

No	Data Item	METeOR identifier	ECLIPSE identifier	Obligation	Position Start	Position End	Type & size	Format	Repetition	Coding description
1	Insurer Membership Identifier			M	1	15	A(15)	Blank fill	1	
2	Payer identifier			M	16	18	A(3)		1	An indicator of the way in which the episode was funded: IH = Insured with agreement with hospital IN = Insured with no agreement with hospital SI = Self Insured WC = Workers Compensation TP = Third Party CP = Contracted to Public Sector DV = Department of Veteran's Affairs patient DE = Department of Defence patient SE = Seaman OT = Other
3	Episode Identifier			M	19	33	A(15)		1	Unique episode identifier of an episode of care.
4	Family Name	286953		M	34	61	A(28)	Blank fill	1	That part of a name a person usually has in common with some other members of his/her family, as distinguished from his/her given names, as represented by text.
5	Given Name	287035		M	62	81	A(20)	Blank fill	1	The person's identifying name within the family group or by which the person is socially identified, as represented by text.
6	Date of Birth	287007		M	82	89	A(8)	DDMMYYYY	1	The date of birth of the person.
7	Postcode – Australian	611398		M	90	93	N(4)	Right justify Zero prefix	1	The numeric descriptor for a postal delivery area, aligned with locality, suburb or place for the address of a person. Codes 9999 = unknown postcode and 8888 = overseas will be used instead of METeOR codes 0097, 0098, 0099.
8	Sex	635126		M	94	94	N(1)		1	The distinction between male, female, and others who do not have biological characteristics typically associated with either the male or female sex, as represented by a code. 1 = Male 2 = Female 3 = Other 9 = Not stated / inadequately described
9	Admission Date	269967		M	95	102	A(8)	DDMMYYYY	1	Date on which an admitted patient commences an episode of care.
10	Separation Date	270025		M	103	110	A(8)	DDMMYYYY	1	Date on which an admitted patient completes an episode of care.
11	Hospital Type			M	111	111	N(1)		1	The type of hospital where the episode occurred. 2 = Private 3 = Private Day Facility 9 = Other/unknown
12	ICU Days			M	112	114	N(3)	Right justify Zero prefix	1	The number of days the patient spent in ICU, NICU or PICU. Zero fill if not applicable. * refer to guide for use.

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13	ICU Hours			O	115	118	N(4)	Right justify Zero prefix	1	The number of completed cumulative hours (rounded down) spent in ICU, NICU or PICU. If a patient has more than one period in ICU, NICU or PICU during this episode, the total duration of all such periods is reported. Zero fill if not applicable * refer to guide for use.
14	Total Psychiatric Care Days	552375		M	119	123	N(5)	Right justify Zero prefix	1	The sum of the number of days or part days of stay that the person received care as an admitted patient or resident within a designated psychiatric unit, minus the sum of leave days occurring during the stay within the designated unit. Zero fill if not applicable.
15	Diagnosis Related Group	391295		O	124	127	A(4)	Left justify	1	A patient classification scheme which provides a means of relating the number and types of patients treated in a hospital to the resources required by the hospital, as represented by a code.
16	DRG Version (superseded)			O	128	129	A(2)	Left justify Blank fill	1	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 Must be supplied if DRG code provided at item 15. This field has been retained as a placeholder to minimise system changes. See replacement item: 'AR DRG version' (Item No 65)
17	Admission Time	682942		M	130	133	N(4)	hhmm (24 hour clock)	1	Time at which an admitted patient commences an episode of care. Blank fill if not applicable. Mandatory - Same-day patients only.
18	Urgency of Admission	269986		M	134	134	N(1)		1	Whether the admission has an urgency status assigned and, if so, whether admission occurred on an emergency basis, as represented by a code. 1 = Urgency status assigned - Emergency 2 = Urgency status assigned - Elective 3 = Urgency status not assigned 9 = Not known/not reported
19	Provider Number of Hospital from which transferred			M	135	142	A(8)	NNNNNNA (uppercase)	1	The Commonwealth-issued hospital provider number for the hospital from which a patient has been transferred (Provider number required only when PHDB item number 21 is reported as: 1- Admitted patient transferred from another hospital) Blank fill if no hospital transfer. If a patient was transferred from Accident/Emergency at a different hospital from the one in which this separation occurred, then enter the Commonwealth-issued Provider number of that hospital