

Hospital Circular

Distribution: Public Hospitals
Private Hospitals and Day Procedure Centres
Patient Management System Software Suppliers

Subject: Definition and Reporting Changes from 1 July 1996: VIMD Coding

Purpose: To provide details in relation to changes to the reporting requirements associated with the Victorian Inpatient Minimum Database (VIMD).

Background

The Victorian Inpatient Minimum Database is the patient level data collection from public and private hospitals which drives casemix funding for public hospitals, fulfils the State's reporting obligations to the Commonwealth and allows for service planning, epidemiological research and performance monitoring. Hospitals transmit data for inclusion in the VIMD through interfaces known as PRS and PRS/2.

PRS, PRS/2 and VIMD Reporting Changes

Since the introduction of casemix funding in Victoria, annual changes to reporting requirements to PRS, PRS/2 and VIMD have been introduced on 1 July each year. To allow hospitals enough time to change in-house information systems to be able to report data to the VIMD, the Department has again released specifications for the changes in April. These revised specifications apply to all episodes separated on or after 1 July 1996.

To assist it in the preparation of these specifications, the Department of Human Services (formerly known as the Department of Health and Community Services) distributed a document to all hospitals, software suppliers and a range of industry bodies entitled *Preliminary Proposals for Revisions to PRS/2 and the Victorian Inpatient Minimum Database for 1.7.1996*. This document was designed to stimulate public discussion and feedback at a forum which was held on 23 February 1996.

Following consideration of the feedback received, the document entitled *Final Revisions to PRS/2 and the Victorian Inpatient Minimum Database for 1.7.1996* was distributed in April as per previous years to all hospitals, software suppliers and a range of industry bodies. Subsequently, in mid April 1996, a series of information sessions were held in both metropolitan and country areas.

An *Addendum and Errata* to this Final Revisions document has also been distributed directly to hospitals, software suppliers and a range of industry bodies. This document contains clarification of some aspects of the reporting changes and some supplementary information.

ICD-9-CM Coding

Diagnosis and procedure coding for all separations on or after 1 July 1996 must be performed using the second edition of *The Official NCC Australian Version of ICD-9-CM* including volume 4 *Australian Coding Standards*. This publication is available from the National Coding Centre on telephone (02) 646 6461.

All Victorian coders are encouraged to attend the Australian Coding Standards Workshops which are being conducted by the National Coding Centre during June. These workshops will introduce coders to the new and changed coding standards as well as provide an update on 1 July 1996 reporting changes.

A special edition of the *ICD Coding Newsletter* will be distributed to Victorian coders and software suppliers in June 1996 providing the following:

- *Victorian Additions to Australian Coding Standards* effective 1 July 1996.
- summary of *NCC Official Addendum to ICD-9-CM*.
- list of M codes accepted by the library file.
- re-issue of ICD-9-CM book changes relevant to newborn coding.

AN-DRG Software

Australian National Diagnosis Related Group (AN-DRG) Software **version 3.1** will be adopted by the Department for casemix funding purposes from 1 July 1996. This version will be used for national and state reporting of hospital morbidity data, but some cases will be re-classified for casemix payment purposes as follows:

- neonatal episodes that group to version 3 AN-DRGs 726 or 727 which will be regrouped according to the specifications provided in Circular 17/1995 dated 30/6/95.
- peritoneal dialysis and radiotherapy as per the *Victoria—Public Hospital Policy and Funding Guidelines 1996–97*.

Contribution to Software Changes: Private Hospitals

The Department will make a once-off contribution to private hospitals towards the costs incurred in making software changes in relation to 1 July 1996 VIMD changes. Statements of cost should be submitted to the Department by software User Groups by 21 November 1996. Statements should be marked 'VIMD Changes 1996 Contribution' and forwarded to:

Mr John Pilla
Manager, Information and Performance Evaluation
Acute Health Services (level 17)
Department of Human Services
GPO Box 4057
MELBOURNE VIC 3001

To be eligible for payment, details of cost must be received by the Department by 21 November 1996 and hospitals must have successfully submitted the first quarter of 1996/97 data (July 1996 to September 1996) to the VIMD by 21 December 1996 consolidation. This data should be 100% complete for payment to be made. Payments will be processed during January and hospitals should receive cheques in early February 1997.

Relevant Publications

Hospitals should have received the *Final Revisions to PRS/2 and the Victorian Inpatient Minimum Database for 1.7.1996* document, dated April 1996, and the *Addendum and Errata* to that document, dated May 1996.

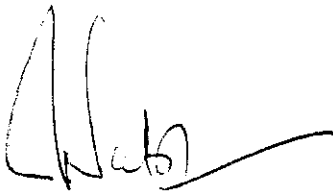
A Departmental Circular relating to Agency Information Management System (AIMS) reporting changes will be circulated in late June 1996 and the 1996/97 *PRS/2 Manual*, version 7.0, will be distributed in August 1996.

Enquiries

Hospitals should contact their Regional Office for any general enquiries relating to this Circular. Specific enquiries relating to the operation of the PRS/2 System may be directed to the PRS/2 Help Desk on (03) 9616 8141.

Please forward a copy of this advice as soon as possible to relevant personnel, including:

- . Information Systems Manager*
- . Manager Health Information Services / Chief Medical Record Administrator*
- . Director of Medical Services*
- . Officer responsible for PRS or PRS/2 data reconciliation*



DR MICHAEL WALSH
DIRECTOR
ACUTE HEALTH SERVICES