

# PHI Data Specifications 2019/20

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Final changes - effective 1 July 2019

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# 1.Change to ICD-10-AM/ACHI version 11

**Data Sets:** Hospital Casemix Protocol (HCP)  
 Hospital Casemix Protocol 1 (HCP1)  
 Private Hospital Data Bureau (PHDB)

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

Data Collection	No.	Data Item
Hospital Casemix Protocol	Header Record – Item number 11	ICD Version
Private Hospital Data Bureau	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
Hospital Casemix Protocol	Principal Diagnosis, Additional Diagnosis, Procedure	Diagnosis Codes Procedure Codes	Eleventh Edition
Hospital Casemix Protocol 1	Principal Diagnosis, Additional Diagnosis, Procedure	Diagnosis Codes Procedure Codes	Eleventh Edition
Private Hospital Data Bureau	Principal Diagnosis, Additional Diagnosis, Procedure	Diagnosis Codes Procedure Codes	Eleventh Edition

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

**Revised:**

Item No	Data Item	Type & Size	Format	Comments	Edit Rules	Error Code/s
11	ICD Version	N(4)		<del>ICD Version – 10.10 = 1010</del> ICD Version - 10.11 = 1011	Reject if not a valid ICD version	HE11

**Reason:** The Eleventh edition of the ICD-10-AM/ACHI is being implemented on 1 July 2019.  
 Users must submit ICD-10-AM/ACHI Eleventh edition codes for data for 1 July 2019 onwards.

## 2. Benefits greater than charges

**Data Item:** Multiple data items involving specific benefits and Front End Deductible.

**Datasets:** This change affects the following data specifications:

- HCP1 (episode)
- HCP1 (medical)
- HCP1 (prosthesis)

**Change:** Edit rules changed so that benefits cannot exceed charges for all cost buckets. Changes to edit rules and codes are indicated in RED.

**Revised:**

### HCP1 Data specifications - Episode

No	Data Item	Type & size	Format	Edit Rules	Error code/s
8	Accommodation benefit	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric If present, <b>reject</b> record if > Accommodation charge (allow 5 cent tolerance)	EE008.1 EE008.2
10	Theatre benefit	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric If present, <b>reject</b> record if > Theatre charge (allow 5 cent tolerance)	EE010.1 EE010.2
12	Labour ward benefit	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric If present, <b>reject</b> record if > Labour ward charge (allow 5 cent tolerance)	EE012.1 EE012.2
14	Intensive Care Unit Benefit	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric If present, <b>reject</b> record if > Intensive Care Unit Charge (allow 5 cent tolerance)	EE014.1 EE014.2
16	Prosthesis benefit	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric If present, <b>reject</b> record if > Prosthesis charge (allow 5 cent tolerance)	EE016.1 EE016.2

18	Pharmacy benefit	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric If present, <b>reject</b> record if > Pharmacy charge (allow 5 cent tolerance)	EE018.1 EE018.2
20	Bundled benefits	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric If present, <b>reject</b> record if > Bundled charges (allow 5 cent tolerance)	EE020.1 EE020.2
22	Other benefits	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric If present, <b>reject</b> record if > Other charges (allow 5 cent tolerance)	EE022.1 EE022.2
23	Front end deductible	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	<b>Reject</b> record if not numeric <b>Reject</b> record if sum of Total hospital benefits and FED > Total hospital charges (allow 5 cent tolerance) <b>Reject</b> record if FED > Total hospital charges (allow 5 cent tolerance)	EE023.1 EE023.2 EE023.3
26	Ancillary benefits	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric If present, <b>reject</b> record if > Ancillary charges (allow 5 cent tolerance)	EE026.1 EE026.2
27	Total Medical charges	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric	EE027
28	Total Medical Benefits	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric If present, <b>reject</b> record if > Total Medical charges (allow 5 cent tolerance)	EE028.1 EE028.2
70	Hospital-in-the-home care Benefits	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric If present, <b>reject</b> record if > Hospital-in-the- home care Charges (allow 5 cent tolerance)	EE070.1 EE070.2
72	Special Care Nursery Benefits	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric If present, <b>reject</b> record if > Special Care Nursery Charges (allow 5 cent tolerance)	EE072.1 EE072.2
74	Coronary Care Unit Benefits	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	If present, <b>reject</b> record if not numeric If present, <b>reject</b> record if > Coronary Care Unit Charges (allow 5 cent tolerance)	EE074.1 EE074.2

HCP1 Edit Rules – Episode : Edit rule deleted

	EDIT RULES	ERROR CODE/S
<b>Extras</b>	<del>Identify record if Total benefits exceed Total charges</del>	<del>EW202</del>

**HCP1 Edit Rules - Medical**

	EDIT RULES	ERROR CODE/S
<b>Extras</b>	<b>Reject</b> record if the sum of the MBS benefits (Item 5) and Insurer benefits (Item 6) exceed Item charge (Item 4). Allow 5 cent tolerance.	<b>ME201</b>

**HCP1 Data specifications - Prosthesis**

No	Data Item	Type & size	Format	Coding description	Edit Rules	Error code/s
6	Total Prosthetic Item Benefit	N(9)	Right justify Zero prefix \$\$\$\$\$\$cc (omit decimal point)	The total benefit for the prosthesis item (include cents but omit decimal points).  Use leading zeros to fully fill the item. Zero fill if no amount paid.	<b>Reject</b> record if negative. * warnings for public hospitals  <b>Identify Reject</b> record if greater than total charge (allow 5 cent tolerance).  <b>Identify</b> record if the benefit is not equal to charge and the maximum benefit on the relevant edition of the prosthesis schedule is blank (allow a 5 cent tolerance). Ignore where prosthetic item is "EXGRA" or not a valid prosthesis item.  <b>Identify</b> record if the benefit is less than the prosthesis schedule minimum benefit multiplied by the number of items or greater than the prosthesis schedule maximum benefit multiplied by the number of items, but only for items with a value for maximum benefit (allow a 5 cent tolerance). Ignore where prosthetic item is "EXGRA" or not a valid prosthesis item.  <b>Reject</b> record if not numeric.	PE006.0 PW006.0*  PW006.1  PW006.21  PW006.32  PE006.43

**Reason:** These new edit rules will reject records (i.e. give critical errors) where benefits exceed charges.

### 3.Care type

**Data Item:** Care type

**Datasets:** This change affects the following data specifications:

HCP (episode), HCP1 (episode), PHDB

**Change:** Changes to coding description, values and edit rules indicated in RED

**Revised:** See example from HCP Data specifications – (same changes apply to HCP1 and PHDB)

No	Data Item	Type & size	Format	Coding description	Edit Rules	Error code/s
20	Care Type	N(3)	Left justify two digit codes and follow with a blank space)	<p>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.</p> <p>10 = Acute Care  <b>11 = Mental Health Care</b>                      20 = Rehabilitation Care                      21 = Rehabilitation Care delivered in a designated unit                      22 = Rehabilitation Care according to a designated program                      23 = Rehabilitation Care is the principal 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 principal 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</p>	<p><b>Reject</b> record if not (10, <b>11</b>, 20, 21, 22, 23, 30, 31, 32, 33, 40, 50, 60, 70, 80, 90 or 100)</p>	EE020

**Reason:**

Previous METeOR data element [270174](#) has detailed breakup of rehabilitation care and palliative care categories which stakeholders find very useful.

Latest METeOR data element [584408](#) includes a new code (11=Mental Health Care).

The Department has decided to maintain the old (detailed) codes PLUS include the single new code, (11=Mental Health Care).

This will minimise system changes across hospitals, funds, the Department and ECLIPSE.

## 4. Mental Health Legal Status

**Data Item:** Mental health legal status

**Datasets:** This change affects the following data specifications:  
HCP (episode) Item 24, HCP1 (episode) Item 57, PHDB Item 24

**Change:** Changes to coding description, values and edit rules are indicated **in RED**

**Revised:** (example from HCP Data specifications- – same changes apply to HCP1 and PHDB)

No	Data Item	METeOR identifier	Type & size	Format	Coding description	Edit Rules	Error code/s
24	Mental Health Legal Status	<a href="#">534063</a>	N(1)		Whether a person is treated on an involuntary basis under the relevant state or territory mental health legislation, at any time during an episode of admitted patient care, an episode of residential care or treatment of a patient/client by a community based service during a reporting period, as represented by a code. <del>1 = Involuntary patient</del> <del>2 = Voluntary patient</del> <del>3 = Not permitted to be reported under the laws of a State or Territory</del> <del>8 = Not applicable</del> 1 = Involuntary patient 2 = Voluntary patient 9 = Not reported/unknown	<b>Reject</b> record if not (1, 2, <del>3</del> or <del>8</del> 9)	E024

**Reason:** Update to latest METeOR data element [534063](#)

While this is a system change, it does not involve the reuse of previously used values, so will not conflict with the Medicare online claiming system ECLIPSE.



## 5. Number of Qualified days for Newborns

**Data Item:** Number of qualified days for newborns

**Datasets:** This change affects the following data specifications:  
HCP (episode) Item 61, HCP1 (episode) Item 79, PHDB Item 61

**Change:** Changes to edit rules and edit codes are indicated **in RED**

**Revised:** (example from HCP Data specifications- – same changes apply to HCP1 and PHDB)

No	Data Item	METeOR identifier	Type & size	Format	Coding description	Edit Rules	Error code/s
61	Number of Qualified Days for Newborns	<a href="#">270033</a>	N(5)	Right justify Zero prefix	The number of qualified newborn days occurring within a newborn episode of care. Zero fill if not applicable. * refer to guide for use.	<b>Reject</b> record if not numeric. <b>Identify Reject</b> record if >0000 and (care type not newborn care).	EE061. <b>0</b> <del>EWE</del> 061. <b>1</b>

**Reason:** HCP1 contains some records where the care type is other than 'Newborn care' and where qualified days are reported. The current edit rule in HCP1 identifies these records. The Department proposes to change this rule so that these records are rejected (i.e. critical error) rather than just identified (i.e. warning).

## 6.Full Service Benefit

**Data Item:** Full Service benefit

**Datasets:** This change affects the following data specifications:

- GT-Dental

**Change:** Changes to coding description (which affects the operation of the edit rule) indicated in RED

**Revised:**

No	Data Item	Type & size	Format	Coding description	Edit Rules	Error code/s
15	Full Service benefit	N(9)	Right justify Zero prefix \$\$\$\$\$cc (omit decimal point)	The gross benefit for the service event. Specify where a benefit limit has been reached (benefit limit flag = Y) which results in the benefit paid (item 12) being less than the full benefit normally paid.  Reversals are permitted and the negative sign must be the first character – eg “-00010000”. Must be supplied if known and benefit limit flag = Y (else leave blank)	<b>Reject</b> record if not blank and not numeric	SE015

**Reason:** This change allows Full Service Benefit (Item number 15) to have negative values, as is already the case for Service Benefit (item number 12).

## 7.Adding support for AR-DRG version 10.0

**Data Sets:** Hospital Casemix Protocol (HCP)  
 Hospital Casemix Protocol 1 (HCP1)  
 Private Hospital Data Bureau (PHDB)

**Data Items:** This change affects the following data items:

Data Collection	No.	Data Item
Hospital Casemix Protocol 1	37	DRG Version
Hospital Casemix Protocol	16	DRG Version
Private Hospital Data Bureau	16	DRG Version

**Lookups:** This change affects the following lookup tables:

Data Collection	Lookup Tables	Updated to
Hospital Casemix Protocol 1	AR-DRG codes	Version 10.0
Hospital Casemix Protocol	AR-DRG codes	Version 10.0
Private Hospital Data Bureau	AR-DRG codes	Version 10.0

**Change:** Adding the new AR-DRG version to the comments section of relevant data items. Updating lookups to include AR-DRG codes for version 10.0

**Revised:** (example from HCP Data specifications- – same change applies to HCP1 and PHDB)

No	Data Item	Type & size	Format	Repetition	Coding description	Edit Rules	Error code/s
16	DRG Version	A(2)		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 <b>A0 = version 10.0</b>	If present, <b>identify</b> record if not a valid version.  <b>Identify</b> if blank and DRG code provided at item 15.	EW016.0  EW016.1
					Must be supplied if DRG code provided at item 15.		

**Reason:** Development of Version 10.0 of the AR-DRG codes is currently underway. This change is to support the new version once it is officially released.

To minimise system changes, DRG version will remain as an alphanumeric field of size 2. Because the value '10' has already been used by ECLIPSE, major DRG versions from 10 onwards will be identified by letters (A=version 10, B=version 11 etc.) and minor versions will be indicated by numbers (0 = .0, 1=.1, 2=.2 etc.).

Examples of mapping to possible future DRG versions using the above system are as follows:

DRG version code	AR-DRG Version
<b>A0</b>	Version 10.0
<b>A1</b>	Version 10.1
<b>A2</b>	Version 10.2
<b>B0</b>	Version 11.0
<b>B1</b>	Version 11.1

## 8. Change to HCP version

**Data Sets:** Hospital Casemix Protocol (HCP)  
Private Hospital Data Bureau (PHDB)

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

Data Collection	No.	Data Item
Hospital Casemix Protocol	Header Record – Item number 10	HCP Version
Private Hospital Data Bureau	Header Record – Item number 10	HCP Version

**Change:** Update HCP version from 0900 to 1000. The example below is from HCP, but it also affects PHDB.

**Revised:**

Item No	Data Item	Obligation	Position	Type & Size	Format	Comments	Edit Rules	Error Code/s
10	HCP Version	M	50-53	N(4)		<del>HCP version 0900</del> HCP version 1000		

**Reason:** There have been changes to data specifications this year, so it is useful to change the code for HCP version in the data specifications.