PHI Data Specifications 2022/23

Changes effective for data with separation month from July 2022 onwards

Contents

Version: 5.0

Date Updated: **Tuesday, April 26, 2022**
Content Owner: Department of Health

1.Implementation

For PHDB (hospital to department), HCP (hospital to insurer), and HCP1 (insurer to department), these proposed changes to data specifications are designed to apply to hospital separation data with separation month from July 2022 onwards, i.e. data relating to the 2022-23 financial year and following years.

For GT-Dental (insurer to department) and HCP2 (insurer to department) there are no changes. However, please note that insurers should be reporting dental services using the full list of valid ADA codes in the Australian Schedule of Dental Services and Glossary 2017 rather than only the 21 codes that were previously mandatory.

Changes in this summary document are correspondingly indicated IN RED in the associated data specification spreadsheets for each collection (PHDB, HCP or HCP1).

2.Change in total record length

Datasets: HCP1 (episode)

Total record length

HCP1 Episode	~~1377 characters; record type of 'E' followed by 1376 character record~~ 1397 characters; record type of 'E' followed by 1396 character record

Note: this change to total record length is recorded at the bottom of the relevant worksheet, and is also noted in the INPUT FILE FORMAT worksheet of the HCP1 spreadsheet.

HCP1 – Input File Format

Item	Quantity	Type & size	Values/description
EPISODE RECORDS	many per physical file of data	~~A(1377)~~ A(1397)	~~1377~~1397 characters; record type of 'E' followed by ~~1376~~1396 character record as specified in this document.

3.Care type code

Data Item: Care type code

Datasets: This change affects the following data specifications: HCP1 (episode)

Change: Blank fill superseded ‘care type’ field and revise edit rule for the replacement ‘care type code’ field

Reason: In HCP1 (insurer to department), both the superseded field ‘care type’ and the replacement field ‘care type code’ were previously accepted during the two-year period of transition to ECLIPSE web services. The transition to webservices will be complete from 1 July 2022. This change is to blank fill the superseded ‘care type’ field and revise edit rule for the replacement ‘care type code’ field.

See following pages

HCP1 – Episode – blank fill superseded field

No	Data Item	METeOR identifier	Type & size	Format	Coding description	Edit Rules	Error code/s
44	Care Type (superseded)	~~METeOR 270174 but with additional code 11 = Mental Health Care (From METeOR 584408)~~	N(3)	~~Left justify two digit codes and follow with a blank space~~ Blank fill	~~The overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care), as represented by a code.~~ ~~10 = Acute care~~ ~~11 = Mental Health Care~~ ~~20 = Rehabilitation care~~ ~~21 = Rehabilitation care delivered in a designated unit~~ ~~22 = Rehabilitation care according to a designated program~~ ~~23 = Rehabilitation care is the principle clinical intent~~ ~~30 = Palliative care~~ ~~31 = Palliative care delivered in a designated unit~~ ~~32 = Palliative care according to a designated program~~ ~~33 = Palliative care is the principle clinical intent~~ ~~40 = Geriatric Evaluation and management~~ ~~50 = Psychogeriatric care~~ ~~60 = Nursing Home Type~~ ~~70 = Newborn care~~ ~~80 = Other admitted patient care~~ ~~90 = Organ procurement – posthumous~~ ~~100 = Hospital boarder~~ ~~This field has been superseded by the new item: 'Care type code' (Item No 83) but will still be accepted during the period of transition to ECLIPSE webservices.~~ This field has been retained as a placeholder to minimise system changes. See replacement item: 'Care type code' (Item 83)	~~**If not blank, Reject** record if not (10, 11, 20, 21, 22, 23, 30, 31, 32, 33, 40, 50, 60, 70, 80, 90 or 100)~~	~~EE044~~

HCP1 – Episode – revised edit rule

No	Data Item	Type & size	Format	Coding description	Edit Rules	Error code/s
83	Care type code	N(2)	Left justify. For one digit codes, follow with a blank space	The overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (care other than admitted care), as represented by a code. Admitted care 1 Acute care 2 Rehabilitation care 3 Palliative care 4 Geriatric evaluation and management 5 Psychogeriatric care 6 Maintenance care 7 Newborn care 11 Mental health care 88 Other admitted patient care Care other than admitted care 9 Organ procurement—posthumous 10 Hospital boarder This field supersedes previous 'care type' field (Item 44)	**Reject** record if ~~'Care type' (Item 44) is blank and 'Care type code' (Item 83) is~~ not (1, 2, 3, 4, 5, 6, 7, 9, 10, 11 or 88) (**Reject record** if not in correct format: single digits must be left justified and followed by a blank)	EE083

4.Inter-hospital contracted patient

Data Item: Inter-hospital contacted patient

Datasets: This change affects the following data specifications: HCP1 (episode)

Change: Blank fill superseded 'Inter-hospital contacted patient' field and revise edit rule for the replacement 'Inter hospital contracted patient code' field

Reason: In HCP1 (insurer to department), both the superseded field 'Inter-hospital contacted patient' and the replacement field 'Inter hospital contracted patient code' were previously accepted during the two-year period of transition to ECLIPSE web services. The transition to webservices will be complete from 1 July 2022. This change is to blank fill the superseded 'Inter-hospital contacted patient' field and revise edit rule for the replacement 'Inter hospital contracted patient code' field.

See following pages

HCP1 – Episode – blank fill superseded field

No	Data Item	METeOR identifier	Type & size	Format	Coding description	Edit Rules	Error code/s
60	Inter-hospital contracted patient (superseded)	~~270409~~	N(1)	Blank fill	~~An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals, as represented by a code.~~ ~~1 = Inter-Hospital contracted patient from public sector;~~ ~~2 = Inter-Hospital contracted patient from private sector~~ ~~3 = Not contracted~~ ~~9 = Not reported~~ ~~This field has been superseded by the the new item: 'Inter hospital contracted patient code' (Item 87) but will still be accepted during the period of transition to ECLIPSE webservices.~~ This field has been retained as a placeholder to minimise system changes. See replacement item: 'Inter hospital contracted patient code' (Item 87)	~~If present, **reject** record if not (1, 2, 3 or 9).~~	~~EE060.0~~

HCP1 – Episode – revised edit rule

No	Data Item	Type & size	Coding description	Edit Rules	Error code/s
87	Inter hospital contracted patient code	N(1)	An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals, as represented by a code. Contracted (destination) hospital 1 = Inter-hospital contracted patient from public sector hospital; 2 = Inter-hospital contracted patient from private sector hospital; Contracting (originating) hospital 3 = Inter-hospital contracted patient to public sector hospital; 4 = Inter-hospital contracted patient to private sector hospital; 5 = Not inter-hospital contracted; 9 = Not stated. This field supersedes previous field:' Inter-hospital contracted patient' (Item 60)	If present, **reject** record if not (1,2,3,4,5 or 9) **Reject** record if ~~both 'Inter-hospital contracted patient' (Item 60) and 'Inter-hospital contracted patient code' (Item 87) are~~ blank and hospital type is (private or private day facility).	EE087.0 EE087.1

5.Medical Record Number

Data Item: Medical record number (MRN)

Datasets: HCP1 (episode)

Change: 1. Add new field for MRN in HCP1

2. Change total record length for HCP1 (Episode) from 1377 to 1397 characters

Reason: This field is already included in PHDB and HCP. Inclusion of this field in HCP1 will allow the department to compare records between PHDB and HCP1 data, and will allow substantial improvements in data quality.

HCP1 – Episode – new field

No	Data Item	Obligation	Position Start	Position End	Type & size	Format	Coding description	Edit Rules	Error code/s
88	Medical Record Number	OPA	1377	1396	A(20)	Left justify Blank fill	The Medical Record Number (or unit record number) that uniquely identifies the patient, regardless of the number of admissions they have had to the facility.	**Identify** record if blank	EW088

6.Change to ICD-10-AM/ACHI Edition 12

Data Sets: PHDB, HCP, HCP1

Header records: This change affects the following data items in Header records

Data Collection	No.	Data Item
PHDB	Header Record – Item number 11	ICD Version
HCP	Header Record – Item number 11	ICD Version

Data items / Lookup tables: This change affects the following data items and lookup tables

Data Collection	Data Items	Lookup Tables	Updated to
PHDB	Principal Diagnosis, Additional Diagnosis, Procedure	Diagnosis Codes Procedure Codes	Twelfth Edition
HCP	Principal Diagnosis, Additional Diagnosis, Procedure	Diagnosis Codes Procedure Codes	Twelfth Edition
HCP1	Principal Diagnosis, Additional Diagnosis, Procedure	Diagnosis Codes Procedure Codes	Twelfth Edition

Meteor references: This change affects the following the data items in PHDB – Episodes, HCP – Episodes and HCP1 – Episodes

Data Item	METeOR identifier
Principal Diagnosis	~~699609~~ 746665
Additional Diagnosis	~~699606~~ 746667
Procedure	~~699716~~ 746669

Change: Update header records to specify ICD-10-AM/ACHI Twelfth edition. Update the diagnosis code and procedure code lookup tables to change to the Twelfth edition of the ICD-10-AM/ACHI.

Header record HCP (same change required in PHDB)

Item No	Data Item	Type & Size	Format	Comments	Edit Rules	Error Code/s
11	ICD Version	N(4)		~~ICD Version - 10.11 = 1011~~ ICD Version - 10.12 = 1012	**Reject** if not a valid ICD version	HE11

Reason: The Twelfth edition of the ICD-10-AM/ACHI is being implemented on 1 July 2022.

Users must submit ICD-10-AM/ACHI Twelfth edition codes for data for 1 July 2022 onwards.

7.Change to AR-DRG version

Data Item: AR DRG version

Data Sets: PHDB, HCP, HCP1

Change: AR-DRG version 11.0 added to the list of AR-DRG versions

Reason: AR-DRG version 11.0 will be released on 1 July 2022

PHDB – Episode – revised field (same change required for HCP and HCP1)

No	Data Item	Obligation	Type & size	Format	Coding description	Edit Rules	Error code/s
65	AR DRG version	O	A(3)	Left justify. For two digit codes, follow with a blank space	The version of the AR-DRG classification: 41 = version 4.1 42 = version 4.2 50 = version 5.0 51 = version 5.1 52 = version 5.2 60 = version 6.0 6x = version 6.x 70 = version 7.0 80 = version 8.0 90 = version 9.0 na = version n.a 100 = version 10.0 110 = version 11.0 Must be supplied if DRG code is provided at item 15 This field supersedes previous DRG version field (Item 16)	If present, **identify** record if not (41, 42, 50, 51, 52, 60, 6x, 70, 80, 90, na, 100, 110) **Identify** record if blank and DRG code is provided (Item 15)	EW065.0 EW065.1

8. Change to AN-SNAP version

Data Item: AN-SNAP version

Data Sets: HCP, HCP1

Change: AN-SNAP version 5 added to the list of AN-SNAP versions

Reason: AN-SNAP version 5 will be released on 1 July 2022

HCP – AN-SNAP – revised field (same change required for HCP1)

No	Data Item	Obligation	Position Start	Coding description	Edit Rules	Error code/s
17	AN-SNAP Version	M	159	The version of the AN-SNAP Classification used to report item 16. 02 = AN-SNAP Version 2 03 = AN-SNAP Version 3 04 = AN-SNAP Version 4 05 = AN-SNAP Version 5	**Reject** record if not (~~01,~~ 02, 03, ~~or~~ 04 or 05) and episode type = O If present, **reject** if not numeric. **Identify** record if episode type = S and not 04 or 05 or blank fill. ~~**Identify** if (01) and episode type = O~~	AE017 AE017.1 AW017.1 ~~AW017.2~~

9.Item charge

Data Item: Item charge

Datasets: HCP1

Changes: New error code ME004.1 rejects records if item charge is the same as the MBS item number

New error code MW004.2 identifies records if item charge is greater than $30,000

Reasons: Item charge can erroneously be the same as the MBS item number. For example, an item charge of $23,045 may be submitted for MBS item 23045

Item charge exceeding $30,000 is expected to be an error

HCP1 – Medical – new edit rules

No	Data Item	Obligation	Type & size	Format	Edit Rules	Error code/s
4	Item charge	MAA	N(9)	Right justify Zero prefix $$$$$$$cc (omit decimal point)	**Reject** record if not numeric or if negative. **Reject** record if Item charge same as MBS item number (Data item 3). **Identify** record Item charge less than MBS Benefit. A five cent tolerance applied to accommodate rounding. **Identify** record if value greater than 30,000.	ME004.0 ME004.1 MW004.1 MW004.2

10. Principal MBS item numbers & Submission time

Data Item: Principal MBS item numbers

Datasets: HCP1

Changes: Episode records are identified if Principal MBS item number in the episode record is not present in the MBS item field in any of the associated medical records. The new error code is RW010

A warning message "Please consider resubmitting data between 16 and 20 weeks from the end of the month of the separation to improve medical record data quality" is now given when submission is less than sixteen weeks from the end of the month of separation. The new error code is RW011

Reason: Episode records are in error if they are submitted without a principal MBS item number present in any of the associated medical records

Medical record data completeness can be improved if submitted no sooner than 16 weeks from the end of the month of separation.

HCP1 – Edit Rules – All Records

EDIT RULES	ERROR CODE/S
Identify episode record if Principal MBS item number (Item 51) in the episode record is not present in MBS item (Item 3) in any of the associated medical records.	RW010
Warning message "Please consider resubmitting data between 16 and 20 weeks from the end of the month of the separation to improve medical record data quality" to be given when submission is less than sixteen weeks from the end of the month of separation	RW011

11. Secondary MBS item numbers

Data Item: Secondary MBS item numbers

Datasets: PHDB, HCP, HCP1

Changes: Secondary MBS item numbers are identified (i.e. warning) if principal MBS item number is blank.

The new error codes are W043 for PHDB, EW043 for HCP and EW054 for HCP1

Reason: Secondary MBS item numbers may be in error if they are submitted without a principal MBS item number

PHDB – Episode – new edit rule (similar change required for HCP and HCP1)

No	Data Item	Obligation	Type & size	Format	Edit Rules	Error code/s
43	Secondary MBS Item numbers	M	A(14)	Left justify	If present, **reject** record if not a valid MBS item number from the relevant MBS Schedule(s) current for at least one day during the episode. If present, **identify** record if principal MBS item (item 40) is blank	E043 W043

12. Other changes

- HCP1 episode DRG version (superseded) item 37 is now blank filled, as already the case with the PHDB and HCP datasets

No	Data Item	Type & size	Format	Coding description	Edit Rules	Error code/s
37	DRG version (superseded)	A(2)	Blank fill	~~The version of the DRG classification:~~ ~~41 = version 4.1 42 = version 4.2~~ ~~50 = version 5.0 51 = version 5.1~~ ~~52 = version 5.2 60 = version 6.0~~ ~~6x = version 6.x 70 = version 7.0~~ ~~80 = version 8.0 90 = version 9.0~~ ~~na = version n.a A0 = version 10.0~~ ~~This field has been superseded by the new item: 'AR_DRG Version' (Item 84) but will still be accepted during the period of transition to ECLIPSE webservices.~~ This field has been retained as a placeholder to minimise system changes. See replacement item: 'AR DRG version' (Item 84)	~~If present, **identify** record if not valid version.~~	~~EW037.0~~

- METeOR reference 722675 for Mental Health Legal Status is superseded by 727343

- Correction to File Naming Standards in the EXPLANATORY NOTES for PHDB, HCP, and HCP1:
  MonthYear = Month and year reported. Character values in the format MM(e.g. JUL="07", AUG="08") for month and YYYY (e.g. 2020) for year.

- Correction to PHDB Palliative Care Status coding description:

No	Data Item	Coding description	Edit Rules
25	Palliative Care Status	An indicator of whether the episode involved palliative care. 1 = Patient required palliative care during episode 2 = No palliative care required during episode This item is required because some States do not statistically discharge to palliative care ~~Zero fill if not applicable.~~ * refer to guide for use.	Reject record if not (1 or 2). Reject record if 2 AND 'care type' (Item 20) = 3

- Correction to HCP episode edit rule:

	EDIT RULES	ERROR CODE/S
Extras	**Reject** record if Separation date (Item 10) does not equal Admission date (Item 9) where Same-day Status (Item ~~40~~39) = 1 (reject if Separation date = Admission date and Same-Day Status not equal to 1)	EE201

- Correction to HCP1 episode edit rule:

	EDIT RULES	ERROR CODE/S
Extras	**Reject** record if Separation date (Item ~~32~~33) does not equal Admission date (Item ~~33~~32) where Same-day Status (Item 50) = 1 (reject if Separation date = Admission date and Same-Day Status not equal to 1)	EE201

- 'Edit Rule – Medical' worksheet for HCP1 is deleted because it has no content

- New edit rule to Collection Level Edit Rules for PHDB and HCP, and to Edit Rules – All Records for HCP1. This edit rule already applies but was omitted from the data specifications

	EDIT RULES	ERROR CODE/S
Extras	**Reject file** if record length does not match expected length.	F006

13. GT-Dental – Australian Dental Association codes

Insurers are reminded that:

As per the data specifications, insurers should be reporting dental services using the full list of valid ADA codes in the Australian Schedule of Dental Services and Glossary 2017 (see link below) rather than only the 21 codes that were previously mandatory.

The Australian Schedule of Dental Services and Glossary Twelfth Edition 2017