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| Classification and reporting COVID-19 episodes of care in public health services |
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| OFFICIAL |

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# Purpose

This document details how episodes of care and services provided by public health services for the management and treatment of patients with probable or confirmed SARS CoV-2 (COVID-19) infection and those with symptoms post-COVID infection and long COVID should be classified and reported.

# Admitted COVID-19 episodes of care

The reporting guidelines for patients admitted with, or due to COVID-19 are the same for any other hospital activity.

The reporting guidelines for patients re-admitted immediately after their infection or receiving subacute or acute admitted care for ongoing symptoms post-COVID infection, are the same for any other hospital activity.

For a patient to be reported as an acute admission through hospital in the home (HITH) or a subacute admitted episode delivered in the home:

* The admission must meet the Victorian Admitted Episodes Dataset (VAED) admission criteria (virtual monitoring or telemonitoring at home as the sole activity does not meet admission criteria).
* Admitted care delivered in the home must be equivalent to the care delivered if the person was physically in the hospital receiving that treatment or care.
* Delivery of care in the home does not of itself justify reporting an admitted episode of care.
* Individual services required to deliver acute or subacute admitted care may be delivered via telehealth (video) if practicable.
* If a patient does not receive acute or subacute admitted care during the admitted episode, they should be put on leave with permission for that period or discharged.
* Patients should be discharged when acute or subacute admitted care is no longer required.

Note:

Telehealth is not a clinical service: it is the enabling channel used to deliver the clinical service to a patient. Common telehealth technologies include video consulting and telephone.

When virtual monitoring or telemonitoring, or when a patient monitors themselves at home and transmits readings from monitoring devices (such as a pulse oximeter) to a clinician and this is the sole activity that occurs in a day, the day should be reported as leave with permission within the admitted episode.

A telehealth (telephone) consultation is not considered as equal to care delivered if the person was physically in the hospital receiving that treatment or care. Where telehealth (telephone) is the only clinical service provided in a day, the day should be reported as leave with permission within the admitted episode. If the patient does not return to the episode of care within seven days to continue current treatment they are to be discharged.

If the service provided does not meet admission criteria, it may be able to be reported as non-admitted activity.

# Non-admitted COVID-19 episodes of care

The Independent Health and Aged Care Pricing Authority (IHACPA) has published guidance on [How to classify COVID-19](https://www.ihpa.gov.au/what-we-do/how-to-classify-covid-19) and updated the Tier 2 non-admitted services definition manual to include classifications for COVID-19 vaccination, COVID-19 diagnostics, the management and treatment of patients with COVID-19 infection, and long COVID.

A non-admitted contact requires an interaction that is clinical in nature between a patient and a clinician. Interactions that do not involve direct patient-clinician contact (e.g. conversation with another clinician to seek advice) cannot be reported (except for palliative care services).

Non-admitted services can be delivered in the home, or via telehealth (video) or telehealth (telephone).

Health services reporting through the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS), should report the activity in both the VINAH MDS and the Agency Information Management System (AIMS) S10 and/or S11 collections.

## Management and treatment of patients with acute COVID-19 infection

Activity undertaken in a specialist outpatient clinic solely established to assess, investigate, treat, manage and support patients with confirmed, probable or suspected COVID-19 infection must be identified and reported in the VINAH MDS and AIMS.

Health services must register a clinic on the Non-Admitted Clinic Management System (NACMS) and assign Tier 2 class 20.57 COVID response (medical / nurse practitioner) or 40.63 COVID response (nurse/allied health). The *Non-Admitted Clinic Management System (NACMS) User Manual for Victorian Public Hospitals Non-Admitted clinic registration* provides advice on how to register a clinic and is located at <https://www.health.vic.gov.au/publications/non-admitted-clinic-management-system-nacms-manual>.

All non-admitted clinics registered in NACMS and reported through the VINAH MDS must report the activity under the appropriate Specialist Clinics (Outpatients) program/stream.

**Tier 2 class *20.57 COVID-19 response*** should be assigned where a clinic has been specifically set-up or is solely for the purposes of the assessment, investigation, treatment and management of patients with confirmed, probable and suspected COVID infection and a medical officer provides most services in the clinic.

**Tier 2 class: *40.63 COVID-19 response*** should be assigned where a clinic has been specifically set-up or is solely for the purposes of the assessment, investigation, treatment and management of patients with confirmed, probable and suspected COVID infection and an allied health professional or clinical nurse specialist provide most services in the clinic.

Both Tier 2 classes *20.57 COVID-19 response* and *40.63 COVID-19 response* include consultation for ongoing patient management and support and would be suitable for reporting activity for clinics established for immediate post-discharge care and follow up consultations after a hospital admission related to COVID-19 infection (often four to six weeks after discharge).

Note:

The first *episode health condition* code that must be reported is ‘3000 COVID-19 status’.

Patients that attend medical specialist outpatient clinics (Tier 2 class *20.57 COVID-19 response*) must have an account class of public only (i.e., Contact Account Class = MP). MBS funded COVID-19 non-admitted specialist clinics are not permitted.

Virtual monitoring or telemonitoring, or when a patient monitors themselves at home and transmits readings from monitoring devices should not be reported as a non-admitted contact (as this is considered an input into the clinical consultation).

## Assessment and management of symptoms post-COVID infection and long COVID

The term post-COVID infection refers to acute and ongoing symptoms that occur after confirmed infection. The term long COVID is used for patients that have a history of probable, or confirmed COVID infection, who have symptoms three months after the onset of the infection, with symptoms that have lasted for at least two months that cannot be explained by an alternative diagnosis.

Although long-term outcomes from COVID-19 infection are currently unknown, evidence is emerging that some patients will have serious post-infection sequelae that will require specialist care and perhaps a whole-patient perspective with multi-medical and multidisciplinary assessment or management.

### Specialist clinics

**Tier 2 class *20.58 Long COVID*** should be assigned where a multidisciplinary clinic has been specifically set-up for the purposes of the review, assessment, treatment, and management of post-acute sequelae of COVID infection or long COVID and a medical officer provides most services in the clinic.

**Tier 2 class: *40.67 Long COVID*** should be assigned where a clinic has been specifically set-up for the purposes of review, assessment, treatment, and management of post-acute sequelae of COVID infection or long COVID and an allied health professional or clinical nurse specialist provide most services in the clinic.

**All other specialist clinic activity for post-COVID infection and long COVID must be reported based on the clinical service being provided, under the appropriate Specialist Clinics (Outpatients) program/stream.**

Health services should indicate when registering the clinic through NACMS when/if specialist clinics are provided solely for patients with post-acute sequelae of COVID infection or long COVID. It should also be indicated if the clinic is a multiple healthcare provider specialist clinic solely for assessment or management of post-COVID infection or long COVID.

Note:

The first *episode health condition* code that must be reported is ‘3000 COVID-19 status’ (preferably at the commencement of the episode).

Virtual monitoring or telemonitoring, or when a patient monitors themselves at home and transmits readings from monitoring devices should not be reported as a non-admitted contact (as this is considered an input into the clinical consultation).

### Health Independence Program services

All Health Independence Program (HIP) activity for post-acute sequelae of COVID infection or long COVID must be reported based on the HIP service being provided, under the appropriate program/stream.

Note:

The first *episode health condition* code that must be reported is ‘3000 COVID-19 status’ (preferably at the commencement of the episode).

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