

Specifications for revisions to the Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH) for 1 July 2016

December 2015

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Executive Summary

The revisions for VINAH for 1 July 2016 are summarised below:

Removal of data elements

- Transition Care Program - removal of 16 data elements for mandatory reporting
- Episode Assessment - FIM Score - Date/Time
- Episode Assessment Score - FIM Score
- Episode Advance Care Plan Documented Date

New data elements

- Contact Medicare Suffix
- Episode Advance Care Plan Alert

Amendments to existing data elements

- Amendment to reporting guide, 'Referral In Outcome code 3, Referral Accepted – Renewed Referral'
- Amendment to Episode Health Conditions code list
- Modification of Contact Clinic Program Stream to Contact Program Stream

Introduction

Each year the Department of Health & Human Services review the Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH) to ensure that the data collection supports the department's business objectives, including national reporting obligations, and reflects changes in hospital funding and service provision arrangements for the coming financial year.

Comments provided by the health sector in response to *Proposals for revisions to the Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH) for 1 July 2016* have been considered, and where possible, suggestions have been accommodated, resulting in changes to or withdrawal of some proposals.

The revisions set out in this document are complete as at the date of publication. Where further changes are required during the year, for example to reference files such as the postcode locality file, data validation rules or supporting documentation, these will be advised via the HDSS Bulletin.

An updated VINAH manual will be published in due course. Until then, the current VINAH manual and subsequent HDSS Bulletins, together with this document, form the data submission specifications for 2016-17.

Victorian health services must ensure their software can create a submission file in accordance with the revised specifications, and ensure reporting capability is achieved in order to maintain compliance with reporting timeframes set out in the relevant *Department of Health and Human Services policy and funding guidelines*.

Orientation to this document

- New data items are marked as (new).
- Changes to existing data items are highlighted in green.
- Redundant values and definitions relating to existing items are struck through.
- Comments relating only to the specifications document appear in [square brackets and italics].
- New validations are marked ###
- Validations to be changed are marked * when listed as part of a data item or below a validation table
- Changes are shown under the appropriate manual section headings.

Outcome of proposals

Proposal 1 – Addition of data item Referral Completed Date
Proposal withdrawn

Proposal 2 – TCP - removal of 16 data elements for mandatory reporting
Proposal proceeds

Proposal 3 – Removal of FIM from the VINAH manual
Proposal proceeds

Proposal 4 – Amendment to reporting guide, 'Referral In Outcome code 3, Referral Accepted – Renewed Referral'
Proposal proceeds

Proposal 5 – Collection of Contact Medicare suffix
Proposal proceeds

Proposal 6 – Remove Episode Advance Care Plan Documented Date; Addition of data item Episode Advance Care Plan Alert
Proposal proceeds

Proposal 7 – Amend Episode Health Conditions code list
Proposal modified to retain four conditions

Proposal 8 – Modification of Contact Clinic Program Stream to Contact Program Stream
Proposal modified to data element description

Proposal 9 – Amend Episode Program Stream to include new HIP stream
Proposal does not proceed

Proposal 10 – Amend Referral In Program/Stream to include new HIP stream
It is intended this proposal will proceed in 2017-18. Over the next 18 months, The Department of Health and Human Services will collaborate with health services on the implementation of this proposal.

NB. HDSS Bulletin 198 and 199 '*Changes to VINAH validations*' together with this document form the data submission specifications for 2016-17.

Section 1: Introduction

History and development of VINAH

The Department of Health and Human Services seeks to minimise the annual changes to the VINAH whilst ensuring that the collection maintains its integrity and continues to provide value.

2016-17 – VINAH v12

The introduction of new data elements, several changes to code sets and validations.

Section 2: Concepts and derived items

~~Asylum Seeker (removed)~~

~~Medicare eligibility status – eligible person (removed)~~

~~Medicare eligibility status – ineligible person (removed)~~

Medicare Eligibility Status (new)

Definition	The patient's eligibility for Medicare as specified under the Commonwealth Health Insurance Act 1973.
Guide for use	<p>An eligible person includes a person who resides in Australia and is:</p> <ul style="list-style-type: none">• An Australian citizen• A permanent resident• A New Zealand citizen• A temporary resident who has applied for a permanent visa and who has either<ul style="list-style-type: none">– An authority to work in Australia or– can prove relationship to an Australian citizen (other requirements may apply) <p>Other persons who are eligible for Medicare in certain circumstances include:</p> <p>Visitors to Australia from a country that has a Reciprocal Health Care Agreement</p> <p>In practice, the primary method for ascertaining Medicare eligibility is sighting the patient's Medicare card.</p> <p>For further information regarding eligibility to Medicare refer to: http://www.humanservices.gov.au/customer/enablers/medicare/medicare-card/eligibility-for-medicare-card</p> <p>Refer to:</p> <p>Section 3: Contact Account Class, Contact Client Medicare Number.</p>

Generic process (concepts and data elements): 1 Episode per Case

Generic process (concepts): 2 Episodes per Case

Data elements

During the Episode

- Date Care & Advance Care Plan **Alert** Documented
- Episode Assessment Dates and Scores
- First Appointment Booked Date and when patient was notified
- ~~First Consultancy Flag~~
- Date the patient was discharged from hospital
- Health Conditions
- Episode Impairment Onset Date
- Other Factors Affecting Health
- Malignancy Flag
- Referral Out Place and Service Type
- Date of Death (accuracy code)
- Place of Death
- ~~Dates of movements between bed-based and home-based TCP~~
- Date of Death (accuracy code)
- ~~Place of Death *~~

* Removal of duplicate 'Place of Death'.

Section 3: Data elements

Summary Tables for Data Elements

Data Elements to be reported by Program

The table below provides a reference of the business data elements that are to be reported by the various programs reporting to the VINAH MDS.

PROGRAMS REPORTING TO VINAH												
DATA ELEMENT	FCP	HARP	HBPCT	Medi-Hotel	Specialist Clinics	PAC	Palliative Care	RIR	SACS	TCP	VRSS	VHS
Contact Client Medicare Number	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Contact Client Present Status	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
Contact Clinic Program Stream					Y							
Contact Delivery Setting	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
Contact Family Name	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y
Contact Given Name(s)	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y
Contact Indigenous Status	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
Contact Inpatient Flag	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y
Contact Interpreter Required	Y	Y	Y		Y	Y		Y	Y	Y	Y	Y
Contact Medicare Suffix	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y
Contact Preferred Language	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
Contact Session Type	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y
Contact TAC Claim Number	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y
Contact VWA File Number		Y			Y	Y	Y	Y	Y	Y	Y	Y
Episode Advance Care Plan Alert		Y				Y	Y	Y	Y	Y	Y	Y
Episode Advance Care Plan Documented Date	Y	Y				Y	Y	Y	Y	Y	Y	Y
Episode Assessment - FIM Score - Date/Time												
Episode Assessment Score - Barthel Index										Y		
Episode Assessment Score - FIM Score												
Episode Health Conditions	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Episode Other Factors Affecting Health	Y	Y				Y		Y	Y	Y	Y	Y
Episode Proposed Treatment Plan Completion	Y	Y				Y		Y	Y	Y	Y	Y

All Programs, not elsewhere specified									
DATA ELEMENT	Patient/Client Death Date	Referral Out Date	Episode End Date	Second and Subsequent Contact Date/Time	First Contact Date/Time	Episode TCP Care Transition Date	Episode Care Plan Documented Date	Episode Patient/Client Notified of First Appt Date	Episode Start Date
	Referral In Receipt Acknowledgement Date	Referral In Received Date							
				M	M				
				M	M				
			G14						G14
			C11						
			M						

Business Data Element Timing Summary

The column 'Episode TCP Care Transition Date' means both 'Episode TCP Bed-Based Care Transition Date' and 'Episode TCP Home-Based Care Transition Date'.

Key Symbol	Reporting Obligation
G12	Either Episode TCP Bed-Based Care Transition Date or Episode TCP Home-Based Care Transition Date must be reported

Part I: Business Data Elements

Contact Delivery Setting

Definition: The type of setting in which the contact is experienced by the patient/client.

Reported by: Family Choice Program
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
~~Transition Care Program~~
Victorian HIV Service
Victorian Respiratory Support Service

Value domain: Enumerated

Table identifier HL70305

	Code	Descriptor
*Not OP	11	Hospital setting - inpatient setting
	12	Hospital setting - clinic/centre
	13	Hospital setting - emergency department
	14	Hospital setting - other non-inpatient setting
	15	Hospital setting - palliative care unit
	18	Hospital setting – urgent care centre
	21	Community based health facility
	22	General practice setting
	23	Residential care
*Not TCP	24	Supported accommodation setting
*TCP	241	Supported accommodation setting - TCP - home based
*TCP	242	Supported accommodation setting - TCP - bed based
	31	Home
	41	Educational institution setting
	98	Not applicable
	99	Other

Reporting guide: This item should be coded to reflect the delivery location from the patient's/client's perspective, not the location of the health service professional(s).

24 - Supported accommodation setting

Includes when this is where the patient/client usually resides. ~~The TCP program may not report this code, but must use one of the more detailed codes below.~~

~~241 – Supported accommodation setting – TCP – home based~~

~~Includes:~~

- ~~• Patients/clients residing in a non-Commonwealth-funded supported accommodation setting while on the TCP home-based program~~
- ~~• Patients/clients residing in DHHS-funded community residential units while on the TCP home-based program~~

~~242 – Supported accommodation setting – TCP – bed based~~

~~Includes:~~

- ~~• Only patients/clients residing in a supported accommodation setting while on the TCP bed-based program~~

Contact Medicare Suffix (new)

Definition:	First three characters of patient's first given name (as it appears on the person's Medicare card).												
Form:	Identifier	Repeats:	Min. 1	Max. 1	Duplicate Not Applicable								
Layout:	XXX or A-A	Size:	Min. 3	Max 3									
Location:	Transmission protocol:	HL7 Submission											
	Contact (insert)	ADT_A03 (PID\PID.3\CX.2)											
	Contact (update)	ADT_A08 (PID\PID.3\CX.2)											
	Contact (delete)	ADT_A13 (PID\PID.3\CX.2)											
Reported by:	Family Choice Program Hospital Admission Risk Program Hospital Based Palliative Care Consultancy Team Palliative Care Post Acute Care Residential In-Reach Specialist Clinics Sub-acute Ambulatory Care Services Victorian HIV Service Victorian Respiratory Support Service												
Reported for:	All contacts completed in the current reporting period.												
Reported when:	All Programs, not elsewhere specified The current reporting period for this item is the calendar month in which the following events or data elements fall: First Contact Date/Time (Mandatory) Second and Subsequent Contact Date/Time (Mandatory)												
Reporting guide:	The first 3 characters of the patient's first given name. Characters permitted: <ul style="list-style-type: none">• Upper case alphas• Space as second and third characters• Space as third character• Hyphen or apostrophe as second character or hyphen or apostrophe as third character If Medicare is unavailable or the patient is not eligible for a Medicare number, leave the Medicare number blank (not zero-filled) and enter the appropriate suffix: <table><tr><td>Code</td><td>Descriptor</td></tr><tr><td>C-U</td><td>Card unavailable/Not applicable</td></tr><tr><td>N-E</td><td>Not eligible for Medicare</td></tr><tr><td>P-N</td><td>Prisoner</td></tr></table> RCHA For patients with Account Class MA Reciprocal Health Care Agreement, report C-U					Code	Descriptor	C-U	Card unavailable/Not applicable	N-E	Not eligible for Medicare	P-N	Prisoner
Code	Descriptor												
C-U	Card unavailable/Not applicable												
N-E	Not eligible for Medicare												
P-N	Prisoner												

Unnamed neonate

For unnamed neonates where the family has a Medicare number, report a Medicare suffix of 'BAB'. The Medicare number issued to the mother/family must also be reported with a Medicare code ('eleventh character') of zero (0), OR the Medicare code of the mother.

Validations: E371 Data element (<FieldName>) is mandatory (<Timing>) but no value was supplied

Related items: Contact Client Medicare Number

Administration

Purpose: To assist in monitoring continuity of care across hospitals and ensure eligibility for publicly funded health care.

Principal users: Department of Health and Human Services

Version history:	Version	Previous Name	Effective Date
	1	Contact Medicare Suffix	2016/07/01

Definition source: DHHS

Value domain source: Medicare Australia

Contact Clinic Program Stream

### Validations	E370	Data Element (<FieldName>) is mandatory (<Timing>) but no value was supplied. The (<FieldName>) for this (<FieldTypes>) is (<FieldValue>)
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Version history:	Version	Previous Name	Effective Date
	2	Contact Program Stream	2016/07/01
	1	Contact Clinic Program Stream	2015/07/01

Episode Advance Care Plan Alert (new)

Definition: An alert, flag or similar present in the medical record or patient management system that indicates an advance care plan and/or substitute decision maker has been recorded.

		Repeats:	Min.	Max.	Duplicate
Form:	Code		1	1	Not applicable
Layout:	N	Size:	Min.	Max.	
			1	1	

Location:	Transmission protocol:	HL7 Submission
	Episode (insert)	PPP_PCB (PTH\PTH.5)
	Episode (update)	PPP_PCC (PTH\PTH.5)
	Episode (delete)	PPP_PCD (PTH\PTH.5)

Reported by: Family Choice Program
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Palliative Care
Post Acute Care
Residential In-Reach
Sub-acute Ambulatory Care Services
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

Reported for: All episodes started during the current reporting period.

Reported when: **All Programs, not elsewhere specified**
The current reporting period for this item is the calendar month in which the following events or data elements fall:
Episode Start Date
Episode End Date

Value domain:	Enumerated
Table identifier	990050
Code	Descriptor
1	No advance care plan alert
2	Presence of an advance care plan alert
3	Presence of a substitute decision maker alert
4	Presence of both an advance care plan alert and a substitute decision maker alert

Reporting guide: An advance care plan alert will be identified by an alert identifying any of the following:

- A completed Refusal of Treatment Certificate
 - A formally documented advance care plan
 - Other advance care planning documentation (documentation of a person's future wishes such as a written letter or advance care planning discussion record)
- * A resuscitation plan, limitation of treatment order or goals of patient care form alone do not meet the requirements for this data item.

A substitute decision maker alert will be identified by an alert, flag or similar identifying any of the following:

- Enduring power of attorney (medical treatment)
- Enduring Power of Guardianship which includes consent to health care.
- Guardian appointed by VCAT with powers to consent to health care
- Nomination in writing of a person responsible
- Identification of the 'person responsible' as per the 'person responsible hierarchy'

Advance care planning: have the conversation: A strategy for Victorian health services 2014-2018 (the Strategy) www.health.vic.gov.au/acp

Validations: E371 Data Element (<FieldName>) is mandatory (<Timing>) but no value was supplied

Related items: Contact Date/Time
Episode End Date
Episode Hospital Discharge Date
Episode Patient/Client Notified of First Appointment Date
Episode Start Date

Administration

Purpose: To provide data on advance care planning that will quantify activity and enable benchmarking across the service system.

Principal users: Department of Health and Human Services

Version history:	Version	Previous Name	Effective Date
	1	Episode Advance Care Plan Alert	2016/07/01

Definition source: DHHS

Value domain source: DHHS

Implementation Notes

Assign the appropriate code for episodes with a start date 1 July 2016 onwards.

Episode Advance Care Plan Documented Date

Definition:- The date of documentation that an advance care plan has been initiated or updated.

Repeats: Min. _____ Max. _____ Duplicate

Form: Date _____ 1 _____ 1 _____ Not applicable

Layout: YYYYMMDD _____ **Size:** Min. _____ Max. _____

Location: ~~Transmission protocol:~~ **HL7 Submission**

Episode (insert) _____ PPP_PCB (PTH\PTH.4)

Episode (update) _____ PPP_PCC (PTH\PTH.4)

Episode (delete) _____ PPP_PCD (PTH\PTH.4)

Reported by: ~~Family Choice Program~~
~~Hospital Admission Risk Program~~
~~Palliative Care~~
~~Post Acute Care~~
~~Residential In-Reach~~
~~Sub-acute Ambulatory Care Services~~
~~Transition Care Program~~
~~Victorian HIV Service~~
~~Victorian Respiratory Support Service~~

Reported for: Episodes opened during the current reporting period.

Reported when: **All Programs, not elsewhere specified**

The current reporting period for this item is the calendar month in which the following events or data elements fall:

Episode Start Date (Must be specified if an advance care plan was documented previously or during the course of the Episode)

Episode End Date (Must be specified if an advance care plan was documented previously or during the course of the Episode)

Value domain: Valid date.

Reporting guide: ~~Advance care planning is a process of planning for future health and personal care whereby the person's values, goals, beliefs and preferences are made known so that they can guide decision making at a future time when the person cannot make or communicate their decisions (referred to here as future wishes).~~

~~Advance care planning requires respect for the person and their autonomy. It is often about end-of-life care, but not always. It aims to improve quality of care and is based on human rights principles, including self-determination, dignity and the avoidance of suffering.~~

~~An Advance Care Plan comprises any of the following:~~

- ~~▪ a record of a discussion about future wishes~~
- ~~▪ a discussion with significant family members and/or friends that communicates a person's future wishes~~
- ~~▪ formal written wishes that are witnessed and signed~~
- ~~▪ informal written wishes that are neither witnessed nor signed~~
- ~~▪ a completed Enduring Power of Attorney (Medical Treatment)~~
- ~~▪ the appointment in writing of a Substitute Decision Maker~~
- ~~▪ a completed Refusal of Treatment Certificate~~

In whatever form the documentation takes it must have the potential to assist in some way with future decision making about health and personal care. This is by either appointing a substitute decision maker or recording the person's wishes.

An ACP Date should not be recorded if the topic of ACP is introduced but no information to guide future decision making is gained.

If an advance care plan has not yet been documented, do not report this item. The date of the last update to the advance care plan should be recorded in this item. If an advance care plan has been documented but the date of the advance care plan is unknown then the day prior to the episode start date should be recorded.

Transmission binding data element

When this data element is transmitted via HL7, the value "ACPD" must be transmitted in Episode Pathway Type.

Validations: General edits only, see Format.

Related items: Contact Date/Time
 Episode Care Plan Documented Date
 Episode End Date
 Episode First Appointment Booked Date
 Episode Hospital Discharge Date
 Episode Patient/Client Notified of First Appointment Date
 Episode Start Date
 Episode TCP Bed-Based Care Transition Date
 Episode TCP Home-Based Care Transition Date

Administration

Purpose: To assist in service planning.

Principal users: Department of Health and Human Services

Version history:	Version	Previous Name	Effective Date
	3	Episode Advance Care Plan Documented Date	2012/07/01
	2	Episode Advance Care Plan Documented Date	2011/07/01
	1	Episode Advance Care Plan Documented Date	2010/07/01

Definition source: Department of Health and Human Services

Value domain source: ISO8601:2000

Episode Assessment Score – Barthel Index

Definition: A score that is the outcome of a Barthel Index assessment made on a patient/client.

		Repeats:	Min.	Max.	Duplicate
Form:	Repeatable Integer		1	No limit	Permitted
Layout:	N[NN]	Size:	Min.	Max.	
			0	100	

Location: **Transmission protocol:** **HL7 Submission**

Episode (insert)	PPP_PCB (OBX\OBX.3\CE.1)
Episode (update)	PPP_PCC (OBX\OBX.3\CE.1)
Episode (delete)	PPP_PCD (OBX\OBX.3\CE.1)

Reported by: Transition Care Program

Reported for: All episodes reported in the current reporting period.

Reported when: **All Programs, not elsewhere specified**
 The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Episode Start Date (Optional)
- Episode End Date (Mandatory)

Value domain: The Barthel Index has a valid value domain that ranges from 0 through to 100; any values outside this range are invalid.

Reporting guide: Assessments must be reported in chronological order within their assessment type. For example, the Barthel Score assessed at the start of the episode must appear before (and have a lower Observation Sequence Number than) the Barthel Score assessed at the end of the episode.

It is permissible to interleave assessment scores and other data elements that use the OBX segment for reporting, as long as the above sequencing requirement is met.

Each assessment score must be reported with the date that the assessment was taken (see Episode Assessment – Barthel Index – Date/Time data element).

Transmission binding data element

When this data element is transmitted via HL7, the value "BARTHEL" must be transmitted in Observation Bound Data Element.

Assessment frequency

The Barthel assessment is to be carried out at the start of a patient's/client's Episode and at the end of the Episode for all patients/clients receiving services on the TCP Program/Stream. Both Barthel start and end of episode results must be reported at/by the Episode End Date.

The Barthel assessment may also be carried out when the Contact Account Class changes from 'QT' – Commonwealth Funded TCP to 'MP' – Public Eligible.

Leading zeros are optional.

Reporting the Barthel index

Add the appropriate scores against each of the assessment items based on the patient's/client's level of function to calculate a score from 0 to 100.

Modified Barthel index for the Transition Care Program (TCP)

The assessment mechanism used to calculate Barthel index for episodes reportable under the Transition Care Program are as per the Modified Barthel index specification developed by the Department of Health and Ageing.

This specification is available from the following internet site: <http://www.health.gov.au>

- For Health Professionals
- Services
- Aged & Community Care
- The Claim & Advance Payment Cycle – Information for The Transition Care Program 2006

Validations: E259 — Episode has an End Date but does not have an Episode Assessment Score
E260 — Episode Assessment Score has been provided but no Episode Assessment Date/Time has been provided
E262 — Episode has an Episode End Date but does not have two Episode Assessment Score - Barthel Index data elements reported

Related items: Episode Assessment – Barthel Index – Date/Time
Episode End Date
Episode Health Conditions
Episode Malignancy Flag
Episode Other Factors Affecting Health
Episode Start Date
Observation Bound Data Element
Observation Sequence Number

Administration

Purpose: To assist in service planning.

Principal users: Department of Health and Human Services

<i>Version history:</i>	Version	Previous Name	Effective Date
	1	Episode Assessment Score – Barthel Index	2010/07/01

Definition source: Department of Health and Human Services

Value domain source: Barthel Index

Episode Assessment Score - FIM Score

Definition:- A score that is the outcome of a FIM assessment made on a patient/client.

	Repeats:	Min.	Max.	Duplicate
Form:	Repeatable Structured Code	1	No limit	Permitted
Layout:	N(18)	Size:	Min.	Max.
		18	18	

Location: **Transmission protocol:** **HL7 Submission**

Episode (insert)	PPP_PCB (OBX\OBX.3\CE.1)
Episode (update)	PPP_PCC (OBX\OBX.3\CE.1)
Episode (delete)	PPP_PCD (OBX\OBX.3\CE.1)

Reported by: Not reportable

Reported for: All episodes reported in the current reporting period.

Reported when: **All Programs, not elsewhere specified**
 The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Episode Start Date (Optional)
- Episode End Date (Mandatory)

Value domain: The FIM Score has a valid value domain that ranges from 1 through to 7 for each individual component of the 18 items.

Reporting guide: Assessments must be reported in chronological order within their assessment type. For example, the FIM Score assessed at the start of the episode must appear before (and have a lower Observation Sequence Number than) the FIM Score assessed at the end of the episode.

It is permissible to interleave assessment scores and other data elements that use the OBX segment for reporting, as long as the above sequencing requirement is met.

Each assessment score must be reported with the date that the assessment was taken (see Episode Assessment - FIM Score - Date/Time data element).

Transmission binding data element

When this data element is transmitted via HL7, the value "FIM" must be transmitted in Observation Bound Data Element.

Assessment frequency

The FIM assessment is to be carried out at the start of a patient's/client's Episode and at the end of the Episode for all patients/clients receiving services on the TCP Program/Stream. Both FIM start and end of episode results must be reported at/by the Episode End Date.

The FIM assessment may also be carried out when the Contact Account Class changes from 'QT' - Commonwealth Funded TCP to 'MP' - Public Eligible.

Reporting the FIM score

Report a score for each item, that is, a 1-digit score for 18 items.

FIM Scores

No Helper

7 = Complete Independence

6 = Modified Independence

Helper

5 = Supervision or setup

4 = Minimal assistance

3 = Moderate assistance

2 = Maximal assistance

1 = Total assistance

FIM Assessment Items

(Motor Subscale)

Score sequence 1: Eating

Score sequence 2: Grooming

Score sequence 3: Bathing

Score sequence 4: Dressing upper body

Score sequence 5: Dressing lower body

Score sequence 6: Toileting

Score sequence 7: Bladder Management

Score sequence 8: Bowel Management

Score sequence 9: Transfers – Bed/Chair/Wheelchair

Score sequence 10: Transfers – Toilet

Score sequence 11: Transfers – Bath/Shower

Score sequence 12: Walk/Wheelchair

Score sequence 13: Stairs

(Cognitive Subscale)

Score sequence 14: Comprehension

Score sequence 15: Expression

Score sequence 16: Social Interaction

Score sequence 17: Problem Solving

Score sequence 18: Memory

Validations: E259 — Episode has an End Date but does not have an Episode Assessment Score

E260 — Episode Assessment Score has been provided but no Episode Assessment Date/Time has been provided

Related items: Episode Assessment — Barthel Index — Date/Time
Episode Assessment — Barthel Index — Date/Time
Episode Assessment Score — Barthel Index
Episode End Date
Episode Health Conditions
Episode Malignancy Flag
Episode Other Factors Affecting Health
Episode Start Date
Observation Bound Data Element
Observation Sequence Number

Administration

~~Purpose:~~ ~~To assist in service planning.~~

~~Principal users:~~ ~~Department of Health and Human Services~~

Version history:	Version	Previous Name	Effective Date
	1	Episode Assessment Score FIM Score	2010/07/01

~~Definition source:~~ ~~Department of Health and Human Services~~

~~Value domain source:~~ ~~FIM~~

Episode Assessment - FIM Score - Date/Time

Definition:- The date (and optionally, time) that the Episode Assessment Score - FIM Score was determined for a given patient/client.

	Repeats:	Min.	Max.	Duplicate
Form:	Repeatable Date and Time	1	No limit	Permitted
Layout:	YYYYMMDD[hhmmss]	Size:	Min.	Max.

Location:	Transmission protocol:	HL7 Submission
	Episode (insert)	PPP_PCB (OBX\OBX.14\TS.1)
	Episode (update)	PPP_PCC (OBX\OBX.14\TS.1)
	Episode (delete)	PPP_PCD (OBX\OBX.14\TS.1)

Reported by: Not reportable

Reported for: All episodes reported in the current reporting period.

Reported when: **All Programs, not elsewhere specified**
 The current reporting period for this item is the calendar month in which the following events or data elements fall:
 Episode Start Date (Optional)
 Episode End Date (Mandatory)

Value domain: Valid date and optional time.

Reporting guide: The century component of this data element must begin with a '20'.
 This data element must be reported with each Episode Assessment Score - FIM Score that is reported during an Episode.

Related items: Episode Assessment - Barthol Index - Date/Time
 Episode Assessment Score - Barthol Index
 Episode Assessment Score - FIM Score
 Episode End Date
 Episode Start Date Observation
 Sequence Number

Administration

Purpose: To assist in service planning.

Principal users: Department of Health and Human Services

Version history:	Version	Previous Name	Effective Date
	1	Episode Assessment - FIM Score - Date/Time	2010/07/01

Definition source: Department of Health and Human Services

Value domain source: ISO8601:2000

Episode Health Conditions

Value domain: Enumerated

Table identifier	990080
0015	Tuberculosis
0080	Poliomyelitis
0081	Viral infection of nervous system
0100	Measles, varicella, shingles
0115	Acute hepatitis A
0116	Acute hepatitis B
0117	Other acute viral hepatitis
0119	Unspecified viral hepatitis
0124	AIDS
0125	Meningococcal infection
0215	Upper gastrointestinal cancer
0222	Endocrine and thyroid cancer
0240	Bone and articular cartilage cancer
0243	Skin cancer
0245	Soft tissue cancer
0251	Gynaecological cancer
0260	Genitourinary cancer
0276	Other malignant tumours
0279	Metastatic (secondary) malignancy
0280	Secondary of unknown primary
0281	Hodgkin's disease
0282	Non-Hodgkin's lymphoma
0290	Leukaemia
0299	Rare cancer
0310	Other benign tumour
0350	Anaemia
0366	Haemophilia
0400	Disorders of the thyroid gland
0450	Nutritional deficiencies
0465	Obesity
0470	High cholesterol
0475	Tay-Sachs disease
0491	Diabetes with peripheral vascular disease
0492	Diabetes with renal impairment
0520	Schizophrenia
0531	Bipolar
0542	Obsessive-compulsive disorder
0543	Other neurotic, stress related and somatoform disorders
0550	Anorexia nervosa
0560	Personality disorder
0600	Meningitis and encephalitis
0610	Huntington's disease
0643	Migraine

0674	Muscular dystrophy
0684	Paralysis
0695	Other diseases of spinal cord
0840	Hypertension
0826	Pulmonary embolism
0827	Other pulmonary heart diseases
0944	Chronic lower respiratory diseases
0984	Pulmonary oedema
4000	Disorders of tooth development and eruption
4044	Hernia
4046	Intestinal obstruction without hernia
4050	Crohn's disease
4054	Ulcerative colitis
4052	Inflammatory bowel disease
4065	Diseases of the peritoneum
4072	Hepatic failure
4077	Diseases of the liver
4080	Diseases of the gallbladder, biliary tract and pancreas
4120	Skin allergies
4140	Psoriasis
4320	Calculus of kidney
4330	Cystitis
4400	Pregnancy with abortive outcome
4460	Preterm labour with preterm delivery
4464	Complications of labour and delivery
4505	Prematurity
4524	Birth asphyxia
4600	Congenital malformations of the nervous system
4604	Other congenital malformations of the brain
4610	Congenital malformations of eye, ear, face and neck
4620	Congenital malformations of the circulatory system
4630	Congenital malformations of the respiratory system
4665	Congenital malformations and deformations of the musculoskeletal system
4713	Dysphagia
4718	Ascites
4744	Disorientation
4745	Symptoms and signs involving emotional state
4753	Malaise and fatigue
4756	Convulsions
4758	Haemorrhage
4760	Oedema
4769	Unknown and unspecified causes of morbidity
4808	Amputation of part of head
4823	Dislocation, sprain of joints of thorax
4826	Injury of heart
4832	Fracture of lumbar spine and pelvis

1833	Dislocation, sprain of joint of lumbar spine and pelvis
1836	Injury of intra-abdominal organs
1842	Fracture of shoulder and upper arm
1852	Fracture of elbow, forearm, wrist and hand
1872	Fracture of femur
1905	Amputation involving multiple limbs
1982	Mechanical complication of other cardiac & vascular devices and implants
9999	No impairment
A142	Brain and multiple fracture/amputation
A143	Spinal cord and multiple fracture/amputation
A213	Chronic Renal Impairment
A215	Fistula Blocked
A216	Peritoneal Dialysis
A217	Haemodialysis
A218	Nephrotic Syndrome
A229	Other infectious disease
A33	Polyneuropathy

Episode Pathway Type

Definition: The nature of an event described by a date on a goal-oriented care pathway.

Value domain: Enumerated

Table identifier 990078

Code	Descriptor
AB1	Episode First Appointment Booked Date
ACPD	Episode Advance Care Plan Documented Date
CPD	Episode Care Plan Documented Date
HD	Episode Hospital Discharge Date
PNAB1	Episode Patient/Client Notified of First Appointment Date
TCPTB	Episode TCP Transition to Bed Based Care
TCPTH	Episode TCP Transition to Home Based Care

Reporting guide: The same HL7 message segment field is used to send several different dates. This data element identifies which data element the field contains in a given message segment, binding the transmission field to the data element.

For backward compatibility purposes, if the value of this data element is Null, it will be assumed to mean "Episode Care Plan Documented Date".

AB1 - Episode First Appointment Booked Date

Report this value when the date being transmitted is the date on which a patient/client was notified of the date of their first appointment.

~~**ACPD - Episode Advance Care Plan Documented Date**~~

~~Report this value when the date being transmitted is the date on which an advance care plan was documented.~~

CPD - Episode Care Plan Documented Date

Report this value when the date being transmitted is the date on which a care plan was documented.

PNAB1 - Episode Patient/Client Notified of First Appointment Date

Report this value when the date being transmitted is the date for which a patient's/client's first appointment is booked.

TCPTB - Episode TCP Transition to Bed Based Care

Report this value when the date being transmitted is an Episode TCP Care Transition Date on which a patient/client transitioned to bed-based care.

TCPTH - Episode TCP Transition to Home Based Care

Report this value when the date being transmitted is an Episode TCP Care Transition Date on which a patient/client transitioned to home-based care.

Referral In Outcome

Reporting guide: Record the main referral in outcome.

3 - Referral accepted - Renewed referral

~~This code is only required to be reported when services use Medicare Australia's ECLIPSE system which requires referrals to be closed when renewed.~~

Report this code where referrals are made for administrative purposes to allow continuation of existing episodes of care.

Part II: Transmission Data Elements

Observation Bound Data Element

Value domain: Enumerated

Table identifier HL70396

Code	Descriptor
990033	Malignancy Flag
990036	Other Factors Affecting Health
990080	Health-related problems and diseases
BARTHEL	Barthel Index
FIM	FIM Score

Reporting guide: HL7 application

The same HL7 message segment field is used to send the Episode Malignancy Flag, Episode Other Factors Affecting Health, and Episode Health Conditions, ~~Episode Assessment Score – Barthel Index and Episode Assessment Score – FIM Score~~. This data element identifies which data element the field contains in a given message segment.

This data element identifies which data element the CE.1 field contains in a given message segment.

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

Validations: General edits only, see Format.

Related items: Message Date/Time

Section 4: Business Rules

New

BR-DAT-EPS-020	Episode Advance Care Plan Alert must be provided where there is an Episode Start Date	
Data quality objective	A field that is required to have a value at a point in time was empty. .	
Validations	E371	Data Element (<FieldName>) is mandatory (<Timing>) but no value was supplied.

BR-DAT-CNT-023	Contact Program Stream must be provided where there is a Contact Clinic ID	
Data quality objective	A field that is required to have a value at a point in time was empty. .	
Validations	E370	Data Element (<FieldName>) is mandatory (<Timing>) but no value was supplied. The (<FieldName>) for this (<FieldTypes>) is (<FieldValue>)

Amended

BR-DAT-RIN-005	For Specialist Clinics (Outpatients) Program/Streams, when a Referral In Outcome has a value not in '98 - Referral awaiting additional information for referrer' or '99 - Referral process in progress', the value '010 - Referral accepted - New appointment' or '020 - Referral accepted - Review appointment' or '3 - Referral accepted - Review appointment', Referral In Clinical Urgency Category must be reported	
Data quality objective	Data elements related to referrals are consistent	
Validations	E453	Referral In Outcome is not in '98 - Referral awaiting additional information from referrer' or '99 - Referral process in progress' '010 - Referral accepted - New appointment' or '020 - Referral accepted - Review appointment' or '3 - Referral accepted - Review appointment' but Referral In Clinical Urgency Category is not provided.

BR-DAT-CNT-009	Where Contact Care Phase is '9 - Not Applicable - Patient/Client not present' or '5 - Bereavement Phase', the Contact Client Present Status must not be '11 - Patient/Client present only', '12 - Patient/Client present with carer(s)/relative(s)' or '13 - Patient/Client via telehealth'	
Data quality objective	Care-related fields are consistent with Patient/Client Present Status	
Validations	E363	<ContactDataElement> is <PhaseOfCareValue> - <PhaseOfCareMeaning> but Contact Client Present Status is '11 - Patient/Client present only', '12 - Patient/Client present with carer(s)/relative(s)' or '13 - Patient/Client via telehealth'

BR-DAT-CNT-010	Where Contact Care Model is '9 - Not Applicable - Patient/Client not present', the Contact Client Present Status must not be '11 - Patient/Client present only', '12 - Patient/Client present with carer(s)/relative(s)' or '13 - Patient/Client via telehealth'	
Data quality objective	Care-related fields are consistent with Patient/Client Present Status	
Validations	E363	<ContactDataElement> is <NAClientNotPresentValue> - <NAClientNotPresentMeaning> but Contact Client Present Status is '11 - Patient/Client present only', '12 - Patient/Client present with carer(s)/relative(s)' or '13 - Patient/Client via telehealth'

BR-DAT-CNT-011	Where Contact Preferred Death Place is '98 - Not Applicable - Patient/Client not present', the Contact Client Present Status must not be '11 - Patient/Client present only', '12 - Patient/Client present with carer(s)/relative(s)' or '13 - Patient/Client via telehealth'	
Data quality objective	Care-related fields are consistent with Patient/Client Present Status	
Validations	E363	<ContactDataElement> is <NAClientNotPresentValue> - <NAClientNotPresentMeaning> but Contact Client Present Status is '11 - Patient/Client present only', '12 - Patient/Client present with carer(s)/relative(s)' or '13 - Patient/Client via telehealth'

BR-DAT-CNT-012	Where Contact Preferred Care Setting is '98 - Not Applicable - Patient/Client not present', the Contact Client Present Status must not be '11 - Patient/Client present only', '12 - Patient/Client present with carer(s)/relative(s)' or '13 - Patient/Client via telehealth'	
Data quality objective	Care-related fields are consistent with Patient/Client Present Status	
Validations	E363	<ContactDataElement> is <NAClientNotPresentValue> - <NAClientNotPresentMeaning> but Contact Client Present Status is '11 - Patient/Client present only', '12 - Patient/Client present with carer(s)/relative(s)' or '13 - Patient/Client via telehealth'

BR-DAT-CNT-013	Where Contact Phase of Care is 9 'Not Applicable - Patient/Client not present', the Contact Client Present Status must be '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'	
Data quality objective	Care-related fields are consistent with Patient/Client Present Status	
Validations	E364	<ContactDataElement> is not <NAClientNotPresentValue> - <NAClientNotPresentMeaning> but Contact Client Present Status is '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact' but <ContactDataElement> is <NAClientNotPresentValue> - <NAClientNotPresentMeaning>

BR-DAT-CNT-014	Where Contact Model of Care is 9 'Not Applicable - Patient/Client not present', the Contact Client Present Status must be '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'	
Data quality objective	Care-related fields are consistent with Patient/Client Present Status	
Validations	E364	<p><ContactDataElement> is not <NAClientNotPresentValue> - <NAClientNotPresentMeaning> but Contact Client Present Status is '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact' but <ContactDataElement> is <NAClientNotPresentValue> - <NAClientNotPresentMeaning></p>
BR-DAT-CNT-015	Where Contact Preferred Place of Death is 98 'Not Applicable - Patient/Client not present', the Contact Client Present Status must be '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect'	
Data quality objective	Care-related fields are consistent with Patient/Client Present Status	
Validations	E364	<p><ContactDataElement> is not <NAClientNotPresentValue> - <NAClientNotPresentMeaning> but Contact Client Present Status is '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact' but <ContactDataElement> is <NAClientNotPresentValue> - <NAClientNotPresentMeaning></p>
BR-DAT-CNT-016	Where Contact Preferred Setting of Care is 98 'Not Applicable - Patient/Client not present', the Contact Client Present Status must be '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'	
Data quality objective	Care-related fields are consistent with Patient/Client Present Status	
Validations	E364	<p><ContactDataElement> is not <NAClientNotPresentValue> - <NAClientNotPresentMeaning> but Contact Client Present Status is '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact' but <ContactDataElement> is <NAClientNotPresentValue> - <NAClientNotPresentMeaning></p>
BR-DAT-EPS-014	Where Episode Assessment(s) are reported, Episode Assessment Date/Time and Score must be provided	
Data quality objective	Episode Assessment Score data elements are consistent	
Validations	E364	Episode Assessment Score has been provided but no Episode Assessment Date/Time has been provided

Section 5c: HL7 Reference and implementation guide

Segment PID – Medicare suffix

PID.3 (Patient Identifier List) Composite CX

	Name	Data type	Required	Length	Cardinality	Fixed value	Validation table
2	CheckDigit	ST	Required	0..3	1..1		

Segment PTH – Episode Advance Care Plan Alert

The pathway segment contains the data necessary to add, update, correct, and delete from the record plans that are utilised to address an individual's health care. In the VINAH domain this segment contains details of the client's goal plan.

	Name	Data type	Required	Length	Cardinality	Fixed value	Validation table
1	ActionCode	ID	Required	0..2	1..1	AD	HL70287
2	PathwayID	CE	Required	0..250	1..1		
3	PathwayInstanceID	EI	Required	0..60	1..1		
4	PathwayEstablishedDateTime	TS	Conditional	0..26	1..1		
5	PathwayLifeCycleStatus	CE	Required	1..1	1..1		990050

HL7 message set profiles

Transaction summary

Entity/Event	Transaction	HL7 event	VINAH MDS summary
Contact	Insert	ADT_A03	Inserts an C contact
	Update	ADT_A08	Updates an episode contact
	Delete	ADT_A13	Deletes an episode contact

Section 8: Editing

New

Validation ID	Message template	Cause	Resolution
E370	Data Element (<FieldName>) is mandatory (<Timing>) but no value was supplied. The (<FieldName>) for this (<FieldTypes>) is (<FieldValue>)	A field that is required to have a value at a point in time was empty. Consult with Section 3 of this manual to determine if and when a field needs to be populated.	Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support.
	BR-DAT-CLI-005	Where a Contact Clinic ID is provided, Contact Program Stream must be provided	

Validation ID	Message template	Cause	Resolution
E371	Data Element (<FieldName>) is mandatory (<Timing>) but no value was supplied.	A field that is required to have a value at a point in time was empty. Consult with Section 3 of this manual to determine if and when a field needs to be populated.	Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support.
	BR-DAT-EPS-020	Episode Advance Care Plan Alert must be provided where there is an Episode Start Date	

Amended

Validation ID	Message template	Cause	Resolution
E453	Referral In Outcome is not in '98 – Referral awaiting additional information from referrer' or '99 – Referral process in progress' '010 – Referral accepted – New appointment' or '020 – Referral accepted – Review appointment' or '3 – Referral accepted – Review appointment' but Referral In Clinical Urgency Category is not provided	Referral In Clinical Urgency Category must be reported when the Referral In Outcome is '010 – Referral accepted – New appointment' or '020 – Referral accepted – Review appointment' or '3 – Referral accepted – Review appointment' any value except '98 – Referral awaiting additional information from referrer' or '99 – Referral process in progress'	Contact HDSS Helpdesk or your software vendor for support.
	BR-DAT-RIN-005	For Specialist Clinics (Outpatients) Program/Streams, when a Referral In Outcome has, the value '010 – Referral accepted – New appointment' or '020 – Referral accepted – Review appointment' or '3 – Referral accepted – Review appointment', Referral In Clinical Urgency Category must be reported	

Validation ID	Message template	Cause	Resolution
E260	Episode Assessment Score has been provided but no Episode Assessment Date/Time has been provided	Episode/Assessment Date/Time was not provided where an Episode Assessment Score was present.	Check that the values of the corresponding data elements are correct and resubmit.
	BR-DAT-EPS-014	Where Episode Assessment(s) are reported, Episode Assessment Date/Time and Score must be provided	

E363	<p><ContactDataElement> is <NAClientNotPresentValue> - <NAClientNotPresentMeaning> but Contact Client Present Status is '11 - Patient/Client present only', '12 - Patient/Client present with carer(s)/relative(s)' or '13 - Patient/Client via telehealth'</p> <p>BR-DAT-CNT-009</p> <p>BR-DAT-CNT-010</p> <p>BR-DAT-CNT-011</p> <p>BR-DAT-CNT-012</p>	<p>Contact care phase, contact care model, contact preferred death place and contact preferred care setting cannot be reported as not applicable if the client is present.</p> <p>Where Contact Care Phase is '9 - Not Applicable - Patient/Client not present' or '5 - Bereavement Phase', the Contact Client Present Status must not be '11 - Patient/Client present only', '12 - Patient/Client present with carer(s) / relative(s)' or '13 - Patient/Client via telehealth'</p> <p>Where Contact Care Model is '9 - Not Applicable - Patient/Client not present', the Contact Client Present Status must not be '11 - Patient/Client present only', '12 - Patient/Client present with carer(s)/relative(s)' or '13 - Patient/ Client via telehealth'</p> <p>Where Contact Preferred Death Place is '98 - Not Applicable - Patient/Client not present', the Contact Client Present Status must not be '11 - Patient/ Client present only', '12 - Patient/Client present with carer(s)/relative(s)' or '13 - Patient/Client via telehealth'</p> <p>Where Contact Preferred Care Setting is '98 - Not Applicable - Patient/Client not present', the Contact Client Present Status must not be '11 - Patient/ Client present only', '12 - Patient/Client present with carer(s)/relative(s)' or '13 - Patient/Client via telehealth'</p>	<p>Check that the values of the corresponding data elements are correct and resubmit.</p>
E364	<p><ContactDataElement> is not <NAClientNotPresentValue> <NAClientNotPresentMeaning> but Contact Client Present Status is '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact' but <ContactDataElement> is <NAClientNotPresentValue> - <NAClientNotPresentMeaning></p> <p>BR-DAT-CNT-013</p> <p>BR-DAT-CNT-014</p> <p>BR-DAT-CNT-015</p> <p>BR-DAT-CNT-016</p>	<p>Contact care phase, contact care model, contact preferred death place and contact preferred care setting cannot be reported as not applicable if the client is present.</p> <p>Where Contact Client Present Status is '9 - Not Applicable - Patient/Client not present', the Contact Client Present Status must be '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact', Contact Care Phase must be '9 - Not Applicable - Patient/Client not present' or '5 - Bereavement Phase'</p> <p>Where Contact Client Present Status is '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact', Contact Care Model must be '9 - Not Applicable - Patient/Client not present'</p> <p>Where Contact Client Present Status is '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect, Contact Preferred Death Place must be '98 - Not Applicable - Patient/Client not present'</p> <p>Where Contact Client Present Status is '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact, Contact Preferred Care Setting must be '98 - Not Applicable - Patient/Client not present'</p>	<p>Check that the values of the corresponding data elements are correct and resubmit.</p>

Section 9: Code List

Data Element Name	Code Set Identifier	Code Set Type	Code	Descriptor	Reportable Requirements
Episode Health Conditions	990080	Code Set	0015	Tuberculosis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0080	Poliomyelitis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0081	Viral infection of nervous system	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0100	Measles, varicella, shingles	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0115	Acute hepatitis A	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0116	Acute hepatitis B	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0117	Other acute viral hepatitis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0118	Other chronic viral hepatitis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0119	Unspecified viral hepatitis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0124	AIDS	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0125	Meningococcal infection	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0215	Upper Gastrointestinal cancer	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0240	Bone and articular cartilage cancer	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0245	Soft tissue cancer	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0251	Gynaecological cancer	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0260	Genitourinary cancer	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0276	Other malignant tumours	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0279	Metastatic (secondary) malignancy	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0280	Secondary of unknown primary	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0281	Hodgkin's lymphoma	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0282	Non-Hodgkin's lymphoma	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0290	Leukaemia	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0310	Other benign tumour	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0350	Anaemia	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0366	Haemophilia	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0400	Disorders of the thyroid gland	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0400	Disorders of the thyroid gland	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0450	Nutritional deficiencies	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0465	Obesity	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0470	High cholesterol	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0475	Tay-Sachs disease	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0491	Diabetes with peripheral vascular disease	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0492	Diabetes with renal impairment	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0520	Schizophrenia	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0531	Bipolar	Cease reporting as of 30 June 2016

Episode Health Conditions	990080	Code Set	0542	Obsessive-compulsive disorder	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0543	Other neurotic, stress related and somatoform disorders	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0550	Anorexia nervosa	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0560	Personality disorder	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0600	Meningitis and encaphalitis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0610	Huntington's disease	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0643	Migraine	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0671	Muscular dystrophy	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0681	Paralysis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0695	Other diseases of the spinal cord	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0810	Hypertension	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0826	Pulmonary embolism	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0827	Other pulmonary heart diseases	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0944	Chronic lower respiratory diseases	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	0981	Pulmonary oedema	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1000	Disorders of tooth development and eruption	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1044	Hernia	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1046	Intestinal obstruction without hernia	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1050	Crohn's disease	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1051	Ulcerative colitis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1052	Inflammatory bowel disease	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1065	Diseases of the peritoneum	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1072	Hepatic failure	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1077	Diseases of the liver	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1080	Diseases of the gallbladder, biliary tract and pancreas	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1120	Skin allergies	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1140	Psoriasis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1320	Calculus of kidney	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1330	Cystitis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1400	Pregnancy with abortive outcome	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1460	Preterm labour with preterm delivery	Cease reporting as of 30 June 2016

Episode Health Conditions	990080	Code Set	1461	Complications of labour and delivery	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1505	Prematurity	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1521	Birth asphyxia	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1600	Congenital malformations of the nervous system	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1604	Other congenital malformations of the brain	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1610	Congenital malformations of the eye, ear, face and neck	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1620	Congenital malformations of the circulatory system	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1630	Congenital malformations of the respiratory system	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1665	Congenital malformations and deformations of the musculoskeletal system	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1713	Dysphagia	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1718	Ascites	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1741	Disorientation	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1745	Symptoms and signs involving emotional state	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1753	Malaise and fatigue	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1756	Convulsions	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1758	Haemorrhage	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1760	Oedema	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1769	Unknown and unspecified causes of morbidity	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1823	Dislocation, sprain of joints of thorax	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1826	Injury of heart	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1832	Fracture of lumbar spine and pelvis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1833	Dislocation sprain of joint or lumbar spine and pelvis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1836	Injury of intra-abdominal organs	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1842	Fracture of shoulder and upper arm	Cease reporting as of 30 June 2016

Episode Health Conditions	990080	Code Set	1852	Fracture of elbow, forearm, wrist and hand	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1872	Fracture of femur	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1905	Amputation involving multiple limbs	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	1982	Mechanical complication of other cardiac and vascular devices and implants	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	9999	No impairment	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	A142	Brain and multiple fracture/amputation	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	A143	Spinal cord and multiple fracture/amputation	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	A213	Chronic Renal Impairment	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	A215	Fistula Blocked	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	A216	Peritoneal Dialysis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	A217	Haemodialysis	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	A218	Nephrotic Syndrome	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	A229	Other infectious disease	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	A33	Polyneuropathy	Cease reporting as of 30 June 2016
Episode Health Conditions	990080	Code Set	A56	Amputation - double lower extremity above/ below knee	Cease reporting as of 30 June 2016
Episode Advance Care Plan Alert	990050	Code Set	1	No advance care plan alert	Reportable as of 1/07/2016
Episode Advance Care Plan Alert	990050	Code Set	2	Presence of an advance care plan alert	Reportable as of 1/07/2016
Episode Advance Care Plan Alert	990050	Code Set	3	Presence of a substitute decision maker alert	Reportable as of 1/07/2016
Episode Advance Care Plan Alert	990050	Code Set	4	Presence of both an advance care plan alert and a substitute decision maker alert	Reportable as of 1/07/2016
Observation Bound Data Element	HL70396	Code Set	FIM	FIM Score	Cease reporting as of 30 June 2016
Episode Proposed Treatment Plan Completion	HL70216	Code Set	35	Patient/client has moved from area Patient/client is unable to be contacted	
Contact Client Present Status	HL70130	Code Set	10	Patient/client present with or without carers(s)/relative(s)	SACS,HARP,PAC,OP, FCP, VHS, TCP, RIR, HBPCCT, VRSS
Contact Client Present Status	HL70130	Code Set	31	Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact	PC, RIR
Contact Client Present Status	HL70130	Code Set	32	Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended	SACS,HARP,PAC,OP, FCP, VHS, TCP, RIR, HBPCCT, VRSS
Contact Delivery Setting	HL70305	Code Set	11	Hospital Setting – inpatient setting	FCP, HARP, HBPCCT, PAC, PC, RIR,

					SACS, TCP, VHS, VRSS
Contact Delivery Setting	HL70305	Code Set	12	Hospital Setting - clinic/centre	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP, VHS, VRSS
Contact Delivery Setting	HL70305	Code Set	13	Hospital setting - emergency department	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP, VHS, VRSS
Contact Delivery Setting	HL70305	Code Set	14	Hospital setting - other non-inpatient setting	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP, VHS, VRSS
Contact Delivery Setting	HL70305	Code Set	15	Hospital setting - palliative care unit	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP, VHS, VRSS
Contact Delivery Setting	HL70305	Code Set	18	Hospital setting - urgent care centre	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP, VHS, VRSS
Contact Delivery Setting	HL70305	Code Set	21	Community based health facility	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP, VHS, VRSS
Contact Delivery Setting	HL70305	Code Set	22	General practice setting	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP, VHS, VRSS
Contact Delivery Setting	HL70305	Code Set	23	Residential care	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP, VHS, VRSS
Contact Delivery Setting	HL70305	Code Set	31	Home	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP, VHS, VRSS
Contact Delivery Setting	HL70305	Code Set	41	Educational institution setting	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP, VHS, VRSS
Contact Delivery Setting	HL70305	Code Set	98	Not applicable	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP, VHS, VRSS
Contact Delivery Setting	HL70305	Code Set	99	Other	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP, VHS, VRSS
Contact Delivery Setting	HL70305	Code Set	241	Supported Accommodation Setting - TCP - Home Based	Cease reporting as at 30/06/2015
Contact Delivery Setting	HL70305	Code Set	242	Supported Accommodation Setting - TCP - Bed Based	Cease reporting as at 30/06/2015

Contact Session Type	990024	Code Set	1	Individual	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP , VHS, VRSS
Contact Session Type	990024	Code Set	2	Group – group program	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP , VHS, VRSS
Contact Session Type	990024	Code Set	4	Group – individual program	FCP, HARP, HBPCCT, OP, PAC, PC, RIR, SACS, TCP , VHS, VRSS

Episode Health Conditions Mapping Table

Please note: this table is to be used as a guide for your health service. The code chosen is dependent on the local policy and procedures at your health service. *Reference: Table Identifier 990080*

2016-17 Redundant codes		Mapping options	
Code	Map to	Code	Description
0015	Tuberculosis	0199	Other infectious diseases
0080	Poliomyelitis	0199	Other infectious diseases
0081	Viral infection of nervous system	0199	Other infectious diseases
0100	Measles, varicella, shingles	0199	Other infectious diseases
0115	Acute hepatitis A	0199	Other infectious diseases
0116	Acute hepatitis B	0199	Other infectious diseases
0117	Other acute viral hepatitis	0199	Other infectious diseases
0119	Unspecified viral hepatitis	0118	Other chronic viral hepatitis
0124	AIDS	0120	HIV
0125	Meningococcal infection	0199	Other infectious diseases
0215	Upper gastrointestinal cancer	A135	Cancer
0222	Endocrine and thyroid cancer	A135	Cancer
0240	Bone and articular cartilage cancer	A135	Cancer
0243	Skin cancer	A135	Cancer
0245	Soft tissue cancer	A135	Cancer
0251	Gynaecological cancer	A135	Cancer
0260	Genitourinary cancer	A135	Cancer
0276	Other malignant tumours	A135	Cancer
0279	Metastatic (secondary) malignancy	A135	Cancer
0280	Secondary of unknown primary	A135	Cancer
0281	Hodgkin's disease	A135	Cancer
0282	Non-Hodgkin's lymphoma	A135	Cancer
0290	Leukaemia	A135	Cancer
0299	Rare cancer	A135	Cancer
0310	Other benign tumour	A135	Cancer
0350	Anaemia	0370	Other diseases of blood
0366	Haemophilia	0370	Other diseases of blood
0450	Nutritional deficiencies	0440	Malnutrition
0465	Obesity Note: Health services to use specific health condition		
0475	Tay-Sachs disease	0699	Other disease of the nervous system
0491	Diabetes with peripheral vascular disease	0493	Diabetes with other complication
0492	Diabetes with renal impairment	0493	Diabetes with other complication
0520	Schizophrenia	A189	Other mental health
0531	Bipolar	A189	Other mental health
0542	Obsessive-compulsive disorder	A189	Other mental health
0543	Other neurotic, stress related and somatoform disorders	A189	Other mental health
0550	Anorexia nervosa	A189	Other mental health
0560	Personality disorder	A189	Other mental health
0600	Meningitis and encephalitis	0199	Other infectious diseases
0610	Huntington's disease	0699	Other disease of the nervous system
0643	Migraine	1751	Headache

0671	Muscular dystrophy	0699	Other disease of the nervous system
0681	Paralysis	0864	Stroke
0695	Other diseases of spinal cord	0699	Other disease of the nervous system
0826	Pulmonary embolism	0999	Other pulmonary
0827	<i>Other pulmonary heart diseases</i> Note: No longer in use		
0944	Chronic lower respiratory diseases	A101	Chronic obstructive pulmonary disease
0981	Pulmonary oedema	0999	Other pulmonary
1000	Disorders of tooth development and eruption	1752	Pain, not elsewhere classified
1046	Intestinal obstruction without hernia	1090	Other diseases of the digestive system
1050	Crohn's disease	1090	Other diseases of the digestive system
1051	Ulcerative colitis	1090	Other diseases of the digestive system
1052	Inflammatory bowel disease	1090	Other diseases of the digestive system
1065	Diseases of the peritoneum	1090	Other diseases of the digestive system
1072	Hepatic failure	1090	Other diseases of the digestive system
1077	Diseases of the liver	1090	Other diseases of the digestive system
1080	Diseases of the gallbladder, biliary tract and pancreas	1090	Other diseases of the digestive system
1140	Psoriasis	1199	Other diseases of the skin and subcutaneous tissue
1330	Cystitis	1340	Other diseases of the genitourinary system
1400	<i>Pregnancy with abortive outcome</i> Note: No longer in use		
1461	Complications of labour and delivery	1485	Birth with complications
1505	Prematurity	1485	Birth with complications
1521	Birth asphyxia	1485	Birth with complications
1604	Other congenital malformations of the brain	1680	Other congenital malformations
1610	Congenital malformations of eye, ear, face and neck	1680	Other congenital malformations
1620	Congenital malformations of the circulatory system	1680	Other congenital malformations
1630	Congenital malformations of the respiratory system	1680	Other congenital malformations
1665	Congenital malformations and deformations of the musculoskeletal system	1680	Other congenital malformations
1713	<i>Dysphagia</i> Note: Health services to use specific health condition		
1718	Ascites	1090	Other diseases of the digestive system
1741	Disorientation	9998	Diagnosis Unclear
1745	Symptoms and signs involving emotional state	A189	Other mental health
1753	<i>Malaise and fatigue</i> Note: Health services to use specific health condition		
1756	Convulsions	0699	Other disease of the nervous system
1758	<i>Haemorrhage</i> Note: Health services to use specific health condition		
1760	<i>Oedema</i> Note: Health services to use specific health condition		
1769	<i>Unknown and unspecified causes of morbidity</i> Note: Health services to use specific health condition		
1808	Amputation of part of head	1800	Injuries to the head
1823	Dislocation, sprain of joints of thorax	A72	Back pain
1826	Injury of heart	A99	Other cardiovascular
1832	Fracture of lumbar spine and pelvis	1820	Injuries to the thorax, abdomen, lower back, lumbar spine and pelvis
1833	Dislocation, sprain of joint of lumbar spine and pelvis	A72	Back pain
1836	Injury of intra-abdominal organs	1820	Injuries to the thorax, abdomen, lower back, lumbar spine and pelvis
1842	Fracture of shoulder and upper arm	A87	Post upper limb fracture
1852	Fracture of elbow, forearm, wrist and hand	A87	Post upper limb fracture
1872	Fracture of femur	A82	Post femur (shaft) fracture

1905	Amputation involving multiple limbs	Note: Health services to use a combination of other amputation codes	
1982	Mechanical complication of other cardiac & vascular devices and implants	0899	Other heart diseases
9999	No impairment	Note: No longer in use	
0400	Disorders of the thyroid gland	0490	Other endocrine, nutritional and metabolic disorders
0470	High cholesterol	0490	Other endocrine, nutritional and metabolic disorders
0810	Hypertension	0490	Other endocrine, nutritional and metabolic disorders
1044	Hernia	1090	Other diseases of the digestive system
1120	Skin allergies	1199	Other diseases of the skin and subcutaneous tissue
1320	Calculus of kidney	1340	Other diseases of the genitourinary system
1460	Preterm labour with preterm delivery	1485	Birth with complications
1600	Congenital malformations of the nervous system	1680	Other congenital malformations
A142	Brain and multiple fracture/amputation	A149	Other major multiple trauma
A143	Spinal cord and multiple fracture/amputation	A149	Other major multiple trauma
A213	Chronic Renal Impairment	A212	Chronic Renal Disease
A215	Fistula Blocked	1340	Other diseases of the genitourinary system
A216	Peritoneal Dialysis	A212	Chronic Renal Disease
A217	Haemodialysis	A212	Chronic Renal Disease
A218	Nephrotic Syndrome	1300	Kidney and urinary system (bladder) disorders
A229	Other infectious disease	0199	Other infectious diseases
A33	Polyneuropathy	0699	Other disease of the nervous system