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| HDSS Bulletin |
| Issue 284: 29 May 2025 |
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# Agency Information Management System (AIMS)

## Update for VINAH MDS and/or NADC reporting sites requirement to complete AIMS S10, S11, S11A and S12 forms

Effective for 2025-26 reporting, health services submitting patient-level non-admitted data to the Victorian Integrated Non-Admitted Health (VINAH) Minimum Data Set and/or the Non-Admitted Data Collection (NADC) will cease completing AIMS forms S10, S11, S11A, and S12. This change aligns with national requirements to use patient-level data for calculating activity against the National Weighted Activity Unit (NWAU).

As a result:

* AIMS forms S10, S11, S11A, and S12 will not be available for these health services for 2025–26 data.
* The AIMS vs VINAH report will also not be available for 2025–26 (previous years remain accessible).

Health services must continue to register acute non-admitted specialist clinics in the Non-Admitted Clinic Management System (NACMS) and report activity data via the VINAH MDS and/or NADC using the NACMS clinic ID, which determines Tier 2 classification and NWAU.

**Important:** health services not submitting data to the VINAH MDS and/or NADC must continue to complete the AIMS forms.

For further details, refer to:

* [Policy and Funding Guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) 2024-25 funding rules, Section 10 <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>
* [NACMS Manual](health.vic.gov.au/publications/non-admitted-clinic-management-system-nacms-manual): <health.vic.gov.au/publications/non-admitted-clinic-management-system-nacms-manual>
* Previous communications in [HDSS Bulletin](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-communications)s 10 December 2024, 25 February 2025, and 14 April 2025 <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-communications>

# Victorian Admitted Episode Dataset (VAED)

## ICD-10-AM 13th edition Library file

The Thirteenth Edition library file is currently being finalised and will be available soon.

We are now accepting requests for the 2025-26 library file. Health services can submit their requests by emailing hdss.helpdesk@health.vic.gov.au , using the subject line: **VAED Library File Request**.

## Application of ACS 0004 Diagnosis cluster identifier and reporting of Diagnosis Cluster Identifier (DCID)

For Thirteenth Edition ICD-10-AM/ACHI/ACS a new Australian Coding Standard ACS 0004 Diagnosis cluster identifier (DCID) has been created to allow the clinical coder to assign a cluster code to each diagnosis reported to the Victorian Admitted Episodes Dataset (VAED).

While the application of ACS 0004 Diagnosis cluster identifier (DCID) is mandatory for separations on and from 1 July 2025, the department is aware that health services and hospitals both public and private are at different stages of software readiness. The term 'readiness' also includes operational readiness. While a health service or hospital may be ready from a technical perspective, there may be operational issues specific to a health service or private hospital to consider in terms of readiness.

To support reporting of accurate and interpretable coded data, the department instructs public and private health services and hospitals to:

* Apply ACS 0004 Diagnosis cluster identifier and report a valid DCID against each diagnosis code once both your coding software and Patient Administration System (PAS) are updated to collect and report DCID.
* If you do not use coding software, apply ACS 0004 Diagnosis cluster identifier and report a valid DCID against each diagnosis code once your Patient Administration System (PAS) is updated to collect and report DCID.
* Ensure operational readiness: While technical readiness is crucial, it is equally important to consider operational readiness. This means that all operational aspects should be fully prepared to support the implementation and reporting processes.
* **Do not apply ACS 0004 Diagnosis cluster identifier and double code if you cannot report a valid DCID.** The department does not support double coding as per ACS 0004 if it cannot be interpreted with a valid DCID.
* Report spaces for the DCID code against each diagnosis code if you cannot report a valid DCID.

Public and private health services and hospitals are also reminded that:

* A valid DCID must be reported against each diagnosis code; there cannot be a combination of spaces and a DCID within one diagnosis record
* Once a site commences reporting of valid DCIDs, a DCID must be assigned to all diagnosis records reported to the VAED; there cannot be a combination of episodes with and without a DCID
* Once a site commences reporting of valid DCIDs, you must continue to report DCIDs; you cannot stop reporting once started

The department is committed to meeting its national reporting obligations while balancing the constraints faced by public and private health services and hospitals in their ability to report valid DCIDs.

The department encourages clinical coders to undertake IHACPA’s Thirteenth Edition education to familiarise themselves with ACS 0004 even if a site is not ready to report DCIDs.

## DCID Validation for 2025-26

A new PRS2 validation will be implemented for VAED reporting for 2025-26 which prevents a diagnosis (X5/Y5) record from reporting a combination of both DCID code/s and spaces (no DCID code/s).

* When reporting DCID codes, the total number of DCID codes must match the number of diagnosis codes e.g. if a diagnosis record (X5/Y5) is reporting a total of 20 diagnosis codes, the total number of DCID codes reported must also be 20.
* The new validation will reject a diagnosis record that reports a total number of DCID codes fewer than the total number of diagnosis codes for that diagnosis record (X5/Y5). When one DCID code is reported, the PRS2 application logic will require a DCID code to be reported for all corresponding diagnosis code/s on the X5/Y5 record.

Hospitals unable to report the DCID code/s in 2025-26 will report spaces for all DCID codes in the diagnosis (X5/Y5) record.

If during 2025-26 hospitals commence reporting DCID (e.g. for discharges from January 2026 onwards), PRS2 (VAED) will accept diagnosis records (X5/Y5) that report DCID codes as well as records that do not, in the one submission file e.g. PRS2 will accept December diagnosis records with no DCID codes and January diagnosis records with DCID codes in the one submission file. Diagnosis (X5/Y5) records that were generated for episodes prior to the commencement of DCID reporting will report spaces instead of DCID codes in the one PRS2 (VAED) submission file.

**751 Total DCID codes < total number of diagnosis codes**

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The diagnosis (X5/Y5) record is reporting a combination of DCID codes/s and spaces. If one DCID code is reported than DCID code/s must be reported for all corresponding diagnosis codes. |
| **Remedy** | Correct the diagnosis (X5/Y5) record to report all DCID code/s for all corresponding diagnosis codes or all spaces and re-submit. |

## Clinically ready for discharge date and Reason for delay

Health services are reminded to:

* review the clinically ready for discharge data they are submitting to the VAED to see if it accords with their expectations
* institute measures to improve reporting

Current reporting does not seem to reflect feedback the department is receiving from health services.

This data element feeds into measures that provide evidence of drivers for discharge delay and assists in targeting improvements, including through the Strengthening Medicare – Supporting Older Australians Initiative. Further information can be found in Section 3 of the [VAED manual](https://www.health.vic.gov.au/publications/victorian-admitted-episodes-dataset-vaed-manual-2024-2025?utm_medium=email&utm_campaign=Health-Service-Bulletin-22-April-2025&utm_content=health.vic.gov.au%2Fpublications%2Fvictorian-admitted-episodes-dataset-vaed-manual-2024-2025&utm_source=comms.health.vic.gov.au).

## Elective surgery blitz codes

Health services are reminded they should not report the following elective surgery blitz codes for separations after 30 June 2024:

* Funding Arrangement = B Elective Surgery Blitz
* Program Identifier = 08 COVID-19 Surge Response
* Program Identifier = 13 Elective Surgery Blitz

These codes were introduced to flag additional elective/planned surgery activity funded between 2020-21 and 2023-24 for public health services post-COVID. This funding has now ceased.

Admitted activity performed under a contract between a public health service and a private hospital/DPC/public hospital must be reported to the VAED according to the usual reporting arrangements for contracted services outlined in Section 4 of the VAED manual.

# Victorian Emergency Minimum Dataset (VEMD)

## VEMD editing matrix 2025-26

The VEMD editing matrix for 2025-26 is now available to health services and their vendors. The VEMD editing matrix specifies diagnosis codes subject to completion of injury surveillance data items, age and sex at birth validations. Health services and their vendors can obtain a copy of the VEMD editing matrix 2025-26 by emailing the HDSS Helpdesk <hdss.helpdesk@health.vic.gov.au> with subject line: ***Requesting VEMD editing matrix.***

## VEMD diagnosis codes 2025-26

Reminder that Data Collections no longer release an annual VEMD library file. The code set for Primary and Additional diagnoses for the VEMD 2025-26 is the IHACPA Emergency Care ICD-10-AM Thirteenth Edition Principal Diagnosis Short List (the ‘IHACPA EPD Short List’). The IHACPA EPD Short List and User Guide is available from the IHACPA website <https://www.ihacpa.gov.au/health-care/classification/emergency-care/epd-short-list>.

Ensure all punctuation (decimal points, full stops or obliques) are removed from the ICD-10-AM codes before submission.

# Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS)

## Corrections to the VINAH MDS manual 2024-25

### Section 2 – concepts and derived items

#### Contact

**Contact type and reporting requirements by program**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact type (service)** | **EPC**  | **FCP** | **HARP** | **HBD** | **HBPCCT** | **HEN**  | **IT** | **Medi-Hotel** | **OP** | **PC** | **PAC** | **RIR** | **SACS** | **TCP** | **TPN** | **VALP** | **VHS** | **VRSS** |
| **Direct** |
| * Attended
 | Y | Y | Y | N | Y | N | Y | Y | Y | Y | Y | Y | Y | Y | N | Y | Y | Y |
| * Non-attended
 | Y | Y | Y | N | Y | N | Y | Y | Y | ~~Y~~N | Y | Y | Y | Y | N | Y | Y | Y |
| * Screening
 | N | N | N | N | N | N | N | N | N | Y | N | N | N | N | N | N | N | N |
| **Indirect** |
| * Indirect
 | N | N | N | N | N | N | N | N | N | Y | N | N | N | N | N | N | N | N |
| * Indirect-MDCC patient not present
 | Y | Y | Y | N | N | N | N | N | Y | Y | Y | Y | Y | N | N | Y | Y | Y |
| * Screening
 | N | N | N | N | N | N | N | N | N | Y | N | N | N | N | N | N | N | N |
| **Administrative** | N |

### Section 9 - code set

#### Contact Campus Code

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Data Element Name** | Code Set Identifier | Code Set Type | Code | Descriptor | Reportable Requirements | Change |
| Contact Campus Code | HL70115 | Code Set | 1451 | St Vincents on the Park | Reportable as of 14/05/2025 | Update |

#### Contact Provider Code

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Data Element Name** | Code Set Identifier | Code Set Type | Code | Descriptor | Reportable Requirements | Change |
| Contact Provider Code | 990012 | Code Set  | 1451 | St Vincents on the Park | Reportable as of 14/05/2025 | Update |

#### Episode Campus Code

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Data Element Name** | Code Set Identifier | Code Set Type | Code | Descriptor | Reportable Requirements | Change |
| Episode Campus Code | HL70115 | Code Set  | 1451 | St Vincents on the Park | Reportable as of 14/05/2025 | Update |

## Infusion Therapy - SCIg program/stream

Sites are reminded that the Infusion Therapy – SCIg program/stream is related to where a patient self-administers in their home and is not part of the Specialist Clinics (Outpatients) program/stream, therefore no clinics are required to be registered in NACMS.

Where a patient self-administers their SCIg at home this is reported under the new program/stream introduced in the 24/25 financial year:



For more information on the SCIg program please refer to the **Subcutaneous immunoglobulin (SCIg) infusion therapy – home delivered** document available at <https://www.health.vic.gov.au/patient-care/subcutaneous-immunoglobulin-scig-access-program>.

## Impact of changes when VINAH MDS / NADC reporting sites cease completion of the AIMS S10, S11, S11A and S12 forms

Effective for 2025-26 reporting, health services submitting patient-level non-admitted data to the Victorian Integrated Non-Admitted Health (VINAH) Minimum Data Set and/or the Non-Admitted Data Collection (NADC) will cease completing AIMS forms S10, S11, S11A, and S12.

This change aligns with national requirements to use patient-level data for calculating activity against the National Weighted Activity Unit (NWAU) - see section 10 of the 2024-25 funding rules in the [Policy and Funding Guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

### Key impacts:

* **AIMS vs VINAH reports**: These reports will not be available for 2025-26 as there will be no data to compare. Previous years will continue to be available.
* **Data Reconciliation**: Health services will need to reconcile VINAH MDS and/or NADC data against internal system data. Reconciliation reports are available to download, in different formats including excel, via Health Collect that show reported VINAH activity that has been accepted into the VINAH database. Hospitals can use this to verify their activity data.

### If sites cannot report complete patient level data by the due date:

1. Sites will be required to complete a VINAH MDS late data exemption form, available via HealthCollect (in line with current procedure)
2. Sites will be required to complete an aggregate data form. This form is in development.

The aggregate data form will enable sites to report aggregate activity data for each program where complete patient-level data is not available. A link to the new form will be made available via HealthCollect. Further guidance will be provided in upcoming bulletins.

Contacts

The Data Collections unit manages several Victorian health data collections including:

* 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 is produced at intervals to provide:

* answers to common questions recently directed to the HDSS help desk
* 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
* information on upcoming events

**Website**

[HDSS website](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems) <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems>

**HDSS help desk**

Enquiries regarding data collections and requests for standard reconciliation reports email

HDSS help desk <HDSS.helpdesk@health.vic.gov.au>

**Other Victorian health data requests**

[VAHI Data Request Hub](https://vahi.freshdesk.com/support/home) < https://vahi.freshdesk.com/support/home>

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