

# **National Health Amendment Regulations 2002 (No. 1) 2002 No. 262**

## **EXPLANATORY STATEMENT**

### **Statutory Rules 2002 No. 262**

Issued by the Authority of the Minister for Health and Ageing

*National Health Act 1953*

National Health Amendment Regulations 2002 (No. 1)

Section 140 of the *National Health Act 1953* (the Act) provides that the Governor-General may make regulations for the purpose of the Act.

Paragraph 73BD(2)(c) of the Act provides for the Hospital Casemix Protocol (HCP) to be prescribed by regulation. Regulation 49A of the National Health Regulations 1954 (the Regulations) prescribes the HCP as set out in Schedule 7 of the Regulations. The HCP enables the Department to obtain financial, demographic and clinical information from registered health benefit organisations in respect of every episode of hospital treatment for which a charge is billed to the organisation.

Subparagraph 73BD(4)(a)(i) of the Act provides for a List of Australian National Diagnosis Related Groups to be prescribed by the Regulations. Regulation 49B prescribes such a list.

Regulation 49A(2) provides that in the HCP a reference to a document is a reference to that document as in existence on the day on which the subregulation commences.

Regulation 49B(2) provides that a reference to a document in Regulation 49B(1) is a reference to that document as in existence on the day on which the subregulation commences.

The purpose of the Regulations is to modify the HCP regulations to reflect changes in data collections standards and to report on changes in private health insurance (including prosthetics items, Rehabilitation, Gap Cover Scheme).

The changes to the Regulations have been developed in consultation with a committee representing health benefit organisations.

Details of the amendments to the Regulations are set out in the Attachment.

The amendments to the Regulations commence on gazettal and apply to hospital separations occurring after 30 June 2002. The proposed retrospectivity does not prejudice the rights of, or impose additional liabilities on, any person other than the Commonwealth as outlined in Subsection 48(2) of the *Acts Interpretation Act 1901*.

## **ATTACHMENT**

### **Details of the National Health Amendment Regulations 2002 (No. 1)**

Regulation 1 provides that the name of the regulations will be the National Health Act Amendment Regulations 2002 (No. 1).

Regulation 2 provides for the regulations to commence on gazettal for hospital separations occurring after 30 June 2002.

Regulation 3 provides that the National Health Regulations 1954 will be amended by Schedule 1 of the proposed Regulations.

### **Changes to the Regulations detailed in Schedule 1**

Items 1 and 2 amend subregulation 49B(1)(g) of the Regulations to add Australian Refined Diagnosis Related Groups Definitions Manuals 4.2 and 5.0 to the list of manuals prescribed in that subregulation. Regulation 49B of the National Health regulations prescribes certain manuals associated with casemix funding. The amendment prescribes new manuals that describe the latest versions of the casemix DRG patient classification.

Item 3 substitutes a new definition of 'NHDD' in Schedule 7, Part 1, clause 2 of the Regulations. The effect of the amendment is to introduce the latest version of the National Health Data Dictionary, namely version 10.

Item 4 provides for the inclusion of two new records in Schedule 7, Part 1 to be supplied to the Department by a fund. The Prosthetic Record is required for episodes that include the supply of a prosthesis, and the AN-SNAP (Australian National Subacute and Nonacute Patient) Record for episodes that involve treatment under an AN-SNAP rehabilitation funding agreement between the hospital and the fund. The information to be provided is specified respectively in proposed new Parts 7 and 8 of Schedule 7. The new records will provide the Department with information with which it can monitor the effects of recent changes to funding arrangements for the supply of prostheses and for privately-insured rehabilitation patients.

Item 5 amends the name of Data item 3 in Part 2 of Schedule 7 to more accurately indicate the data covered by this item by including 'ADA code', as Australian Dental Association codes are valid codes.

Item 6 amends the name of Data item 6 in Part 2 of Schedule 7 to unambiguously indicate that the item relates to a medical benefit paid by a health fund.

Item 7 provides for the addition of an item 9, relating to gap cover schemes, in Schedule 7, Part 2 -the File structure for the Medical Record. This additional item will assist in the monitoring of gap cover funding arrangements.

Items 8 and 9 amend the names of Data items 15 and 16 respectively in Part 3 of Schedule 7 to Total prostheses charge and Total prostheses benefit. This is to clearly indicate that the items refer to the total charge and benefit respectively for all prostheses supplied and used during an episode of care. It also differentiates these items from the individual item charges and benefits for prostheses that are to be included in new Part 7 of Schedule 7.

Item 10 amends the name of Data item 27 in Part 3 of Schedule 7 to clearly indicate that the item refers to the total item charges for the episode, as compared to individual item charges that appear in Parts 2 and 4 of Schedule 7.

Item 11 will substitute the revised name of 'Infant weight, neonate, stillborn' for the Data item in Schedule 7, Part 3, item 39. The revised name will be consistent with the name of the same data item in the current version of the NHDD.

Item 12 will replace items 44 to 68 in the Table in Part 3 of Schedule 7 with new items 44 to 69. The actual changes as a result of this amendment are as follows:

- Item 44 becomes 'Care Type' and the field size (Column 4) is increased to 3 to achieve consistency with the current NHDD nomenclature, definition and values of this data item;
- The start positions (Column 3) for all subsequent items are adjusted as a result of the increased size of item 44;
- Item 46 becomes 'Non-certified days of stay' to more accurately reflect the data required;
- There are minor changes to the names of items 47, 48 and 49 to bring them into line with the nomenclature for these items in the NHDD;
- Items 51 and 54 will have '/ADA code' added at the end of the Item names to clearly indicate that Australian Dental Association codes are included in the types of valid codes;
- Item 52 becomes 'Principal CMBS item date' to more accurately describe the data required;
- Item 53 becomes 'Minutes of operating theatre time' to be consistent with the name of the same data item in the current version of the NHDD;
- Item 55 becomes 'Number of days of hospital in home care' to more accurately describe the data required;
- Item 59 becomes 'Urgency of admission' to be consistent with the name of the same data item in the current version of the NHDD;
- Item 60 becomes 'Inter-hospital contracted patient' to be consistent with the name of the same data item in the current version of the NHDD;
- Item 68 becomes Item 69;
- A new Item 68 'Gap cover scheme identifier' is added to correct an inadvertent omission when the Regulations were changed in 2000. The description of the data item has been agreed with health funds.

Item 13 amends the name of Data item 3 in Part 4 of Schedule 7 by adding 'ADA code' to more accurately indicate that valid data covered by this item includes Australian Dental Association codes.

Item 14 amends the name of Data item 6 in Part 4 of Schedule 7 to 'Fund medical benefit' to clearly indicate that it refers to a medical benefit paid by a health fund.

Item 15 will add a new Item 9 to the Table in Part 4 of Schedule 7. This data item, 'Gap cover scheme identifier', is defined in a format that has been agreed with health funds. The item will allow the Department to monitor the effects of gap cover schemes on the financial imposts faced by patients.

Item 16 will amend the Coding description of item 2 in Part 5 of Schedule 7, by adding reference to a linkage between the episode record and two new records being added to the HCP, namely the prosthetic record and the AN-SNAP record.

Item 17 will add an alternative to the Coding description of the Provider (hospital) code (Item 3, Part 5 of Schedule 7). A coding of 'OVERSEAS' will allow for the situation where the episode of hospital treatment occurs outside Australia.

Item 18 will add two alternative codes to the Coding description of item 5 in the Table in Part 5 of Schedule 7. A code 'T' will apply where the hospital is paid under a 2nd Tier benefit arrangement, and a code of B will apply where payment is under a bulk payment arrangement.

Item 19 will amend the name of Data item 15 in Part 5 of Schedule 7 to 'Total prostheses charge', and proposed item 20 will amend the Coding Description of item 15 to clearly specify that this item is for the total charge for all prostheses used during the episode of care.

Item 21 will amend the name of Data item 16 in Part 5 of Schedule 7 to 'Total prostheses benefit', and proposed item 22 will amend the Coding Description of item 16 to clearly specify that this item is for the total benefit for all prostheses used during the episode of care.

Item 23 will amend the Coding description of item 23 of Part 5 of Schedule 7 by deleting the option for leaving this item blank in reporting. The basis for this change is that a health fund must know whether a member has a front end deductible (FED) and so reporting it as unknown is not appropriate.

Items 24 and 25 will amend the Coding descriptions of items 25 and 26 of Part 5 of Schedule 7 to include the requirement of coding a zero when, respectively, no ancillary charges or benefits are incurred during an episode, rather than leaving the field blank in such cases.

Item 26 amends the name, and item 27 the Coding description, of item 27 in Part 5 of Schedule 7 to clearly define that the item refers to the total of all item charges for the episode, as compared to individual item charges that appear in Parts 2 and 4 of Schedule 7.

Item 28 will amend the Coding description of item 30 of Part 5 of Schedule 7 by adding a code of '9999' for episodes where the postcode of the patient is unknown.

Item 29 will amend the Coding description of item 31 of Part 5 of Schedule 7 by removing zero as a valid code, and adding values of 3 where sex is indeterminate, and 9 where it is not stated or inadequately described. The valid values will then accord with those in the NHDD.

Item 30 will amend the Coding description of item 36 of Part 5 of Schedule 7 by adding a clear description of the code which should be entered in this field.

Item 31 will amend the Coding description of item 37 of Part 5 of Schedule 7 by adding codes for the two latest versions of the DRGs.

Item 32 will amend the name of item 39 of Part 5 of Schedule 7 to 'Infant weight, neonate, stillborn', and item 21 will amend the Coding description of that item, so that they are consistent with the NHDD name and definitions for the same item. The amended Coding description will read: 'The first weight (in grams) of the live born or stillborn baby obtained after birth, or the weight of the neonate or infant (if aged less than 365 days and weighing less than or equal to 9000g) on the date admitted if this is different from the date of birth. 0 not applicable.'

Item 34 will amend the Coding description of item 40 of Part 5 of Schedule 7 by adding a valid code of zero for episodes where there is no mechanical ventilation, rather than having no entry in this field for such cases.

Item 35 will amend the Coding description of item 41 of Part 5 of Schedule 7 to the following valid codes:

- 1 = discharge or transfer to an(other) acute hospital;
- 2 = discharge or transfer to a Residential Aged Care Service, unless this is usual place of residence;
- 3 = discharge or transfer to a psychiatric hospital;
- 4 = discharge or transfer to another health facility;
- 5 = statistical discharge -type change;
- 6 = left against medical advice/ discharge at own risk;
- 7 = statistical discharge from leave;
- 8 = died;
- 9 = other (includes discharge to home/usual place of residence.

These codes are in accord with those in the NHDD.

Items 36 and 37 will amend the Data item, Field size and Coding description for item 44 in Part 5 of Schedule 7 to be consistent with the NHDD as follows:

Data item - Care Type

Field size - N(3)

Required - MAA

Coding description -

- 10=Acute care;
- 20=Rehabilitation care;
- 21=Rehabilitation care delivered in a designated unit;
- 22=Rehabilitation care according to a designated program
- 23=Rehabilitation care is the principle clinical intent
- 30=Palliative care;
- 31=Palliative care delivered in a designated unit;
- 32=Palliative care according to a designated program
- 33=Palliative care is the principle clinical intent
- 40=Geriatric Evaluation and management
- 50=Psychogeriatric care
- 60=Maintenance care
- 70=Newborn care
- 80=Other admitted patient care
- 90=Organ procurement - posthumous
- 100=Hospital boarder

Items 38 and 39 will amend the Data item name for item 46 in Part 5 of Schedule 7 to 'Non-certified days of stay' and the Coding description by adding '0=no, non-certified days' in order to more accurately reflect the data item and data requirements.

Item 40 will amend the name of item 47 in Part 5 of Schedule 7 to Principal diagnosis to be consistent with NHDD nomenclature.

Item 41 will amend the name of item 49 in Part 5 of Schedule 7 to Procedure to be consistent with NHDD nomenclature.

Items 42 and 43 will respectively amend the name of the Data items for items 51 and 54 in Part 5 of Schedule 7 by adding '/ADA code' and '/ADA codes' to accurately reflect the valid types of codes.

Items 44 will amend the name of the Data item for item 52 in Part 5 of Schedule 7 to 'Principal CMBS item date' to more accurately reflect the nature of the item.

Items 45 and 46 will respectively amend the name of the Data item and the Coding description for item 53 in Part 5 of Schedule 7 to be consistent with the NHDD as follows:

Data item - 'Minutes of operating theatre time'

Coding description - 'Total time (in minutes) spent by patient in operating theatres during the current episode of hospitalisation'.

Items 47 and 48 will respectively amend the name of the Data item and the Coding description for item 55 in Part 5 of Schedule 7 to be consistent with the NHDD nomenclature and definition as follows:

Data item - 'Number of days of hospital in the home care'

Coding description - 'The number of hospital in the home days occurring within the episode of care for the patient. 0 = not applicable'

Item 49 will amend the Coding description of item 57 in Part 5 of Schedule 7 by adding two additional valid values to bring the definition in line with that which appears in the NHDD. The additional values are:

3 = Not permitted to be reported under legislative arrangements in the jurisdiction

8 = Not applicable

Items 50 and 51 will respectively amend the name of the Data item and the Coding description for item 59 in Part 5 of Schedule 7 to be consistent with the NHDD nomenclature and definition as follows:

Data item - 'Urgency of admission'

Coding description -

'1 = Urgency status assigned - Emergency

2 = Urgency status assigned - Elective

3 = Urgency status not assigned

9 = Not known/not reported'

Items 52 and 53 will respectively amend the name of the Data item and the Coding description for item 60 in Part 5 of Schedule 7 to be consistent with the NHDD nomenclature and definition as follows:

Data item - 'Inter-hospital contracted patient'

Coding description -

'1 = Inter-hospital contracted patient from public sector hospital  
2 = Inter-hospital contracted patient from private sector hospital  
3 = Other  
9 = Not reported'

Item 54 will amend the name of Data item 65 in Part 5 of Schedule 7 to 'Provider (hospital) code of facility from which transferred' to maintain consistency of nomenclature with item 3 in Part 5 of Schedule 7.

Item 55 will amend the name of Data item 65 in Part 5 of Schedule 7 to 'Provider (hospital) code of facility to which transferred' to maintain consistency of nomenclature with item 3 in Part 5 of Schedule 7.

Item 56 will amend the Coding description of item 67 in Part 5 of Schedule 7 by modifying the valid codes as follows so that they are consistent with the NHDD definition for a closely related item.

The coding of '6 = usual residence' is replaced by '8 = died  
9 = usual residence/other

Item 57 will amend the Coding description of item 68 in Part 5 of Schedule 7, so that it is consistent with the definition for the same item in Part 4 of Schedule 7, to read:

'Approved gap scheme identifier in the format <Fund ID><two digit code>. Blank indicates that no part of the episode was covered by a gap cover scheme.' This format for the identifier has been agreed with health funds.

Item 58 will replace Part 6 with a new Part 6 that includes an updated Table of health benefits organizations including approved name changes and identifiers.

Item 59 will insert new Parts 7 and 8 in Schedule 7. New Part 7 will introduce a specified file structure and record content for a prosthetic record which is to be provided whenever a hospital episode involves the supply of a prosthesis to the patient. The data items specify the type and number of the prosthesis as well as the amount charged for it and the benefit paid. The data obtained from these records will be used to monitor and report on the changed funding arrangements for the supply and application of prosthetics. New Part 8 will introduce a specified file structure and record content for an AN-SNAP (Australian National Sub-acute and Non-acute Patient) record that is to be provided for episodes involving rehabilitation where that rehabilitation is provided under an AN-SNAP funding arrangement between the hospital and the fund. The data items specify the episode type (overnight or same day), the admission and discharge FIM (Functional Independence Measure) scores, a Functional Impairment Code, an Assessment Only identifier, and the AN-SNAP class. The data obtained from these records will be used to monitor and report on the operation of AN-SNAP funding arrangements.