

Specifications for revisions to the
Victorian Integrated Non-Admitted
Health (VINAH) Minimum Dataset
for 1 July 2008

January 2008

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Executive Summary

Each year the Department of Human Services (DHS) reviews the data elements and format of the Victorian Integrated Non-Admitted Health (VINAH) Minimum Dataset. This review seeks to ensure that the VINAH data collection supports the Department's state and national reporting obligations, assists DHS planning and policy development, and incorporates appropriate feedback from data providers on improvements.

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

Specification revisions for the Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH) for 1 July 2008 include:

- *Account Class*: Addition of nine new codes to bring this data element into better consistency with the similar item specified in the VAED and allows more complete reporting of account classes.
- *Contact/Client Service Event Professional Group*: Addition of thirty new codes; subdivision of one code (*2723 Psychologist*) into three new codes.
- *Episode Program/Stream* and *Referral Program/Stream*: Addition of a new code *8 Specialist Paediatric Rehabilitation* as part of the SACS program and code *100 Outpatient Department* to Referral Program/Stream only as part of the Outpatient program.
- *Health Condition(s)*: Include the option of reporting ICD-10-AM codes for HARP and PAC; add one new edit. A consequential effect is a new code for *Observation Code Table*.
- *VINAH version*: Add one new code to support 2008-09 reporting.

Introduction

The need for VINAH modifications

From 1 July 2008, changes to the Victorian Integrated Non-Admitted Health Minimum Dataset are necessary to assist Victorian health program monitoring, planning and policy development, and incorporate feedback from data suppliers on VINAH reporting issues.

VINAH is a new data collection and as such, a key consideration for 2008-09 is to allow the collection time to stabilise and for data providers to bed down software systems and processes for VINAH reporting. As such, while a public call for proposals was made for VINAH changes, all proposals were weighed carefully against the key consideration above and no proposals summary document was issued as a number of proposals were rejected or deferred for 2008-09 implementation.

As such, only critical changes are being specified for the VINAH data collection for 2008-09. There are no new data elements, only additions to code sets.

Distribution and contents of this document

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

- Amended data elements.
- One new edit.
- Amended Code sets.
- Clarifying advice on reporting timing.

VINAH-submitting organisations are required to arrange for their software to be modified in accordance with the revised specifications.

The *VINAH Manual, Version 4, July 2008* will be distributed at a later date.

The 2007-08 VINAH manual included a number of informative items relating to a proposed pilot Outpatient Patient-level data collection to be conducted through VINAH. That pilot has not yet been conducted at the time of release of this specification, however planning for that pilot has informed some changes to VINAH for 2008-09.

The release of ICD-10-AM in early 2008 is may inform some further edit and code set revisions for Health Condition. These changes are highlighted in this document as requiring possible change, however the exact change (if any) will not be known until the release of the new (Sixth Edition) of ICD-10-AM.

The Department will be examining the VicPCRS reporting arrangements in the coming 18 months with a view to transitioning more VicPCRS reporting agencies to direct VINAH reporting. The process for this will be advised separately.

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.

Orientation to this document

As this document details revisions to an existing dataset, there are a few features that require explanation:

- New values and definitions relating to existing items are highlighted in orange
- Changes to existing items are highlighted in green
- As in the *VINAH Manual, 2007-08*, Outpatient-specific items are highlighted in cyan. In some instances text should be both cyan and orange. In this case the orange highlight has predominated with some cyan highlighting to indicate the outpatient-specificity while still keeping the text legible.
- Redundant values and definitions relating to existing items ~~are struck through.~~

This document is structured in the same order as the VINAH Manual. Revisions to a Section of the Manual are detailed under the appropriate Section heading. Where a Section has been omitted from this document, there are no revisions to that Section of the VINAH Manual.

Abbreviations

DHS	Department of Human Services
DMAC	Data Management Advisory Committee
HARP, HARP-CDM	Hospital Admission Risk Program - Chronic Disease Management
HL7	Health Level 7
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
NCCH	National Centre For Classification in Health
NHDD	National Health Data Dictionary
PAC	Post Acute Care
SACS	Sub Acute Ambulatory Care Services
VACS	Victorian Ambulatory Classification System
VINAH	Victorian Integrated Non-Admitted Health Minimum Dataset

Section Three: *Data Definitions*

Account Class

Revision Summary	Addition of nine new codes to Account Class to bring this data element into better consistency with the similar item specified in the VAED and allow more complete reporting of account classes. Two of the new codes (MV and MG) are only for use by outpatients.
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Account Class

Specification

Definition	The agency/individual chargeable for this contact or client service event, and associated sub categories.		
Datatype	Alphanumeric	Form	Code
Field size	2	Layout	AX
Location	ADTA03 (PV1.20\FC.1) ADTA08 (PV1.20\FC.1)†* ADTA13 (PV1.20\FC.1)		
Reported by	HARP-CDM, Outpatients , PAC, Palliative Care, SACS services in scope.		
Reported for	Contacts/client service events in the current reporting period.		
Reported when	The current reporting period for this item is the calendar month in which <i>Contact/Client Service Event Date/Time</i> falls.		
Value domain	HL70064		

Code	Descriptor
MP	Public Eligible
ME	Ineligible: hospital exempt
MF	Ineligible: Asylum Seeker
MA	Reciprocal Health Care Agreement
MV	Public Eligible: VACS-funded Outpatient
MG	Public Eligible: Specified-grant-funded Outpatient
VX	Department of Veterans' Affairs (DVA)
WC	Victorian WorkCover Authority (VWA)
TA	Transport Accident Commission (TAC)
AS	Armed Services
SS	Seamen
CL	Common Law Recoveries
OO	Other Compensable
JP	Prisoner
XX	Other Non-compensable

Reporting guide If the answer is VX, WC or TA additional reporting obligations apply.

Please note that this item is being collected in order to establish viability of compensable funding models in some programs, it is not intended to imply specific funding at this point in time. Funding continues for different programs as specified in the program funding agreements.

MP Public: Eligible

An eligible person who 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.
- Persons holding a current Interim Medicare Card.
- Persons treated in a specialist public outpatient clinic not funded through VACS or a Specified Grant.

Excludes:

- Persons holding an expired Interim Medicare Card (report XX *Ineligible*)
- A person where the clinician bulk bills Medicare for the patient's treatment.
- Persons treated in a specialist public outpatient clinic funded through VACS (report MV) or a Specified Grant (report MG).

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.

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), who receives a non-admitted service 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.

MV Public Eligible: VACS-funded Outpatient

A public eligible patient whose outpatient department treatment is being funded under the Victorian Ambulatory Classification System (VACS). Only reportable for outpatient contacts.

MG Public Eligible: Specified-grant-funded Outpatient

A public eligible patient whose outpatient department treatment is being funded under a specified grant. Only reportable for outpatient contacts.

VX Department of Veterans' Affairs Patient (DVA)

An eligible person whose charges for this contact or client service event 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 by the 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.

WC Victorian WorkCover Authority (VWA)

An eligible person who is entitled under a law that is or was in force in Victoria to the payment of, or who has been paid compensation for, damages or other benefits in respect of an injury by the Victorian WorkCover Authority.

TA Transport Accident Commission (TAC)

An eligible person who is entitled under a law that is or was in force in Victoria to the payment of, or who has been paid compensation for, damages or other benefits in respect of an injury by the Transport Accident Commission.

OO Other Compensable Patient/Client

An eligible person who is entitled under a law that is or was in force in Victoria, other than Veterans' Affairs legislation, Transport Accident Commission or Victorian WorkCover Authority, 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 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.'

JP Prisoner Patient/Client

A person who 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 Other Non-compensable (Ineligible Non-Australian Resident Patient/Client)

A person 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'.

Edits

Refer to Section 8.

Related items

Section 2: Asylum Seeker
Section 2: Medicare Eligibility Status – Eligible Person
Section 2: Medicare Eligibility Status – Ineligible Person
Section 3: Contact/Client Service Event Date/Time
Section 3: DVA File Number
Section 3: Family Name
Section 3: Given Name(s)
Section 3: Person Name Type
Section 3: TAC Claim Number
Section 3: VWA File Number

Administration

Purpose To assist in analyses of utilisation.
To facilitate reimbursement by third party paying organisations for patients/clients with entitlements.

Principal data users Metropolitan Health and Aged Care Services Division, DHS.

Version History	Version Number	Effective Date
	1	01 July 2005
	2	01 July 2007
	3	01 July 2008

Definition source	DHS	Value domain source	DHS
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Contact/Client Service Event Professional Group

Revision Summary	Addition of thirty new codes to Contact/Client Service Event Professional Group to support the clinical nature of PAC and Outpatient services.
	Delete code 2723 Psychologist and replace with codes 272313 Clinical Psychologist, 272389 Neuro psychologist and 272399 Psychologist NEC.

Contact/Client Service Event Professional Group

Specification

Definition The professional group of professional(s) providing services for a contact/client service event.

Datatype Numeric **Form** Repeatable Code

Field size 4-6 **Layout** NNNN[NN]

Location ADTA03 (ROL.9\CE.1)
ADTA08 (ROL.9\CE.1)†
ADTA13 (ROL.9\CE.1)

Reported by HARP-CDM, **Outpatients**, Palliative Care and SACS services in scope.

Reported for All contacts/client service events completed in the current reporting period.

Reported when The current reporting period for this item is the calendar month in which *Contact/Client Service Event Date/Time* falls.

Value domain 990013

Code	Descriptor
251111	Dietician / nutritionist
2512	Medical imaging professionals
251412	Orthoptist
2515	Pharmacist
251912	Orthotist/Prosthetist
252299	Other complementary medicine service provider
2523	Dentist
252411	Occupational therapist
252511	Physiotherapist
252611	Podiatrist
252711	Audiologist
252712	Speech pathologist / therapist
252900	Allied Health Assistant
252999	Other Allied Health
2531	General practitioner (GP)
253311	Specialist Physician (General Medicine)
253312	Cardiologist
253313	Clinical Haematologist
253314	Clinical Oncologist

253315	Endocrinologist
253316	Gastroenterologist
253318	Neurologist
253321	Paediatrician
253322	Renal Medicine Specialist
253323	Rheumatologist
253324	Thoracic Medicine Specialist
253399	Geneticist
253411	Psychiatrist
253511	Surgeon (General)
253512	Cardiothoracic Surgeon
253513	Neurosurgeon
253514	Orthopaedic Surgeon
253515	Otorhinolaryngologist
253516	Paediatric Surgeon
253517	Plastic and Reconstructive Surgeon
253518	Urologist
253521	Vascular Surgeon
253911	Dermatologist
253912	Emergency Medicine Specialist
253913	Obstetrician and Gynaecologist
253914	Ophthalmologist
253999	Medical specialist NEC
254111	Midwife
254400	Nurse – Division 1
254411	Nurse practitioner
272100	Counsellor
272199	Spiritual Carer
2723	Psychologist
272313	Clinical psychologist
272389	Neuro psychologist
272399	Psychologist NEC
272511	Social worker
411311	Diversional therapist
411411	Nurse – Division 2
4115	Indigenous health worker
411711	Community worker
423111	Aged or disabled carer
423312	Nursing support worker
423313	Nursing aide (AIN)(Patient Care Attendant (PCA))
423313	Personal care assistant
434999	Exercise physiologist
099700	Care Coordinator
099710	Clinical Educator
099800	Not Applicable: Voluntary worker
099897	Other Health Professional
099898	Other discipline service provider
099899	Discipline not stated

Reporting guide Use as many codes as necessary to report each professional and professional group involved in the contact and client service event, respectively.

For Client Service Events, do not repeat codes. For example, if two physiotherapists are involved in a single client service event, only report the code 252511 – *Physiotherapist* once. If codes are repeated for Client Service Events they will be removed for reporting purposes.

At the contact level, report one code for each participating clinician.

099700 Care Coordinator

099710 Clinical Educator

The above codes are only for use by HARP-CDM, PAC and SACS. For these programs/streams, the code selected should represent the role in which the health professional is providing services to the patient/client. For example, a Care Coordinator should be coded as 099700 regardless of their professional background.

252299 Other complimentary medicine service provider

Includes:

- Acupuncturist
- Chiropractor
- Massage Therapist
- Naturopathist
- Osteopath

Edits Refer to Section 8.

Related items Section 2: Client Service Event (Concept Definition)
Section 2: Contact
Section 3: Contact/Client Service Event Date/Time

Administration

Purpose To monitor and plan resource utilisation.

Principal data users Metropolitan Health and Aged Care Services Division, DHS.

Version History	Version Number	Effective Date
	1	01 July 2005
	2	01 July 2007
	3	01 July 2008

Definition source	DHS	Value domain source	ANZSCO 1st Ed (DHS Modified)
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Episode Program/Stream and Referral Program Stream

Revision Summary Add a new code *8 Specialist Paediatric Rehabilitation* to Episode Program/Stream and Referral Program/Stream as part of the SACS program. Add a new code *100 Outpatient Department* to Referral Program/Stream only as part of the Outpatient program.

Episode Program/Stream

Specification

Definition	The program/stream to which the patient's/client's episode relates.		
Datatype	Numeric	Form	Code
Field size	1, 2 or 3	Layout	N[NN]
Location	PPPPCB (PV1.10) PPPPCC (PV1.10) PPPPCD (PV1.10)		
Reported by	HARP-CDM, Outpatients , PAC, Palliative Care, SACS services in scope.		
Reported for	All episodes started during the current reporting period.		
Reported when	The current reporting period for this item is the calendar month in which <i>Episode Start Date</i> falls.		
Value domain	HL70069		

Code	Descriptor
	<i>Sub-Acute Ambulatory Care Services (SACS)</i>
1	Rehabilitation
2	Specialist Continence
3	Specialist Cognitive
4	Specialist Pain Management
5	Specialist Falls
6	Specialist Wound Management
7	Younger Adult/Transition
8	Specialist Paediatric Rehabilitation
	<i>Hospital Admission Risk Program – Chronic Disease Management (HARP-CDM)</i>
21	Chronic Disease Management – Respiratory Disease
22	Chronic Disease Management – Heart Disease
23	Chronic Disease Management – Diabetes
24	Chronic Disease Management – People with Complex Needs
25	Chronic Disease Management – People with Psychosocial Needs
29	Chronic Disease Management – Other
	<i>Post Acute Care (PAC)</i>
31	Post Acute Care
	<i>Palliative Care</i>
41	Community Palliative Care
	Outpatients

101	General Medicine
102	Allergy
103	Cardiology
104	Diabetes
105	Endocrinology
106	Gastroenterology
107	Haematology
108	Nephrology
109	Neurology
110	Oncology
111	Respiratory
112	Rheumatology
113	Dermatology
114	Infectious Diseases
115	Developmental Neurological Disability
201	General Surgery
202	Cardiothoracic
203	Neurosurgery
204	Ophthalmology
205	Ear, Nose and Throat
206	Plastic Surgery
207	Urology
208	Vascular
209	Pre-admission
301	Dental
310	Orthopaedics
311	Orthopaedic applications
350	Psychiatry and Behavioural Disorders
401	Family Planning
402	Obstetrics
403	Gynaecology
404	Reproductive Medicine
405	Dysplasia and Colposcopy
501	Paediatric Surgical
502	Paediatric Medical
550	Emergency Medicine
601	Audiology
602	Nutrition
603	Optometry
604	Occupational Therapy
605	Physiotherapy
606	Podiatry
607	Speech Pathology
608	Social Work
609	Other Allied Health Services
610	Cardiac Rehabilitation
611	Hydrotherapy

Reporting Guide The value of this data element cannot be changed after the episode has been opened. See Section 5 for more information.

The value domain is similar to Referral Program/Stream. The difference is that in this value domain there are not generic codes for:

- A generic access/referral point.
- SACS and HARP-CDM Programs.

Report the program/stream that the patient/client has been accepted to, not the intervention they are to receive. For example, do not report 605 *Physiotherapy* unless the referral is to the Physiotherapy Allied Health Clinic. Patients/clients can access physiotherapy in other programs/streams, such as some of the SACS and HARP-CDM streams.

The program/stream that the patient/client is referred to may not be the same as the program/stream that the patient/client is accepted for. For example, a patient/client may be referred to Rehabilitation (1), but after assessment it is decided that the patient/client be seen by the Specialist Falls Clinics (5); in this instance report 5.

Code 1-78

Includes the SACS Program/Streams.

Code 21-29

Includes the HARP-CDM Program/Streams.

Edits Refer to Section 8.

Related items Section 2: Episode
Section 2: Hospital Admission Risk Program – Chronic Disease Management (HARP-CDM)
Section 2: Outpatients
Section 2: Palliative Care
Section 2: Post Acute Care (PAC)
Section 2: Program
Section 2: Programs Reporting to VINAH
Section 2: Referral Process
Section 2: Stream
Section 2: Sub-Acute Ambulatory Care Services (SACS)
Section 3: Episode Start Date
Section 3: Referral Program/Stream

Administration

Purpose To allow national reporting requirements to be met and assist with service planning and monitoring.

Principal data users Metropolitan Health and Aged Care Services Division, DHS.

Version History	Version Number	Effective Date
	1	01 July 2007

Definition source	DHS	Value domain source	DHS
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Referral Program/Stream

Specification

Definition	The program/stream that the patient/client is referred to.		
Datatype	Numeric	Form	Code
Field size	1, 2 or 3	Layout	N[NN]
Location	RRII12 (PV1.10) RRII13 (PV1.10) RRII14 (PV1.10)		
Reported by	HARP-CDM, Outpatients , PAC, Palliative Care, SACS services in scope.		
Reported for	All referrals received during the current reporting period.		
Reported when	The current reporting period for this item is the calendar month in which <i>Date Referral Received</i> falls.		
Value domain	HL70069		

Code	Descriptor
0	Generic Access/Referral Point
10	<i>Sub-Acute Ambulatory Care Services (SACS)</i>
1	Rehabilitation
2	Specialist Continence
3	Specialist Cognitive
4	Specialist Pain Management
5	Specialist Falls
6	Specialist Wound Management
7	Younger Adult/Transition
8	Specialist Paediatric Rehabilitation
20	<i>Hospital Admission Risk Program – Chronic Disease Management (HARP-CDM)</i>
21	Chronic Disease Management – Respiratory Disease
22	Chronic Disease Management – Heart Disease
23	Chronic Disease Management – Diabetes
24	Chronic Disease Management – People with Complex Needs
25	Chronic Disease Management – People with Psychosocial Needs
29	Chronic Disease Management – Other
<i>Post Acute Care (PAC)</i>	
31	Post Acute Care
<i>Palliative Care</i>	
41	Community Palliative Care
Outpatients	
100	Outpatient Department
101	General Medicine
102	Allergy
103	Cardiology
104	Diabetes
105	Endocrinology

106	Gastroenterology
107	Haematology
108	Nephrology
109	Neurology
110	Oncology
111	Respiratory
112	Rheumatology
113	Dermatology
114	Infectious Diseases
115	Developmental Neurological Disability
201	General Surgery
202	Cardiothoracic
203	Neurosurgery
204	Ophthalmology
205	Ear, Nose and Throat
206	Plastic Surgery
207	Urology
208	Vascular
209	Pre-admission
301	Dental
310	Orthopaedics
311	Orthopaedic applications
350	Psychiatry and Behavioural Disorders
401	Family Planning
402	Obstetrics
403	Gynaecology
404	Reproductive Medicine
405	Dysplasia and Colposcopy
501	Paediatric Surgical
502	Paediatric Medical
550	Emergency Medicine
601	Audiology
602	Nutrition
603	Optometry
604	Occupational Therapy
605	Physiotherapy
606	Podiatry
607	Speech Pathology
608	Social Work
609	Other Allied Health Services
610	Cardiac Rehabilitation
611	Hydrotherapy

Reporting Guide

The value domain is similar to Episode Program/Stream. The difference is that there are additional codes in this value domain for:

- A generic access/referral point; this allows reporting of referrals where (in some organisations only), there is one access/referral point for multiple programs; for example, one access point for SACS and HARP-CDM referrals.
- Generic codes for SACS, ~~and~~ HARP-CDM ~~and~~ **Outpatient** Programs; this allows reporting of generic program specific referrals, where the referrer is requesting that a service be provided by a program, but does not specify the stream under which the patient/client is to be treated.

Report the program/stream that the patient/client has been referred to, not the intervention they are to receive. For example, do not report 605 *Physiotherapy* unless the referral is to the Physiotherapy Allied Health Clinic. Patients/clients can access physiotherapy in other programs/streams, such as some of the SACS and HARP-CDM streams.

The program/stream that the patient/client is referred to may not be the same as the program/stream that the patient/client is accepted for. For example, a patient/client may be referred to Rehabilitation (1), but after assessment it is decided that the patient/client be seen by the Specialist Falls Clinics (5); in this instance report 1.

Code 1-10

Includes the SACS Program/Streams.

Code 20-29

Includes the HARP-CDM Program/Streams.

Edits

Refer to Section 8.

Related items

Section 2: Hospital Admission Risk Program – Chronic Disease Management (HARP-CDM)

Section 2: Outpatients

Section 2: Palliative Care

Section 2: Post Acute Care (PAC)

Section 2: Program

Section 2: Programs Reporting to VINAH

Section 2: Referral Process

Section 2: Stream

Section 2: Sub-Acute Ambulatory Care Services (SACS)

Section 3: Episode Program/Stream

Section 3: Date Referral Received

Administration

Purpose

To allow national reporting requirements to be met and assist with service planning and monitoring.

Principal data users

Metropolitan Health and Aged Care Services Division, DHS.

Version History

Version Number

Effective Date

1

01 July 2007

Definition source

DHS

Value domain source

DHS

Health Condition(s)

Revision Summary Include the option of reporting ICD-10-AM codes for HARP and PAC programs.

This requires modification to the data elements Health Condition(s) and Observation Code Table. Note that the use of the new code *ICD10AM* for Observation Code Table is consistent with the HL7 standard rather than use of the local designator *990038*.

Health Condition(s)

Specification

Definition	An indication of a health condition or diagnosis contributing to the reason for providing a program/stream, and any additional health condition(s) that impact on the episode.		
Datatype	Numeric	Form	Repeatable Code
Field size	2 or 3	Layout	NN[N]
Location	PPPPCB (OBX.3\CE.1)† PPPPCC (OBX.3\CE.1)† PPPPCD (OBX.3\CE.1)†		
Reported by	HARP-CDM, PAC, and SACS services in scope.		
Reported for	Optional for episodes open during the current reporting period. Must be reported for episodes where <i>Episode End Date</i> falls within the current reporting period.		
Reported when	The current reporting period for this item may be any calendar month in or after which <i>Episode Start Date</i> falls and must be no later than the calendar month in which <i>Episode End Date</i> falls.		
Value domain	SACS, HARP, PAC use 990010 - the VINAH3 (AROC modified) code set. HARP and PAC may alternatively use 990038 - the ICD-10-AM (Sixth Edition) library file. The VINAH3 code set is listed here. The ICD-10-AM library file may be downloaded from the HDSS web site.		

Code	Descriptor
<i>Stroke</i>	
10	Stroke
<i>Head Injury</i>	
20	Head Injury

Neurological

31	Multiple sclerosis
32	Parkinsonism
33	Polyneuropathy
34	Guillain-Barre
35	Dementia
36	Cerebral palsy
38	Other cognitive impairment
39	Other neurological

Spinal Cord

41	Paraplegia incomplete
42	Paraplegia complete
43	Quadriplegia incomplete C1-4
44	Quadriplegia incomplete C5-8
45	Quadriplegia complete C1-4
46	Quadriplegia complete C5-8
49	Other spinal cord

Amputation

51	Amputation - upper extremity above elbow
52	Amputation - upper extremity below elbow
53	Amputation - single lower extremity above knee
54	Amputation - single lower extremity below knee
55	Amputation - double lower extremity above knee
56	Amputation - double lower extremity above/ below knee
57	Amputation - double lower extremity below knee
59	Amputation - multiple limbs

Arthritis

61	Rheumatoid arthritis
62	Osteoarthritis
69	Other arthritis

Pain

71	Neck pain
72	Back pain
73	Extremity pain
79	Other pain

Orthopaedic

81	Post hip fracture
82	Post femur (shaft) fracture
83	Post pelvic fracture
84	Post major multiple fracture
85	Post hip replacement
86	Post knee replacement
87	Post upper limb fracture
89	Other orthopaedic

Cardiovascular

91	Chronic heart failure
92	Coronary heart disease
93	Pulmonary embolus
94	Hypertension
99	Other cardiovascular

Pulmonary

101	Chronic obstructive pulmonary disease
102	Chronic Asthma
103	Bronchiectasis
104	Pulmonary fibrosis
109	Other pulmonary

Burns

110	Burns
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Musculoskeletal

121	Spina bifida
129	Other musculoskeletal

Other disabling impairment

131	Diabetic foot disease
132	Diabetes without complication
133	Obesity
134	Post-operative (non-orthopaedic)
135	Cancer
136	Diabetes with peripheral vascular disease
137	Diabetes with renal impairment
138	Diabetes with other complication
139	Other disabling impairment

Multiple major trauma

141	Brain and spinal cord trauma
142	Brain and multiple fracture/amputation
143	Spinal cord and multiple fracture/amputation
149	Other major multiple trauma

Developmental Disabilities

150	Developmental disabilities
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Debility

160	Debility
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Bladder/bowel

171	Urinary incontinence
172	Faecal incontinence
173	Urinary and faecal incontinence
174	Voiding dysfunction
179	Other continence issues

Mental Health

181	Depression
182	Schizophrenia
183	Anxiety
184	Personality Disorder
185	Bipolar
186	Drug and/or alcohol dependence
189	Other mental health

Wounds

191	Venous leg ulcers
192	Arterial leg ulcers
194	Pressure ulcers
199	Other Wounds

Other geriatric

200 Other geriatric management

Other

998 Diagnosis unclear

999 No impairment

Reporting Guide This item is *not* designed to record all of a patient's/client's health issues, co-morbidities, or functional impairments, but issues that impact on the care of the patient/client in this episode.

More than one health condition can be reported, but the first health condition must be the *main* health condition to which the services provided within a particular episode of care relate. Where there is more than one health condition reported, the *main* health condition should be the first reported; in technical terms this means it should have an *Observation Sequence Number* of 1 (see transmission data elements).

A main health condition should be reported as soon as it is determined, preferably immediately after the first contact/client service event has been delivered. However, where the patient/client is receiving care primarily to receive a specialist assessment, a diagnosis may not be confirmed until a later point in the episode. If a main health condition has not been determined for an episode opened during the reporting period, do not report this item.

At least one health condition must be reported in order for an episode to be ended (note that this may be *998 – Diagnosis unclear* or *999 – No impairment*).

Reporting Options

The HARP and PAC programs may optionally report this data element using the ICD-10-AM (Sixth Edition) library file.

All codes for an episode must be reported using either the VINAH3 code set or the ICD-10-AM code set. Code sets cannot be mixed within an episode.

ICD-10-AM considerations

VINAH will accept any diagnosis code (type 'D' code) from the library file. Codes with a valid flag='N', which are not acceptable for VAED reporting, will be accepted by VINAH for HARP and PAC episodes. This means that the 'three-digit' ICD-10-AM code level is acceptable for reporting to VINAH.

Do not report morphology (type 'M') codes.

Do not report a diagnosis prefix code or condition onset flag, that is the P, A, C or M prefix.

Do not put trailing spaces after the code.

Do not include 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 transmitted as A000.

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

If detailed ICD-10-AM diagnosis codes are available following an episode of admitted care they may be used provided they meet the requirement above that they that impact on the care of the patient/client in this episode.

The use of certain Z-series codes should not be used instead of reporting an appropriate code under Other Factors Affecting Health.

If reporting an ICD-10-AM code, the value *ICD10AM* must be reported for Observation Code Table (see Transmission Data Elements).

Access to the ICD-10-AM library file is subject to certain licensing restrictions; contact the HDSS help desk for details.

It is not expected that codes for HARP and PAC reporting will be assigned by a clinical coder, or in strict accordance with Australian Coding Standards. However, if external cause codes and qualifying codes are used, they should be reported as per the standard.

It is not necessarily expected that staff assigning codes for reporting will need access to the full list of ICD-10-AM codes for reporting. It is expected that vendors, submitting organisations, program representative groups and the Department will work together to develop a suitable interface solution or subset of codes for reporting these data.

The Department will monitor data quality of Health Condition(s) reporting for HARP and PAC programs to further develop reporting guidelines for this data element.

VINAH3 Code set

The following notes apply to programs reporting the VINAH3 Health Condition(s)/ AROC-modified code set.

If reporting a VINAH3 code, the value *990010* must be reported for Observation Code Table (see Transmission Data Elements).

51 Amputation - upper extremity above elbow

Includes: shoulder disarticulation.

52 Amputation - upper extremity below elbow

Includes: hand and/or finger(s) alone, double upper extremity of finger(s) alone.

54 Amputation - single lower extremity below knee

Includes: foot and/or toe(s) alone.

55 Amputation - double lower extremity above knee

Includes: hip(s) disarticulation.

56 Amputation - double lower extremity above/ below knee

Includes: hip disarticulation, feet and/or toes alone.

57 Amputation - double lower extremity below knee

Includes: feet and/or toes alone.

160 Debility

Excludes debility that can be attributed to other diagnoses in this list. For example, excludes debility due to COPD, but includes debility due to congenital condition.

Edits

Refer to Section 8.

Related items

Section 3: Episode End Date
Section 3: Episode Start Date
Section 3: Observation Code Table (Transmission Data Element)
Section 3: Observation Sequence Number (Transmission Data Element)
Section 3: Other Factors Affecting Health

Administration

Purpose

To support analysis for service planning.

Principal data users

Metropolitan Health and Aged Care Services Division, DHS.

Version History

Version Number	Effective Date
1	01 July 2005
2	01 July 2007
3	01 July 2008

Definition source

DHS

Value domain source

Australian Rehabilitation Outcomes Centre (modified)

Observation Code Table

Specification

Definition A code that identifies the validation table to be used for validating the HL7 observation code.

Datatype Alphanumeric **Form** Repeatable Code

Field size 67 **Layout** XXXXXXXX

Location PPPPCB (OBX.3\CE.3)
 PPPPCC (OBX.3\CE.3)
 PPPPCD (OBX.3\CE.3)

Reported by HARP-CDM, Outpatients, PAC, Palliative Care, SACS services in scope.

Reported for All Episode messages.

Reported when All Episode messages.

Value domain HL70396

Code	Descriptor
990010	Health Condition(s) reported as VINAH3 code set
ICD10AM	Health Condition(s) reported as ICD-10-AM code set
990033	Malignancy Flag
990036	Other Factors Affecting Health

Reporting Guide The same HL7 message segment field is used to send the *Malignancy Flag*, *Other Factors Affecting Health* and the *Health Condition(s)*. This data element identifies which data element the field contains in a given message segment.

The specified values are the only values from the HL7 data definition table accepted by VINAH.

Edits Refer to Section 8.

Related items Section 3: Health Condition(s) (Business Data Element)
 Section 3: Malignancy Flag (Business Data Element)
 Section 3: Observation Sequence Number
 Section 3: Other Factors Affecting Health (Business Data Element)
 Section 5: Client Case Message Set

Administration

Purpose To enable management of VINAH transmissions.

Principal data users VINAH processing.

Version History	Version Number	Effective Date
	1	01 July 2005
	2	01 July 2007
	3	01 July 2008

Definition source DHS **Value domain source** HL7 (DHS modified)

VINAH version

Revision Summary	Add a new code to VINAH version to reflect the 2008-09 changes.
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VINAH Version

Specification

Definition A code that identifies the version of VINAH being reported in the current file.

Datatype	Alphanumeric	Form	Code
Field size	10	Layout	[XXXXXXXXXX]
Location	FILE (FHS.5)		
Reported by	HARP-CDM, Outpatients, PAC, Palliative Care, SACS services in scope.		
Reported for	All File messages.		
Reported when	All File messages.		
Value domain	990037		

Code	Descriptor
<null>	SACS MDS v1 (2005-06) or VINAH MDS v2 (2006-07)
VINAH3	VINAH MDS v3 (2007-08)
VINAH4	VINAH MDS v4 (2008-09)

Reporting Guide

Edits Refer to Section 8.

Related items Section 5: Segment FHS

Administration

Purpose To enable management of VINAH transmissions.

Principal data users VINAH processing.

Version History	Version Number	Effective Date
	1	01 July 2007
	2	01 July 2008

Definition source	DHS	Value domain source	DHS
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Section Five: *Compilation and Submission*

There are no substantive changes to Section 5 for 2008-09.

Guidelines for reporting patients/clients with open episodes at 30 June 2008

The VINAH4 format applies when the current reporting period (as specified in the Reported when section of the data element) for a data element is on or after 01 July 2008.

Referral Program/Stream is reported at Referral level so new code sets apply to Referrals with a Date Referral Received on or after 01 July 2008

Episode Program/Stream and Health Condition(s) are reported at Episode level.

The new Episode Program/Stream code set applies to Episodes with an Episode Start Date on or after 01 July 2008

Health Condition(s) may be reported any time after the beginning of the Episode and, for programs where this item is required, at least one must be reported at the end of the Episode. The new code set option applies to Health Condition(s) reported on or after (ie, the Message Date and Time is on or after 00:00 01 July 2008) and has an Episode End Date on or after 01 July 2008.

Account Class and Contact/Client Service Event Professional Group are reported at Contact/Client Service Event level so new code sets apply to Contacts or Client Service Events with a Contact/Client Service Event Date on or after 01 July 2008.

Community Palliative Care and VicPCRS reporting

The Department will be examining the VicPCRS reporting arrangements in the coming 18 months with a view to transitioning more VicPCRS reporting agencies to direct VINAH reporting. The process for this will be advised separately.

Section Eight: *Editing*

Health Condition(s)

Add one new Episode Validation Rule.

Note that if an ICD-10-AM code is reported for a SACS episode it will trigger existing validation rule E005.

Episode Validation Rules

Action: Batch Fail

Validation ID	Message	Cause	Resolution
E257*	Health Condition(s) reported under multiple code sets.	Health Condition(s) within an episode must be reported as either VINAH3 (AROC modified) code set or ICD-10-AM, but not both.	Check that the value of the corresponding data elements are correct, and resubmit the record.

* The Validation ID for this rule will be confirmed on release of the VINAH manual.

Section Nine: *Code Sets*

Please refer to the Excel Workbook file that forms Section 9 of the *VINAH Manual, 2008-09, v4*, which is being released with this specification document. This file is available on the HDSS web site at <http://www.health.vic.gov.au/hdss>

Please note that at the time of publication of these specifications the National Centre for Classification in Health (NCCH) has not released the ICD-10-AM Sixth Edition library file against which the changes to the Health Condition(s) code set will be validated. In the interim, vendors and other interested parties may wish to examine the previous edition library file for guidance on structure and format.