

Bulletin

Health Data Standards and Systems

Issue 133 – 25 July 2008

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

This edition of the Health Data Standards and Systems (HDSS) Bulletin has been published in electronic format only. It has been posted on our website at: <http://www.health.vic.gov.au/hdss/bulletin/133-250708.pdf> and can be viewed as a downloadable file.

This bulletin provides information regarding:

- DHS & Australian Government Circular updates
- A revision of the Hospital Code table
- VAED
 - Supplementary code lists for 2008-09
 - Reporting private patients in HITH
 - Errata to the ICD-10-AM/ACHI library file
 - ECT funding and reporting changes
 - Edit changes for 2008-09
 - PRS/2 processing
 - Adult Retrieval Victoria
- VEMD
 - New edit numbers for 2008-09
 - New version of the VEMD editor

Please download the document from our website. If you do not have internet access, please contact the HDSS Help Desk to obtain a hard copy of this bulletin. It is essential that this document be distributed to relevant staff in your organisation.

Yours faithfully,

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Global Update

133.1 Hospital Code Table Updates

An updated version of the Hospital Code Table for 2008-09 file, including the details below, has been posted onto the HDSS Website:

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

The excel file contains multiple worksheets that categorise public, private and non-Victorian hospitals, both in alphabetical and numerical order. The format has changed, with the *Hospital* column becoming *Hospital/Health Service*, and the sort order is *Hospital/Health Service*, then *Campus*.

No updates were required for new or closed services.

133.2 DHS circular update

The following circulars have been released, and can be found at:

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

Hospital Circular 20/2008

Subject: Electroconvulsive Therapy (ECT) Funding and Reporting changes

Hospital Circular 19/2008

Subject: Highly Specialised Drugs Program

133.3 Australian Government circular update

The following circulars have been released:

- PHI 38/08** Round 11 National Hospital Cost Data Collection
- PHI 37/08** Membership of the Prostheses and Devices Committee
- PHI 36/08** Hospital Provider Numbers, new QLD Public Hospitals, correction to PHI 24/08
- PHI 35/08** Casemix Conference 2008
- PHI 34/08** Amendment to July 2008 Prostheses List
- PHI 33/08** Amendment to July 2008 Prostheses List
- PHI 32/08** February 2009 Prostheses List - Application Forms
- PHI 31/08** Amendment to South Australian Public Hospital and Queensland Private Hospital declarations
- PHI 30/08** Declaration of New South Wales Public Hospitals
- PHI 29/08** Private Health Insurance (Benefit Requirements) Rules 2008 (No.2) and Private Health Insurance (Complying Product) rules 2008 (No.2)
- PHI 28/08** Declaration of Hospitals
- PHI 27/08** February 2009 Prostheses List

Private Health Insurance circulars can be found at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2008-index1>

To subscribe to the circulars, email your subscription details to Private Health Insurance Branch at privatehealth@health.gov.au

Victorian Admitted Episodes Dataset (VAED)

133.4 Supplementary code lists

The Supplementary code lists have been updated for 2008-09 and can be downloaded from <http://www.health.vic.gov.au/hdss/reffiles/index.htm>.

133.5 ICD-10-AM 6th Edition Library File - Errata

Revised versions of the library and blocks files have been added to the HDSS web site. The changes are described below.

Mappings

Mappings for three diagnosis codes were inadvertently omitted from the 2008-09 library file.

The codes and mappings are:

Diagnosis Code	Description	5thmap	4thmap	3rdmap	2ndmap	1stmap	9map
I982	Oesophageal varices without mention of bleeding in diseases classified elsewhere	I9820	I9820	I9820	I9820	I9820	45621
N189	Chronic kidney disease, unspecified	N1891	N1891	N1891	N1891	N1891	5851
Q530	Ectopic testis	Q5309	Q5309	Q530	Q530	Q530	7525

Edits

A sex edit code was omitted from code Q530.

Diagnosis Code	Description	SEX
Q530	Ectopic testis	1

Descriptors

The NCCH has released numerous minor errata to the descriptors for diagnoses, procedures, morphologies and blocks.

These changes are detailed in the summary spreadsheet on the HDSS web site.

The changes affect:

- 17 diagnosis codes
- 130 morphology codes
- 1 procedure code
- 1 block code

133.6 Hospital in the Home/Outreach services for private patients in public hospitals

Hospital circular 18/2008 advised:

With the introduction of the new private health insurance reforms that came into effect 1 April 2007, from 30 June 2008 there will be no Commonwealth approval of outreach services or default benefits. The department is currently in discussion with health funds in regard to approval and benefit payments for Hospital in the Home services post 30 June.

This information is reproduced on the DHS Fees and Charges website at <http://www.health.vic.gov.au/feesman/fees1.htm#private>.

Until further notice, public hospitals should seek prior approval from health funds before admitting private patients to HITH.

Hospitals are further reminded of the Australian Health Care Agreement requirements for patient election procedures. These requirements are detailed in Hospital Circular 25/2004.

Specifically, hospitals are reminded of the following.

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.

It is not acceptable to change a patient's Account Class (and therefore their election status) from private to public, or to start a new episode, merely because the patient's private insurance does not cover the provision of hospital in the home/outreach services.

133.7 Change to edit R641

Changes were required to new edit R641 *MV Hours with Incorrect Procedure Code* due to the changes in ACS 1006 for ICD-10-AM/ACHI Sixth Edition. The edit has been changed to a Warning rather than a Rejection.

133.8 Edit Changes for 2008-09

The following edit changes will be effective 1 July 2008:

Duration of NIV Hours

These changes have been made as a result of changes to ACS 1006 in ICD-10-AM/ACHI Sixth Edition.

R440 *NIV Duration without NIV Procedure Code* has been deleted as it is no longer relevant.

W644 *NIV Hours with Incorrect Procedure Code* has been introduced to provide a check for hospitals to ensure the correct procedure code and/or NIV hours have been reported.

644 NIV Hours with Incorrect Procedure Code

Effect Warning

Problem The number of Non-Invasive Ventilation Hours reported does not correspond with the procedure code.
Where Duration of NIV Hours is greater than 24 and less than 96, the procedure code is 92209-00, OR
Where the Duration of NIV Hours is greater than or equal to 96, the procedure code is 92209-00 or 92209-01.

Duration of Non-Invasive Ventilation should include only NIV Hours that occur in an ICU, NICU or SCN, so the reported hours may be less than indicated by the procedure code, but cannot be more.

Remedy Check the *Duration of Non-Invasive Ventilation* and the Ventilatory Support procedure code. Refer to the definition for *Duration of Non-Invasive Ventilation*.

ECT Edit

R596 *Same Day ECT: Not in Care Type 4* has been amended to accommodate the changes in Sixth Edition for ECT procedure codes.

596 Same Day ECT: Not in Care Type 4

Effect REJECTION

Problem The E4 Episode Record's Care Type is not 4 *Other care (Acute) including Qualified Newborn*, Admission Date and Separation Date are the same, and a Procedure Code is ~~93340-02 or 93340-03~~ 93341-XX *Electroconvulsive Therapy*. Same day Electroconvulsive Therapy (ECT) in public hospitals must be recorded as Care Type 4.

Remedy Check Admission Date, Care Type, Procedure Codes and Separation Date, amend as appropriate and re-transmit the E4.

133.9 Electroconvulsive Therapy (ECT) funding and reporting changes

Changes have been made by the Mental Health and Drugs Branch to the funding of ECT when it is provided as part of a Hub and Spoke arrangement. Refer to DHS Circular 20/2008 for details. A new line has been added to the WIES report, item 11.6, to enable hospitals to identify non-WIES fundable Hub and Spoke ECT separations.

133.10 PRS/2 processing status

Testing for the 2008-09 changes is underway and we hope to have new programs installed soon but an exact date has not been nominated as yet. Processing will be unavailable while new programs are installed. The Pay Office will send an email to the PRS/2 Users email group to advise when processing is unavailable, and again when it has been resumed. If you wish to be added to the mailing list, please email help_desk@thepayoffice.net, providing your name, telephone number, email address and hospital name.

Advice will be available via bulletin as soon as hospitals are able to transmit July 2008 data files.

As advised in Bulletin 131, if you need to send updates or corrections for 2007-08 data, you should re-use your last June header dates until all data has been successfully transmitted. Do not transmit files with July header dates until notified via Bulletin.

133.11 Adult Retrieval Victoria

Adult Retrieval Victoria (ARV) provides services to coordinate the transfer of patients requiring critical care where services are not available in the originating hospital. Patients may be transferred from a public hospital which does not have critical care facilities, or from a public hospital which has critical care facilities but is unable to accept the patient for other reasons.

For public hospitals without critical care services, ARV is financially responsible for the patient. These patients will be separated from the hospital and transferred to the private hospital (if they were admitted before transfer).

For public hospitals with critical care services, the public hospital will be financially responsible for the patient. The patient activity should be reported as contracted care in order for the public hospital to receive funding for the patient. The patient should be reported by both the public and private hospitals, according to the business rules details in Section 4 Contracted Care.

For further details on the service, refer to the Statewide Emergency Program's website:

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

Victorian Emergency Minimum Dataset (VEMD)

133.12 New edits for 2008-09

There are two new edits for the VEMD for 2008-09, which were published in the *Specification for revisions to the Victorian Emergency Minimum Dataset (VEMD) for 1 July 2008*, without the edit numbers. These edits with their numbers are reproduced here for information.

E382 Unregistered MH Obs/Assess Unit

Effect	REJECTION
Problem	The Departure Status is reported as 25 <i>Mental Health Observation/Assessment Unit</i> , but the reported Campus does not have a registered Mental Health Observation Assessment Unit, Psychiatric Assessment and Planning Unit or other similar registered unit.
Remedy	Check the Departure Status, correct as appropriate and re-submit the transaction.

E383 Invalid Date of Birth Accuracy code

Effect	REJECTION
Problem	This record's Date of Birth Accuracy code is null or invalid.
Remedy	Check Date of Birth Accuracy for valid format and values.

133.13 Version 13 Editor 0.9.7

The latest version of the VEMD editor can be downloaded from <http://www.health.vic.gov.au/hdss/vemd/index.htm>. This was updated on 21 July 2008 and contains an update to the edit narrative for E359.

Contact Details

The Health Data Standards and Systems (HDSS) Unit of the Metropolitan and Aged Care Services Division has responsibility for maintaining data standards for five Victorian health data collections:

- Victorian Admitted Episodes Dataset (VAED)
- Victorian Emergency Minimum Dataset (VEMD)
- Elective Surgery Information System (ESIS)
- Agency Information Management System (AIMS)
- Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH)

The HDSS Bulletin, produced on an ad hoc basis, provides:

- Answers to common questions recently directed to the HDSS Helpdesk;
- Communication regarding the implementation of revisions to data collection specifications, including notification of amendments to specified data collection reference tables;
- Feedback on selected data quality studies undertaken; and
- Information on upcoming events.

HDSS Website: <http://www.health.vic.gov.au/hdss>

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