Class (a)

## Account Class on Separation (b)

### Specification

- Definition**
- (a) The agency/individual chargeable for this episode, and associated sub-categories, for this episode of care, including changes to this item during the episode.
  - (b) The agency/individual chargeable for this episode, and associated sub-categories, on the last (counted) patient day.

<b>Datatype</b>	Alphanumeric	<b>Form</b>	Code
<b>Field size</b>	2	<b>Layout</b>	AA or AN

- Location**
- (a) Status Segments of the Episode Record.
  - (b) Episode Record.

**Reported by** All Victorian hospitals (public and private).

**Reported for** All admitted episodes of care.

- Reported when**
- (a) The Episode Record is reported.
  - (b) Once the Separation Date is reported in the Episode Record.

**Code set**

<b>Code</b>	<b>Descriptor</b>
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**Unqualified Newborns (Not Birth Episode)**

NT	Newborn (Unqualified, Not birth episode)
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**Public (Acute Care) Patient**

MP	Public: Eligible
ME	Ineligible: hospital exempt
MF	Ineligible: Asylum Seeker

MR	Geriatric respite care
MN	Public NHT - without NH5
M5	Public NHT - with NH5
MA	Reciprocal Health Care Agreement

#### **Private Patient**

<del>PW</del>	<del>Intensive Care Unit</del>
<del>PX</del>	<del>Coronary Care Unit</del>
<del>PY</del>	<del>High Dependency Unit</del>
PA	Advanced surgery 1 (1-14 days)
PB	Advanced surgery 2 (15+ days)
PC	Surgery (1-14 days)
PD	Surgery 2 (15+ days)
PE	Medical 1 (1-14 days)
PF	Medical 2 (15+ days)
PG	Obstetric 1 (1-14 days)
PH	Obstetric 2 (15+ days)
PI	Rehabilitation 1 (1-49 days)
PJ	Rehabilitation 2 (50-65 days)
PK	Rehabilitation 3 (66+ days)
PL	Psychiatric 1 (1-42 days)
PM	Psychiatric 2 (43-65 days)
PN	Psychiatric 3 (66+ days)
PO	Same Day (Band 1)
PP	Same Day (Band 2)
PQ	Same Day (Band 3)
PR	Same Day (Band 4)
PS	Private NHT - with general care-without NH5
PT	Private NHT - with general care-with NH5
PU	Private NHT - with extensive care-without NH5
PV	Private NHT - with extensive care-with NH5

#### **Department of Veterans' Affairs Patient**

VX	Department of Veterans' Affairs (DVA)
VN	Department of Veterans Affairs NHT-without NH5
V5	Department of Veterans' Affairs NHT-with NH5

#### **Compensable Patient**

WC	Victorian WorkCover Authority (VWA)
WN	Victorian WorkCover Authority (VWA) - Non-Acute
TA	Transport Accident Commission (TAC)
TN	Transport Accident Commission (TAC) - Non-Acute
AS	Armed Services
AN	Armed Services - Non-Acute
SS	Seamen
SN	Seamen - Non-Acute
CL	Common Law Recoveries
CN	Common Law Recoveries - Non-Acute
OO	Other compensable
ON	Other compensable - Non-Acute
JP	Prisoner
JN	Prisoner Non-Acute

#### **Ineligible**

XX	Ineligible non-Australian residents (not exempted from fees)
XN	Ineligible non-Australian residents (not exempted from

**Reporting guide**

Status Segments are used to record changes of Account Class during the episode. If more than one change occurs within the same day, do not report the first change, only report the patient's status as of midnight each day.

An episode cannot have both public and compensable Account Classes in different status segments.

Newborns are 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.

Where the newborn is unqualified and it is not the birth episode, report Account Class NT.

**NT Newborn (Unqualified, Not birth episode)**

A newborn (under 10 days old at admission), admitted subsequent to the birth episode (where the Account Class should be the same as the mother's) who does not meet the criteria for a qualified newborn. Usually these babies are transferred from another hospital.

Note: The newborn may have been reported as qualified or unqualified at a prior hospital.

**MP Public: Eligible**

An eligible person who, on admission to a recognised hospital or a private hospital for services provided under contract, or as soon as possible thereafter, elects to be treated as a public patient. The hospital provides comprehensive care including all necessary medical, nursing and diagnostic services and, if available, dental and paramedical services, by means of its own staff or by other agreed arrangements, without charge to the patient.

*Includes:*

- Persons holding a current Interim Medicare Card.

*Excludes:*

- Persons holding an expired Interim Medicare Card (report XX *Ineligible*)

A person admitted to a private facility where the hospital and/or clinician bulk bill Medicare for the patient's treatment.

**ME Ineligible: Hospital Exempt**

An ineligible non-Australian resident:

- Specifically referred to Australia for hospital services not available in the patient's own country and for whom the Secretary of the Department has determined that no fee be charged; or
- Who has been declared a safe haven resident and whose treatment is provided or arranged by a designated hospital.

**MF Ineligible: Asylum Seeker**

A Medicare ineligible asylum seeker.

- Admitted for immediately necessary medical treatment (but only as a public patient); and

- Has met the criteria for Medicare Ineligible Asylum Seeker

#### **MR Geriatric Respite Care**

A patient admitted for geriatric respite care. After 35 days of continuous hospitalisation, the patient can be classified as a NHT patient.

#### **MN Public NHT – without NH5**

A patient as defined in section 3 of Commonwealth Health Insurance Act: after 35 days continuous hospitalisation, the patient is classified as a NHT patient unless a medical practitioner certifies that the patient is in need of acute care.

*For example:*

- Professional attention for an acute phase of the patient's condition; or
- Active rehabilitation; or
- Continued management, for medical reasons, as an admitted patient.

Nursing Home Type patients can be of the following types:

- Public
- Private with general care
- Private with extensive care
- DVA with general care
- DVA with extensive care.

If a NHT patient is out of a hospital for seven days or less and is readmitted, the count of days continues (the days out of hospital are not added). If a NHT patient is out of hospital for more than seven consecutive days, the patient is formally separated. If the patient later returns to the hospital, the patient is formally admitted as an acute patient.

#### **M5 Public NHT – with NH5**

A NHT patient who has been assessed by an Aged Care Assessment Team and has an approved NH5 Form 'Application for Nursing Home Admission'.

#### **MA Reciprocal Health Care Agreement**

A visitor to Australia who is ordinarily resident in a country with which Australia has a Reciprocal Health Care Agreement (RHCA), admitted for necessary medical treatment (but only as a public patient), as is clinically necessary for the diagnosis, alleviation or care of the condition requiring attention, on terms no less favourable than would apply to a resident.

#### **P - Private Patient**

A person who elects in writing to be treated (in a public or private hospital) as an admitted patient by a medical practitioner of their own choice and to be responsible for paying the charges referred to in clause 49 of the 1999 Australian Health Care Agreement.

*Includes:*

- A patient on whose behalf election has been made by another person with patient's express or implied consent.
- A patient admitted to a private facility where the hospital and/or clinician bulk bill Medicare for the patient's treatment.

Clause 49 of the *Australian Health Care Agreement* states 'Private patients, compensable patients and ineligible patients may be charged an amount for public hospital services as determined by Victoria'.

### **V.- Department of Veterans' Affairs Patient**

An eligible person whose charges for this episode of care are met by the Department of Veterans' Affairs (DVA). A gold card holder is automatically eligible as a veteran, but a white card holder's eligibility must be established at the time of admission or on the next business day if the patient is admitted over a weekend (contact Department of Veterans' Affairs, State office, telephone (03) 9284 6111 or fax (03) 9284 6440). If DVA does not accept responsibility, then normal patient election applies.

Public hospitals: If the first character of the patient's Account Class is V, a V4 DVA and TAC Record must be transmitted every time the Episode Record is transmitted.

### **- - Compensable Patient**

An eligible person who is an admitted patient and who is entitled under a law that is or was in force in Victoria, other than Veterans' Affairs legislation, to the payment of, or who has been paid compensation for, damages or other benefits (including a payment in settlement of a claim for compensation, damages, or other benefits) in respect of the injury, illness or disease for which he/she is receiving hospital services.

This category includes workers compensation, transport accident, criminal injury and common law cases and members of the Defence Forces and seamen with personnel entitlements.

Clause 49 of the Australian Health Care Agreement states 'Private patients, compensable patients and ineligible patients may be charged an amount for public hospital services as determined by Victoria.'

### **- N Compensable Non-Acute Patient**

A person who has been admitted in one or more hospitals (public and private) for a continuous period of more than 35 days with a maximum break of seven consecutive days and who, if not a compensable patient, would be deemed to be a Nursing Home Type patient.

### **J- Prisoner Patient**

A person who is an admitted patient and is currently in the custody of Correctional Services in Victoria.

- Prisoners may be transferred to a public hospital for treatment on an admitted or non-admitted basis. Funding for these services is not provided by the Commonwealth through the Australian Health Care Agreement. Hence, DHS does not recognise these patients for casemix or VACS payments. Funding for prisoners' health care is provided to prison authorities by the Department of Justice and prison authorities are responsible for meeting all costs incurred by hospitals in the treatment of such patients.
- Hospitals are required to bill 'Australian Correctional Management' directly.

### **XX Ineligible Non-Australian Resident Patient**

A person who is an admitted patient but who is not eligible for Medicare and therefore not exempted from fees.

*Includes:*

- Persons holding expired Interim Medicare Cards (these patients should be billed for services).

Clause 49 of the *Australian Health Care Agreement* states 'Private

patients, compensable patients and ineligible patients may be charged an amount for public hospital services as determined by Victoria'.

**XN Ineligible Non-Australian Resident - Non-Acute Patient**

A person who has been admitted in one or more hospitals (public and private) for a continuous period of more than 35 days with a maximum break of seven consecutive days and who, if not an ineligible patient, would be deemed to be a Nursing Home Type patient.

**Public hospitals:**

Report the patient's Account Class according to the *Fees and Charges for Acute Health Services in Victoria - A Handbook for Public Hospitals* document, available at:

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

The patient elects to be treated as a Public or Private patient, or may be eligible for DVA or a compensable class, or may be ineligible. Refer to above document for the correct wording for the 'Form of Election for Admission to Public Hospital'.

After admission and initial election, patient election status can only be changed in the event of unforeseen circumstances. Examples of unforeseen circumstances include, but are not limited to:

- Patients who are admitted for a particular procedure but are found to have complications requiring additional procedures;
- Patients whose length of stay has been extended beyond those originally and reasonably planned by an appropriate health professional; and
- Patients whose social circumstances change while in hospital (for example, loss of job).

Inadequate private health insurance cover is not a sufficient reason for changing a patient's election status.

**Private Patients:**

Within each broad Account Class, categorisation of patients is a medical decision and is performed by medical staff at the hospital or the referring medical practitioner; patients cannot elect to be charged as a particular Account Class as this will depend on what surgery, if any, is performed and complexity of the care.

Fees depend on whether the patient has been an admitted patient in any hospital within the seven days before this admission. Previous hospitalisation may alter the patient's length of stay classification.

Private patients specify on the election form whether they wish to be accommodated in a single room.

The fee charged to a private patient will depend upon:

- Patient account classification and length of stay.
- Type of accommodation.

**Private hospitals:**

Record patient account class as 'best fit' account class according to the *Fees and Charges for Acute Health Services in Victoria - A Handbook for Public Hospitals* document.

Because of the many patient account options used in private hospitals, and the limited applicability of the comparatively small range of Account Classes offered in PRS/2, private hospitals and day procedure centres are not required to supply comprehensive Account Class data. Only the following broad categories apply:

*Contracted patients:* Use the appropriate Account Class from the range of valid codes. Where public patients are admitted under contract, use code MP.

A patient admitted to a private facility where the hospital and/or clinician bulk bill Medicare for the patient's treatment is not considered to be a public patient. These patients should be reported using an appropriate private account class.

If a patient is admitted as fee-paying but is unable/unwilling to pay their account and the fee is written off, the original Account Class should be used (for example, PE, PC). Do not change the Account Class to a Medicare no-charge category.

For all private acute same day patients, use any code respectively, from the following list:

PO PP PQ PR

For all private acute overnight/multi-day patients, use a code starting P, with any valid combination of second character, from the following list:

PA PB PC PD PE PF PG PH PI  
PJ PK PL PM PN PW PX PY

Nursing Home Type patients (Private and Department of Veterans' Affairs) must be classed to the existing range of codes:

PS PT PU PV VN V5

However, accurate specification of general or extensive care level or NH5 status is not required for private hospital NHT or Department of Veterans' Affairs NHT patients.

Compensable or Ineligible patients should be identified as such, including detail of the relevant funder. These patients need only be classified to the following level of detail:

WC TA AS SS CL OO XX

There is no requirement to use the codes with second-character N.

### **Edits**

- (a) 076 Not Sufficient Fields First Status
- 077 Not Sufficient Fields Other Status
- 083 Invalid Account Class
- 094 Combination A/C Accom Care Med Suff
- 111 Same Day A/C Stat Not The Only Status
- 113 Same Day Status: Total Pt Days Not 1
- 116 Sep A/C Class Not In A Status Seg
- 222 Unqual Newborn; Adm Date Not Birth
- 324 Incompat ICU Hrs, A/C Class
- 325 Incompat MV Hrs, Acct Class
- 329 Geri Respite - Invalid comb
- 372 Episode Deletion: Multiple Epis Trans
- 374 Episode DVA/TAC: No V4 Transaction
- 375 Episode DVA/TAC: V4 Trans Rejected
- 377 Episode DVA/TAC: Multiple E4 Trans
- 378 Episode DVA/TAC: Multiple V4 Trans
- 379 Epis Not DVA/TAC: V4 Trans Present
- 380 Epis Not DVA/TAC: V4 Trans: Multiple E4s
- 382 Epis Not DVA/TAC: Multiple V4 Trans
- 391 Recip HCA Account, Not O/Seas P/Code
- 392 Recip HCA Account, Not O/Seas Born
- 393 Recip HCA Account, Indig Stat A or TI
- 454 Incompat Fields for Interim Care
- 491 Incompat Fields for ESAS
- 492 Incompat Fields for RPI
- 532 Account Class MA: not 4, 5E, 5K, 5G, 5S, 5A or U
- 571 Acct Recip, Pcode Oseas, Locality Not RHCA

- 572 Postcode Overseas, Account Not Recip, or Inelig
  - 573 Postcode Overseas, Account Public
  - 574 Postcode Overseas, Locality RHCA, Acct Not RHCA
  - ~~603 CCU Account Class, No CCU Hours~~
  - ~~604 ICU Account Class, No ICU Hours~~
  - ~~605 Priv Pt, CCU Hours, no CCU Account Class~~
  - ~~606 Priv Pt, ICU Hours, no ICU Account Class~~
  - ~~615 HDU Account Class, no approved ICU~~
  - ~~616 ICU Account Class, no approved ICU~~
  - ~~617 CCU Account Class, no approved CCU~~
  - 626 Invalid Combination for Funding Arrangement  
PHESI
  - 637 Illegal Combination of Account Classes
  - 638 Private Hosp, Public Account Without Contract
- (b)
- 105 Invalid Sep Account Class
  - 108 Field(s) missing From Sep
  - 116 Sep A/C Class Not In A Status Seg
  - 454 Incompat Fields for Interim Care
  - 455 Inconsist Newborn Transferred/Unqual Data

**Related items**

Section 2: *Boarder, Medicare Eligibility Status - Eligible Person, Medicare Eligibility Status - Ineligible Person, and Newborn.*

Section 4:

- Business Rules (non-tabular) *Newborn Reporting, and Reporting history of code changes.*
- Business Rules (tabular) *Account Class, Acc Type, Care Type and Medicare Suffix and Account Class: Geriatric Respite, and Care Type: Interim Care Program (F and E), and Funding Arrangement: Elective Surgery Access Service, and Funding Arrangement: Rural Patients Initiative.*

Section 5: *Status Segments.*

## Administration

**Purpose**

- (a) To:
- Distinguish between broad categories (public, private, DVA, compensable).
  - Identify patients with DVA account classes (for accounting purposes).
  - Identify certain compensable patients (so DRG Statements are raised).
  - Verify other fields (such as Care Type, Accommodation Type) for consistency.
- (b) To identify the Account Class of a patient at separation:
- For use in summary analyses.
  - To place patients into broad account categories for reporting to the Commonwealth.

**Principal data users**

- Financial Strategy Unit (Metropolitan Health and Aged Care Services, DHS)
- Department of Veterans' Affairs (DVA)
- Transport Accident Commission (TAC)
- WorkCover (VWA)

**Collection start** 1979-80

**Definition source** DH

**Code set source** DH

## Account Classes mapped to AIMS Trailer Record fields - Private Hospitals and Day Procedure Centres

AIMS Statistics Category	Account Classes
Private – Acute (both Separations and Patient Days)	PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, <del>PW, PX, PY</del> , VX
Private – Nursing Home Type (both Separations and Patient Days)	PS, PT, PU, PV, VN, V5
Compensable (both Separations and Patient Days)	JP, JN, WC, WN, TA, TN, AS, AN, SS, SN, CL, CN, OO, ON
Ineligible (both Separations and Patient Days)	XX, XN
Public – Under Contract (both Separations and Patient Days)	MP
Private – Same Day	PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, <del>PW, PX, PY</del> , VX, VN, V5
Compensable – Same Day	JP, JN, WC, WN, TA, TN, AS, AN, SS, SN, CL, CN, OO, ON
Ineligible – Same Day	XX, XN
Public – Under Contract – Same Day	MP

## Account Classes mapped to AIMS Trailer Record fields - Public Hospitals

AIMS Statistics Category	Account Classes
Public – Acute (both Separations and Patient Days)	MP, ME, MF, MR, MA
Private – Acute (both Separations and Patient Days)	PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, <del>PW, PX, PY</del> , VX
Compensable – Acute (both Separations and Patient Days)	JP, WC, TA, AS, SS, CL, OO
Ineligible – Acute (both Separations and Patient Days)	XX
Public NHT – NH5 (both Separations and Patient Days)	M5
Public NHT – Non NH5 (both Separations and Patient Days)	MN
Private NHT – NH5 (both Separations and Patient Days)	PT, PV, V5
Private NHT – Non NH5 (both Separations and Patient Days)	PS, PU, VN
Compensable – Non-Acute (both Separations and Patient Days)	JN, WN, TN, AN, SN, CN, ON

Ineligible – Non-Acute (both Separations and Patient Days)	XN
Public – Same Day	MP, ME, MF, MN, M5, MA, MR
Private – Same Day	PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, <del>PW, PX, PY</del> , VX, VN, V5
Compensable – Same Day	JP, JM, WC, WN, TA, TN, AS, AN, SS, SN, CL, CN, OO, ON
Ineligible – Same Day	JP, JM, WC, WN, TA, TN, AS, AN, SS, SN, CL, CN, OO, ON

## Deletion of Winter Demand Strategy from Program Identifier

<b>Revision Summary</b>	Deletion of code 01 <i>Winter Demand Strategy</i> from Program Identifier.
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### Data Definitions:

## Program Identifier (*Amended*)

### Specification

<b>Definition</b>	Identifies the specified program, if any, which applies to this episode of care.		
<b>Datatype</b>	Alphanumeric	<b>Form</b>	Code
<b>Field size</b>	2	<b>Layout</b>	NN or space
<b>Location</b>	Episode Record		
<b>Reported by</b>	Public and Private Hospitals.		
<b>Reported for</b>	Episodes for patients admitted under a specified DHS program.  Otherwise, report a space in this field.		
<b>Reported when</b>	An Episode Record is transmitted.		
<b>Code set</b>	<b>Code</b>	<b>Descriptor</b>	
	01	<del>Winter Demand Strategy</del>	
	02	23 Hour Surgery Unit	
	03	Restorative Care	
	04	GEM Level 1	
<b>Reporting guide</b>	Report the corresponding code for the program when advised to do so by the Department of Human Services' unit responsible for administration of the program, or by HDA.		
	<del>01</del>	<del>Winter Demand Strategy</del>	<del>Patient identified under the Winter Demand Strategy. Use code 01 only.</del>
	<b>02</b>	<b>23 Hour Surgery Unit</b>	Patient identified as a 23 Hour Surgery Unit patient. Use code 02 only.
	<b>03</b>	<b>Restorative Care</b>	

Patient identified as a Restorative Care patient as approved by DHS. Use code 03 only with Care Type K.

**04 GEM Level 1**

Patient identified as a GEM Level 1 patient as approved by DHS. Use code 04 only with Care Type 9

**Edits**

- 648 Invalid Program Identifier (Amended)
- 649 Program Identifier Mismatch (Amended)
- 650 Program Identifier 03, not approved for Restorative Care
- 651 Program Identifier 04, not approved for GEM Level 1

**Related items**

## Administration

**Purpose**

To:

- Identify whether a specified program applies to this episode.
- Facilitate health services planning and monitoring.

**Principal data users**

Multiple internal and external data users.

**Collection start**

2009-10

**Definition source**

DH

**Code set source**

DH

## Update to ICD-10-AM/ACHI Seventh Edition

<b>Revision Summary</b>	Introduction of ICD-10-AM / ACHI Seventh Edition. Reason for introduction: <ul style="list-style-type: none"><li>• Align with the National standard</li><li>• Casemix funding</li></ul>
<b>Implementation Guide</b>	ICD-10-AM / ACHI Seventh Edition codes must be used for all separations on or after 1 July 2010.  Note that the logic of edits relating to Diagnosis and Procedure codes remains unchanged. Functionality will change only as related to Library File amendments.  A new Library File will be available at a later date. Advice will be issued via HDSS Bulletin.

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## Diagnosis Codes

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### Specification

<b>Definition</b>	At least one (principal diagnosis) and up to 40 ICD-10-AM (Sixth Seventh Edition) codes reflecting injuries, disease conditions, patient characteristics and circumstances impacting this episode of care.		
<b>Datatype</b>	Alphanumeric	<b>Form</b>	Code
<b>Field size</b>	8 (x 40)	<b>Layout</b>	AANNNNspace Left justify, with trailing spaces.
<b>Location</b>	Diagnosis Record (12) Extra Diagnosis Record (28)		
<b>Reported by</b>	All Victorian hospitals (public and private).		
<b>Reported for</b>	All admitted episodes of care.		
<b>Reported when</b>	A Separation Date is reported in the Episode Record.		
<b>Code set</b>	DHS ICD-10-AM Library File 2008-09, 2010-11 available at: <a href="http://www.health.vic.gov.au/hdss/reffiles/2009-10_2010-11/index.htm">http://www.health.vic.gov.au/hdss/reffiles/2009-10_2010-11/index.htm</a>		

## Reporting guide

Report diagnoses in accordance with *Australian Coding Standards* and the *Victorian Additions to Australian Coding Standards*. The *Victorian Additions to Australian Coding Standards* are available at:

<http://www.health.vic.gov.au/hdss/icdcoding/vicadditions/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 (see below for more information).

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

All diagnosis codes require a prefix. Prefixes indicate whether the condition was present on, or arose during admission, and also denote morphology codes. DHS will map prefixes to the NHDD Condition Onset Flag in order to report to the Commonwealth.

Refer to the *Victorian Additions to the Australian Coding Standards*, available at: <http://www.health.vic.gov.au/hdss/icdcoding/vicadditions/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 X4
197	Embedded Blank Diag Oper
231	P - Diag Not Prefixed By P
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 Y4 Not Accompanied by X4
- 428 X4 Upd not Accompanied by Y4 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: **Error! Reference source not found.** page 3- **Error! Bookmark not defined..**

Section 4:

- Business Rules (tabular) *Account Class: Geriatric Respite, 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**

DH

**Code set source**

ICD-10-AM **Sixth Seventh** Edition

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# Procedure Codes

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## Specification

**Definition** Up to 40 ACHI **Sixth Seventh** 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<sup>th</sup> 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 **2008-09** 2010-11, available at:  
[http://www.health.vic.gov.au/hdss/reffiles/2008-09\\_2010-11/vaed/libfil08.htm](http://www.health.vic.gov.au/hdss/reffiles/2008-09_2010-11/vaed/libfil08.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 *Australian Coding Standards Edition* and the *Victorian Additions to Australian Coding Standards*. 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 books (no dash in codes); for example, ACHI procedure code 40903-00 *Neuro-endoscopy* 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.

<b>Edits</b>	127	Nil Value DRG
	160	AR-DRG Grouper GST Code > Zero
	195	Blank X4
	197	Embedded Blank Diag Oper
	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	X4 Upd not Accompanied by Y4 Upd
	450	Code Incompatible W Female Sex
	451	Code Incompat W Male Sex
	596	Same Day ECT: Not in Care Type 4
	600	Invalid Code
	641	MV Hours with Incorrect Procedure Code
	644	NIV Hours with Incorrect Procedure Code

**Related items**

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

Section 3: **Error! Reference source not found.** page 3-**Error! Bookmark not defined..**

Section 4:

- Business Rules (non-tabular) *Contracted Care.*

## Administration

<b>Purpose</b>	To facilitate:		
	<ul style="list-style-type: none"> <li>• Epidemiological studies and other research.</li> <li>• Grouping for casemix purposes.</li> </ul>		
<b>Principal data users</b>	Multiple internal and external data users.		
<b>Collection start</b>	1979-80		
<b>Definition source</b>	DHS	<b>Code set source</b>	ACHI <b>Sixth Seventh</b> Edition

## Section four: Tabular Business Rules

### 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
<b>Newborn (Transferred and Unqualified)</b>			
NT*	B	U	name, C-U
<b>Public</b>			
MP	1 2 3	E, P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U
MP	1 2 3 6 B M S	4, U	name, C-U
MP	4 C	4	name, C-U
MP	6 M S	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U
MP	7	4	name, C-U
ME	1 2 3	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	N-E
ME	1 2 3 6 B M S	4, U	N-E
ME	4 7 C	4	N-E
ME	6 M S	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	N-E
MR	1 2 4	4	name, C-U
MR	1 2	9	name, C-U

Account Class	Accom Type	Care Type	Medicare Suffix
MN	1 2  M S  6	1, 5T	name, C-U, N-E
MN	1 2	F	name, C-U
M5	1 2  M S  6	1, 5T	name, C-U, N-E
M5	1 2	F	name, C-U
MA	1 2 3	E, P, 2, 6, 7, K, 8, 9, 5E, 5K, 5G, 5S, 5A	name, C-U
MA	1 2 3 B  M S  6 8	4, U	name, C-U
MA	4  C	4	name, C-U
MA	8  M S  6	P, 2, 6, 7, K, 8, 9, 5K, 5G, 5S, 5A	name, C-U
MA	7	4	name, C-U
MF	1 2 3	E, P, 2, 6, 7, K, 8, 9, 5E, 5K, 5G, 5S, 5A	N-E
MF	1 2 3 B  M S  6 8	4, U	N-E
MF	4  C	4	N-E
MF	8  M S  6	P, 2, 6, 7, K, 8, 9, 5K, 5G, 5S, 5A	N-E
MF	7	4	N-E
<b>Private</b>			
PW	1 2  C	4	name, C-U, N-E
PX	1 2	4	name, C-U, N-E

Account Class	Accom Type	Care Type	Medicare Suffix
PY	1 2 C	4	name, C-U, N-E
PA	1 2	5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PA	1 2 M S 8 6 B	4, U	name, C-U, N-E
PA	4 C	4	name, C-U, N-E
PA	8 6 M S	5K, 5G, 5S, 5A	name, C-U, N-E
PA	7	4	name, C-U, N-E
PB	1 2	5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PB	1 2 M S 8 6 B	4, U	name, C-U, N-E
PB	4 C	4	name, C-U, N-E
PB	6 M S 8	5K, 5G, 5S, 5A	name, C-U, N-E
PB	7	4	name, C-U, N-E
PC	1 2	5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PC	1 2 M S 8 6 B	4, U	name, C-U, N-E
PC	4 C	4	name, C-U, N-E
PC	8 6 M S	5K, 5G, 5S, 5A	name, C-U, N-E
PC	7	4	name, C-U, N-E
PD	1 2	5E, 5K, 5G, 5S, 5A	name, C-U, N-E

Account Class	Accom Type	Care Type	Medicare Suffix
PD	1 2 M S 8	6 B 4, U	name, C-U, N-E
PD	4	C 4	name, C-U, N-E
PD	6 M S 8	5K, 5G, 5S, 5A	name, C-U, N-E
PD		7 4	name, C-U, N-E
PE	1 2 3	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PE	1 2 3 8 6 B M S	4, U	name, C-U, N-E
PE	4	C 4	name, C-U, N-E
PE	6 M S 8	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U, N-E
PE		7 4	name, C-U, N-E
PF	1 2	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PF	1 2 M S 8	6 B 4, U	name, C-U, N-E
PF	4	C 4	name, C-U, N-E
PF	6 M S 8	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U, N-E
PF		7 4	name, C-U, N-E
PG	1 2 3	5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PG	1 2 3 6 B M S	4, U	name, C-U, N-E
PG	6 M S	5K, 5G, 5S, 5A	name, C-U, N-E

Account Class	Accom Type	Care Type	Medicare Suffix
PG	7	4	name, C-U, N-E
PG	C	4	name, C-U, N-E
PH	1 2	5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PH	1 2 M S	6 B 4, U	name, C-U, N-E
PH	M S	6 5K, 5G, 5S, 5A	name, C-U, N-E
PH		7 4	name, C-U, N-E
PH		C 4	name, C-U, N-E
PI	1 2 3 M S	6 P, 2, 6, 7, K	name, C-U, N-E
PJ	1 2 M S	6 P, 2, 6, 7, K	name, C-U, N-E
PK	1 2 M S	6 P, 2, 6, 7, K	name, C-U, N-E
PL	1 2 3 4 6 M S	5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PM	1 2 4 M S	6 5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PN	1 2 4 M S	6 5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PO	1 2 3	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PO	1 2 3 4 6 BC M S	8 4	name, C-U, N-E
PO	6 M S	8 P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U, N-E
PO		7 4	name, C-U, N-E

Account Class	Accom Type	Care Type	Medicare Suffix
PP	1 2 3	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PP	1 2 3 4 6 BC M 8 S	4	name, C-U, N-E
PP	6 M S 8	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U, N-E
PP		4 7	name, C-U, N-E
PQ	1 2 3	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PQ	1 2 3 4 6 BC M 8 S	4	name, C-U, N-E
PQ	8 6 M S	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U, N-E
PQ		4 7	name, C-U, N-E
PR	1 2 3	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U, N-E
PR	1 2 3 4 6 BC M 8 S	4	name, C-U, N-E
PR	6 M S 8	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U, N-E
PR		4 7	name, C-U, N-E
PS	1 2 4 6 M S	1, 5T	name, C-U, N-E
PT	1 2 4 6 M S	1, 5T	name, C-U, N-E
PU	1 2 4 6 M S	1, 5T	name, C-U, N-E
PV	1 2 4 6 M S	1, 5T	name, C-U, N-E
<b>DVA</b>			
VX	1 2 3	E, P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U

Account Class	Accom Type	Care Type	Medicare Suffix
VX	1 2 3 Ⓞ 6 B M S	4, U	name, C-U
VX	4 C	4	name, C-U
VX	Ⓞ 6 M S	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U
VX		7 4	name, C-U
VN	1 2 M S	6 1, 5T	name, C-U
VN	1 2	F	name, C-U
V5	1 2 M S	6 1, 5T	name, C-U
V5	1 2	F	name, C-U
<b>Prisoners</b>			
JP	1 2 3	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, P-N
JP	1 2 3 Ⓞ M 6 B S	4, U	name, P-N
JP	Ⓞ 6 M S	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, P-N
JP	C	4	name, P-N
JN	1 2 M S	Ⓞ 6 1, 5T	name, P-N
<b>Compensable</b>			
<b>WorkCover</b>			
WC	1 2 3	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U, N-E, P-N
WC	1 2 3 Ⓞ B M S	4, U	name, C-U, N-E, P-N

Account Class	Accom Type	Care Type	Medicare Suffix
WC	4	4	name, C-U, N-E, P-N
WC	8 6 M S	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U, N-E, P-N
WC		7 4	name, C-U, N-E
WC		C 4	name, C-U
WN	1 2 M S	6 1, 5T	name, C-U, N-E, P-N
<b>TAC</b>			
TA	1 2 3	E, P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U, N-E, P-N
TA	1 2 3 8 B M S	6 4, U	name, C-U, N-E, P-N
TA	4	4	name, C-U, N-E, P-N
TA	8 6 M S	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U, N-E, P-N
TA		7 4	name, C-U, N-E
TA		C 4	name, C-U
TN	1 2	F	name, C-U
TN	1 2 M S	6 1, 5T	name, C-U, N-E, P-N
<b>Services</b>			
AS	1 2 3	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U
AS	1 2 3 8 B M S	6 4, U	name, C-U
AS	4	C 4	name, C-U

Account Class	Accom Type	Care Type	Medicare Suffix
AS	6 8 M S	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U,
AS	7	4	name, C-U
AN	1 2 M S	6 1, 5T	name, C-U
<b>Seamen</b>			
SS	1 2 3	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U, N-E
SS	1 2 3 8 B M S	6 4, U	name, C-U, N-E
SS	4	4 C	name, C-U, N-E
SS	6 8 M S	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U, N-E
SS	7	4	name, C-U, N-E
SN	1 2 M S	6 1, 5T	name, C-U, N-E
<b>Common Law</b>			
CL	1 2 3	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U, N-E
CL	1 2 3 8 B M S	6 4, U	name, C-U, N-E
CL	4	4 C	name, C-U, N-E
CL	6 8 M S	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U, N-E
CL	7	4	name, C-U, N-E
CN	1 2 M S	6 1, 5T	name, C-U, N-E

Account Class	Accom Type	Care Type	Medicare Suffix
<b>Other</b>			
OO	1 2 3	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	name, C-U, N-E
OO	1 2 3 8 B M S	6 4, U	name, C-U, N-E
OO	4 C	4	name, C-U, N-E
OO	8 6 M S	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	name, C-U, N-E
OO	7	4	name, C-U, N-E
ON	1 2 M S	6 1, 5T	name, C-U, N-E
<b>Ineligible</b>			
XX	1 2 3	P, 2, 6, 7, K, 8, 9, 0, 5E, 5K, 5G, 5S, 5A	N-E
XX	1 2 3 8 B M S	6 4, U	N-E
XX	4 C	4	N-E
XX	8 6 M S	P, 2, 6, 7, K, 8, 9, 0, 5K, 5G, 5S, 5A	N-E
XX	7	4	N-E
XN	1 2 M S	6 1, 5T	N-E

\* Newborns with an Account Class of NT may change to another Account Class in the second or subsequent status segment. The record will then be subject to the validation rules for the subsequent Account Class, but the Care Type can only be U or 4.

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

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## Age, Care Type, Carer Availability and Separation Mode

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

For Care Types 1, P, 2, 6, 7, K, 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, B, N, A, R	any age	1
H	<8 years	4, 5, 6
H	>7 years	1, 2, 3, 4, 5, 6, 7, 8

Edits 390 Incompat Care Type, Carer Avail, Age and Sep Mode

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

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
<b>E4 Episode Record</b>	
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, †, A, K, T, R, X or spaces
Criterion for Admission	B, C, E, O
Mental Health Legal Status	9
Funding Arrangement	1 or space
<b>X4 Diagnosis Record</b>	
Admission weight	Spaces
Duration of MV	Spaces
Duration of NIV	Spaces
<b>S4 Sub-Acute Record</b>	
Barthel Index Score on Admission	Range 000 to 100
Barthel Index Score on Separation	Range 000 to 100
FIM™ Score on Admission	Range 111111111111111111 to 777777777777777777, or spaces
FIM™ Score on Separation	Range 111111111111111111 to 777777777777777777, or spaces
Functional Assessment Date on Admission	DDMMCCYY
Functional Assessment Date on Separation	DDMMCCYY or spaces
Clinical Sub-program	
If Care Type 2	020, 04x, 05x (if Impairment is reported, may be spaces)
If Care Type 6, 7, K	Any code from list see section 3 (if Impairment is reported, may be spaces)
Impairment	
If Care Type 2	02x, 04x, 05x (if Clinical Sub-Program is reported, may be spaces)
If Care Type 6, 7, K	Any code from list see section 3 (if Clinical Sub-Program is reported, may be spaces)
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

## Care Type: Designated Paediatric Rehabilitation Program (P)

If Care Type is P *Designated Paediatric 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
<b>E4 Episode Record</b>	
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, †, A, K, T, R, X or spaces
Criterion for Admission	B, C, E, O
Mental Health Legal Status	9
Funding Arrangement	1 or space
<b>X3 Diagnosis Record</b>	
Admission weight	Spaces
Duration of MV	Spaces
Duration of NIV	Spaces
<b>S4 Sub-Acute Record</b>	
Barthel Index Score on Admission	Spaces
Barthel Index Score on Separation	Spaces
FIM™ Score on Admission	Range 111111111111111111 to 7777777777777777, or spaces
FIM™ Score on Separation	Range 111111111111111111 to 7777777777777777, or spaces
Functional Assessment Date on Admission	Spaces
Functional Assessment Date on Separation	Spaces
Clinical Sub-program	Any code from list see section 3 (if Impairment is reported, may be spaces)
Impairment	Any code from list see section 3 (if Impairment is reported, may be spaces)
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

## 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

Field	Valid codes
<b>E4 Episode Record</b>	
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, MF, TA, VX
Accommodation Type	1, 2, 3
Qualification Status	X
Separation Referral	P, M, L, B, U, C, S, D, G, †, 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, MF, 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
<b>X4 Diagnosis Record</b>	
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
Duration of NIV	Spaces
<b>S4 Sub-Acute Record *</b>	
Barthel Index Score on Admission *	Range 000 to 100
Barthel Index Score on Separation *	Range 000 to 100
FIM™ Score on Admission	Range 111111111111111111 to 7777777777777777, or spaces
FIM™ Score on Separation	Range 111111111111111111 to 7777777777777777, or spaces
Functional Assessment Date on Admission	DDMMCCYY
Functional Assessment Date on Separation	DDMMCCYY or spaces
Clinical Sub-Program *	Spaces
Impairment	Spaces
Onset Date *	Spaces

<b>Field</b>	<b>Valid codes</b>
Admission/Re-admission to Rehabilitation *	Spaces
RUG ADL on Admission *	Spaces
RUG ADL on Separation *	Spaces
Source of Referral to Palliative Care *	Spaces

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## Care Type and Separation Mode

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

<b>If Care Type is</b>	<b>then Separation Mode must be</b>
5K Approved Mental Health Service or Psychogeriatric Program – Child and Adolescent Mental Health Service (CAMHS)	S, D, Z, T, A, H
0 Alcohol and Drug Program	D, Z, T, B, N, A, H
U Unqualified Newborn	D, Z, T, H
<b>If Separation Mode is</b>	<b>then Care Type must be</b>
S Statistical Separation (change in Care Type within this hospital)	F, E, 1, P, 2, 6, 7, K, 8, 5x, 9, 4
B Separation/Transfer Transition Care bed based program	F, E, 1, P, 2, 6, 7, K, 8, 5E, 5T, 5G, 5S, 5A, 9, 0, 4
N Separation/Transfer Aged Care Residential Facility	F, E, 1, P, 2, 6, 7, K, 8, 5E, 5T, 5G, 5S, 5A, 9, 0, 4
R Separation/Transfer Restorative Care bed based program	F, E, 1, P, 2, 6, 7, K, 8, 5E, 5T, 5G, 5S, 5A, 9, 0, 4
A Separation/Transfer Mental Health Residential Facility	F, E, 1, P, 2, 6, 7, K, 8, 5x, 9, 0, 4

# Intention to Readmit and Separation Mode

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

<b>If Intention to Readmit is</b>	<b>then Separation Mode must be</b>
0 Not applicable	S, D, Z, T
1 Re-admission planned this hospital within 28 days, booking arranged	B, N, A, H, R
2 Re-admission planned this hospital within 28 days, no booking arranged	B, N, A, H, R
3 Re-admission planned other hospital within 28 days, booking arranged	B, N, A, H, R
4 Re-admission planned other hospital within 28 days, no booking arranged	B, N, A, H, R
9 No plan to re-admit within 28 days	B, N, A, H, R
<b>If Separation Mode is</b>	<b>then Intention to Readmit must be</b>
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
B Separation and Transfer to Transition Care bed based program	1, 2, 3, 4, 9
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
R Separation and Transfer to Restorative Care bed based program	1, 2, 3, 4, 9

## Section eight: Edits

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### 657 Proc Start DateTime and Valid Proc Mismatch (*Amended*)

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<b>Effect</b>	REJECTION (X4)
<b>Problem</b>	<p>The first coded procedure in the X4 Diagnosis Record occurred in is one identified in the ICD-10-AM Library file as requiring a <i>Procedure Start DateTime</i>:</p> <p>[On Library File: column K, Coding practices, code 4]</p> <ul style="list-style-type: none"><li>◦ An operating room, or</li><li>◦ A cardiac catheter laboratory, or</li><li>◦ Involved the use of a scope.</li></ul> <p>However there is no <i>Procedure Start DateTime</i> reported for this record.</p>
<b>Remedy</b>	Check the X4 Diagnosis Record Procedure Start Date Time and the Procedure Code.

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### 527 Accom Type 8, not approved for EMU (*Deleted*)

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<b>Effect</b>	REJECTION
<b>Problem</b>	<p>The E4 Episode Record's Accommodation Type is 8 <i>Emergency Medical Unit</i> but the Hospital Campus is not approved for this Accommodation Type.</p>
<b>Remedy</b>	<p>Check Accommodation Type, amend as appropriate and re-transmit the E4.</p> <ul style="list-style-type: none"><li>• If you believe the Hospital Campus is approved to report this Accommodation Type, contact the HDSS Help Desk.</li></ul> <p>Refer to: Supplementary Code Lists: <i>Emergency Medical Unit (EMU): Accommodation Type 8</i>.</p> <p><a href="http://www.health.vic.gov.au/hdss/reffiles/index.htm">http://www.health.vic.gov.au/hdss/reffiles/index.htm</a></p>

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## 584 Sep Referral I, not approved for Interim Care (*Deleted*)

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**Effect**

Warning

**Problem**

The E4 Episode Record's Separation Referral is I *Home-based Interim Care, arranged before discharge* but the Hospital Campus is not approved to provide Interim Care.

**Remedy**

Check Separation Referral, amend as appropriate and re-transmit the E4. Your Hospital Campus is not approved to report Care Type E and F *Interim Care Program*. This Separation Referral is correct if another Hospital Campus within your Health Services has approval for Interim Care, and you are able to refer patients to this service.

Refer to: Supplementary Code Lists: *Care Type F and E: Approved Interim Care Programs*.

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

## Reference Files

### Coding Classification and Grouper Versions and ICD-10-AM/ACHI Library File

Separations on or after 1 July 2010 will be verified against the ICD-10-AM Seventh Edition Library File.

ICD-10-AM/ACHI/ACS Seventh Edition codes will be mapped to ICD-10-AM Sixth Edition codes for grouping purposes.

The ICD-10-AM/ACHI Seventh Edition Library File for 1 July 2010 will be released at a later date. Updates to this file during 2010-11 will be published in the HDSS Bulletin, with the web version being amended accordingly at:

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

Separations on or after 1 July 2010 will be grouped using AR-DRG Version 6.0.

## End of Financial Year Considerations

### Method for reporting relevant patient information from the previous financial year within the new financial year

In summary, the Separation Date of an episode will determine the format and values to be reported for data records. For patients remaining in hospital on 30 June 2010, the header dates of a transmission will determine the format and values reported.

The following data rules apply for PRS/2 data transmissions before and after 01 July 2010:

- File transmissions with header dates prior to 01 July 2010 must contain records using the 2009–10 format/values.
- File transmissions with header dates of 01 July 2010 and beyond may contain records of patients separated prior to 01 July 2010; if present, those data records must use the 2009–10 format/values.
- File transmissions with header dates of 01 July 2010 and beyond may contain records of unseparated patients (those remaining in on 30 June 2009); if present, those data records must use 2010–11 format/values.

File transmissions with header dates of 01 July 2010 and beyond must contain records of patients separated on and from 01 July 2010 using the 2010–11 format/values.

## Test Transmissions of New 1 July 2010 Software

The Department of Health recognises that software suppliers can experience difficulties making the 1 July revisions to their programs and that distributing untested programs to clients is unsatisfactory. It can also be difficult for hospitals to resolve problems caused by using untested software. The facilities manager will therefore be making a test facility available to software suppliers and encourages all suppliers to test new programs before using them to send live data to the VAED via PRS/2.

After making the necessary programming changes to meet the revised requirements, each software supplier can send up to two tests in public hospital format and two in private hospital format, without charge. If the Department approves additional testing, the facilities manager will provide this service at a charge (price on application).

Where data is being supplied electronically, the file must have a filename of 'prs2test'. Where data is being supplied via diskette, the diskette must be externally labelled 'Supplier test' and whether the program is in public hospital or private hospital format and, if not from a hospital, with the name of the software supplier. Contact the facilities manager (One Response Network) before transmitting a test file to ensure the file is processed appropriately and the test system is configured to receive your file.

For second or subsequent tests, the facilities manager requires advice as to whether or not previous test(s) are to be deleted before this test is run.

Turnaround time will depend on workload at the facilities manager.

Control Reports produced for each test to will be sent to the hospital and will only be sent to an alternate address (such as the software supplier) on receipt of written authorisation on hospital letterhead.

Staff at the Department will, if requested, assist in identifying problems. However, there is no approval process for testing 1 July updates. Once the supplier and/or the hospital is satisfied that the new software meets the specifications as defined by the Department, live transmissions can commence.

Hospitals that send electronically to the facilities manager will be able to request their test reports to be produced in an electronic format.