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## National Health Amendment Regulations 2002 (No. 1)<sup>1</sup>

Statutory Rules 2002 No. <sup>1</sup>/<sub>2</sub>

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I, PETER JOHN HOLLINGWORTH, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *National Health Act 1953*.

Dated 30 OCT 2002 2002

**PETER HOLLINGWORTH**  
Governor-General

By His Excellency's Command

KAY PATTERSON  
Minister for Health and Ageing

**1 Name of Regulations**

These Regulations are the *National Health Amendment Regulations 2002* (No.   ).

**2 Commencement**

These Regulations commence on gazettal.

**3 Amendment of *National Health Regulations 1954***

Schedule 1 amends the *National Health Regulations 1954*.

**Schedule 1 Amendments**

(regulation 3)

**[1] Paragraph 49B (1) (g)**

*substitute*

- (g) Australian Refined Diagnosis Related Groups Definitions Manual Version 4.1;
- (h) Australian Refined Diagnosis Related Groups Definitions Manual Version 4.2;
- (i) Australian Refined Diagnosis Related Groups Definitions Manual Version 5.0.

**[2] Schedule 7, Part 1, item 2, definition of *NHDD***

*substitute*

*NHDD* means version 10 of the National Health Data Dictionary, published in 2001.

**[3] Schedule 7, Part 1, after item 4***insert*

- 4A. If a hospital episode includes the supply of a prosthesis, the prosthetic record supplied to the Department by a fund for the episode must comply with Part 7 (*File structure and record content: prosthetic record*).
- 4B. If a patient is treated in a hospital under an AN-SNAP funding agreement between the hospital and a fund, the AN-SNAP record supplied to the Department by the fund for the hospital episode must comply with Part 8 (*File structure and record content: AN-SNAP record*).

**[4] Schedule 7, Part 2, item 3, column 2***substitute*

CMBS item/Miscellaneous service code/ADA code

**[5] Schedule 7, Part 2, item 6, column 2***substitute*

Fund medical benefit

**[6] Schedule 7, Part 2, item 9***substitute*

9	Gap cover scheme identifier	66	5	1
10	Total record length	70		

**[7] Schedule 7, Part 3, item 15, column 2***substitute*

Total prostheses charge

**[8] Schedule 7, Part 3, item 16, column 2***substitute*

Total prostheses benefit

**[9] Schedule 7, Part 3, item 27, column 2***substitute*

Total item charges

**[10] Schedule 7, Part 3, item 39, column 2***substitute*

Infant weight, neonate, stillborn

**[11] Schedule 7, Part 3, items 44 to 68***substitute*

44	Care type	219	3	1
45	Total leave days	222	4	1
46	Non-certified days of stay	226	4	1
47	Principal diagnosis	230	5	1
48	Additional diagnosis	235	5	19
49	Procedure	330	7	20
50	Same-day status	470	1	1
51	Principal CMBS item number/Miscellaneous service/ADA code	471	14	1
52	Principal CMBS item date	485	8	1
53	Minutes of operating theatre time	493	4	1
54	Secondary CMBS item number/Miscellaneous service code/ADA code	497	14	9

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55	Days of hospital in the home care	623	2	1
56	Total psychiatric care days	625	3	1
57	Mental health legal status	628	1	1
58	ICU hours	629	4	1
59	Urgency of admission	633	1	1
60	Inter-hospital contracted patient	634	1	1
61	Palliative care status	635	1	1
62	Unplanned readmission within 28 days	636	1	1
63	Unplanned theatre visit during episode	637	1	1
64	Marital status	638	1	1
65	Provider (hospital) code of facility from which patient transferred	639	8	1
66	Provider (hospital) code of facility to which patient transferred	647	8	1
67	Discharge intention on admission	655	1	1
68	Gap cover scheme identifier	656	5	1
69	Total record length	660		

**[12] Schedule 7, Part 4, item 3, column 2**

*substitute*

CMBS item/Miscellaneous service code/ADA code

**[13] Schedule 7, Part 4, item 6, column 2**

*substitute*

Fund medical benefit

**[14] Schedule 7, Part 4, after item 8**

*insert*

9	Gap cover scheme identifier	A(5)	MAA	Approved gap scheme identifier in the format <Fund ID><two digit code>  Blank indicates no gap cover scheme applied for this medical service
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**[15] Schedule 7, Part 5, item 2, column 5**

*after*

(Part 4)

*insert*

, the prosthetic record (Part 7) and the AN-SNAP record (Part 8)

**[16] Schedule 7, Part 5, item 3, column 5**

*substitute*

The hospital provider number  
OVERSEAS = overseas provider

**[17] Schedule 7, Part 5, item 5, column 5**

*after*

N = a hospital with which the fund does not have a contract

*insert*

T = a hospital that is paid under 2nd Tier benefit arrangement  
B = a hospital that is paid under a 'Bulk payment' arrangement

**[18] Schedule 7, Part 5, items 15 and 16***substitute*

15	Total prostheses charge	N(5)	MAA	<p>The total amount (rounded to the nearest dollar) that a hospital has charged for all prostheses used as part of an episode of care</p> <p>0 = no prosthesis charge billed</p> <p>Blanks only valid if a prosthesis charge was not separately identified but billed under another charge item</p>
16	Total prostheses benefit	N(5)	MAA	<p>The total amount (rounded to the nearest dollar) that a health fund has paid as a benefit for all prostheses used as part of an episode of care</p> <p>0 = no prosthesis charge paid</p> <p>Blanks only valid if a prosthesis charge was not separately identified but paid under another charge item</p>

**[19] Schedule 7, Part 5, item 23, column 5***omit*

Blank = there is a FED but the amount is unknown

**[20] Schedule 7, Part 5, item 25, column 5***substitute*

The ancillary charges incurred during the episode and billed against an ancillary table

0 = no ancillary charges incurred during the episode

**[21] Schedule 7, Part 5, item 26, column 5***substitute*

The ancillary benefits paid for charges billed as occurring during the episode

0 = no ancillary benefits paid during the episode

**[22] Schedule 7, Part 5, item 27***substitute*

27	Total item charges	N(6)	MAA	The total amount (rounded to the nearest dollar) of all item charges shown in Part 4 associated with the episode of care
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**[23] Schedule 7, Part 5, item 30, column 5***substitute*

The patient's residential postcode

9999 = unknown postcode

**[24] Schedule 7, Part 5, item 31, column 5***omit*

0 = unknown

*insert*

3 = indeterminate

9 = not stated/inadequately described

**[25] Schedule 7, Part 5, item 36, column 5***substitute*

The DRG code which best classifies the episode of care using an Australian National or Refined Diagnosis Related Group classification

Blank filled if not known

**[26] Schedule 7, Part 5, item 37, column 5***after*

41 = version 4.1

*insert*

42 = version 4.2

50 = version 5.0

**[27] Schedule 7, Part 5, item 39***substitute*

39	Infant weight, neonate, stillborn	N(4)	MAA	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 9 000g) on the date admitted if this is different from the date of birth  0 = not applicable
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**[28] Schedule 7, Part 5, item 40, column 5***substitute*

The number of hours, rounded to the nearest hour, that the patient received mechanical ventilation during the episode

0 = no mechanical ventilation

**[29] Schedule 7, Part 5, item 41, column 5***substitute*

- 1 = discharge or transfer to an 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 or type change
- 6 = left against medical advice or discharge at own risk
- 7 = statistical discharge from leave
- 8 = died
- 9 = other (includes discharge to home or usual place of residence)

**[30] Schedule 7, Part 5, item 44***substitute*

44	Carc type	N(3)	MAA	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 principal clinical intent 30 = palliative care 31 = palliative care delivered in a designated unit 32 = palliative care according to a designated program
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33 = palliative care is  
the principal 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

**[31] Schedule 7, Part 5, item 46**

*substitute*

46	Non-certified days of stay	N(4)	MAA	The number of days spent in the hospital, without certification, that exceeded 35 days  0 = no non-certified days
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**[32] Schedule 7, Part 5, item 47, column 2**

*omit*

code

**[33] Schedule 7, Part 5, item 49, column 2**

*omit*

codes

**[34] Schedule 7, Part 5, item 51, column 2***substitute*

Principal CMBS item number/Miscellaneous service code/ADA code

**[35] Schedule 7, Part 5, item 52, column 2***substitute*

Principal CMBS item date

**[36] Schedule 7, Part 5, item 53***substitute*

53	Minutes of operating theatre time	N(4)	MAA (sameday patients only)	Total time (in minutes) spent by a patient in operating theatres during current episode of hospitalisation
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**[37] Schedule 7, Part 5, item 54, column 2***substitute*

Secondary CMBS item numbers/Miscellaneous service codes/ADA codes

**[38] Schedule 7, Part 5, item 55***substitute*

55	Days of hospital in the home care	N(2)	MAA (Hospital-in-home episodes only)	The number of hospital in the home days occurring within the episode of care for the patient 0 = not applicable
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**[39] Schedule 7, Part 5, item 57, column 5***after*

2 = voluntary patient

*insert*

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

8 = not applicable

**[40] Schedule 7, Part 5, items 59 and 60***substitute*

59	Urgency of admission	N(1)	OPA	<p>1 = urgency status assigned — emergency</p> <p>2 = urgency status assigned — elective</p> <p>3 = urgency status not assigned</p> <p>9 = not known/not reported</p>
60	Inter-hospital contracted patient	N(1)	OPA	<p>1 = inter-hospital contracted patient from public sector</p> <p>2 = inter-hospital contracted patient from private sector</p> <p>3 = other</p> <p>9 = not reported</p>

**[41] Schedule 7, Part 5, item 65, column 2***substitute*

Provider (hospital) code of facility from which transferred

**[42] Schedule 7, Part 5, item 66, column 2***substitute*

Provider (hospital) code of facility to which transferred

**[43] Schedule 7, Part 5, item 67, column 5***omit*

6 = usual residence

*insert*

8 = died

9 = usual residence/other

**[44] Schedule 7, Part 5, item 68, column 5***substitute*

Approved gap scheme identifier in the format &lt;Fund ID&gt;&lt;two digit code&gt;

Blank = no part of the episode was covered by a gap cover scheme

**[45] Schedule 7, Part 6***substitute***Part 6 Registered health benefits organisations**

Item	Name	Identifier
1	A.C.A. Health Benefits Fund	ACA
2	A.M.A. Health Fund Limited	AMA
3	Australian Health Management Group Limited	AHM
4	Australian Unity Health Limited	AUF
5	AXA Australia Health Insurance Pty Ltd	AXA
6	CBHS Friendly Society Limited	CBH
7	Ccssnock District Health Benefits Fund Limited	CDH

Item	Name	Identifier
8	Credicare Health Fund Limited	CPS
9	Defence Health Limited	AHB
10	Federation Health	YMH
11	GMHBA Limited	GMH
12	Goldfields Medical Fund (Inc)	GMF
13	Grand United Corporate Health Limited	FAI
14	Grand United Health Fund Pty Ltd	GUF
15	HBF Health Funds Inc	HBF
16	Health Care Insurance Ltd	HCI
17	Healthguard Health Benefits Fund Limited	HHB
18	Health Insurance Fund of WA	HIF
19	Health-Partners Inc	SPS
20	Hospital Benefits Association Limited	HBA
21	Hospital Contribution Fund of Australia Limited, The	HCF
22	I.O.R. Australia Pty Ltd	IOR
23	IOOF Health Services Ltd	IOF
24	Latrobe Health Services Inc	LHS
25	Lysaght Peoplecare	LHM
26	Manchester Unity Australia Ltd	MUI
27	Medibank Private Limited	MBP
28	Medical Benefits Fund of Australia Ltd	MBF
29	Mildura District Hospital Fund Limited	MDH
30	Mutual Community Ltd	MCL
31	N.I.B. Health Funds Limited	NIB
32	National Mutual Health Insurance	NMH
33	Naval Health Benefits Society	NHB
34	NRMA Health Pty Ltd	SGI
35	Phoenix Health Fund Limited	PWA
36	Queensland Country Health Limited	MIM

Item	Name	Identifier
37	Railway and Transport Employees' Friendly Society Health Fund Ltd	RTE
38	Reserve Bank Health Society Ltd	RBH
39	South Australian Police Employees' Health Fund Inc	SPE
40	St Luke's Medical and Hospital Benefits Association Limited	SLM
41	Teachers Federation Health Ltd	NTF
42	Transition Benefits Fund Pty Ltd	TBF
43	Transport Friendly Society Ltd	TFS
44	United Ancient Order of Druids Friendly Society Limited	UAD
45	United Ancient Order of Druids Registered Friendly Society Grand Lodge of New South Wales	UAF
46	Western District Health Fund Ltd	WDH

## Part 7 File structure and record content: prosthetic record

Item	Data item	Start Position	Field size	Required	Coding description
1	Fund identifier	1	A(3)	MAA	See fund codes
2	Link identifier	4	A(24)	MAA	A unique identifier of an episode that links Data items from this Part (Part 7) to the medical record (Part 4) and the hospital episode record (Part 5). The fund may encrypt the membership identifier for this purpose

Item	Data item	Start Position	Field size	Required	Coding description
3	Prosthetic item	28	A(5)	MAA	Billing code in the format AA999 as specified in the database of prosthetic items maintained by the Department
4	Number of prosthetic items	33	N(3)	MAA	Number of prosthetic items identified in item 3 used
5	Prosthetic item charge	36	N(5)	MAA	Total charge for prosthetic items identified in item 3 (including the supply charge where relevant)
6	Prosthetic item benefit	41	N(5)	MAA	Total benefit for prosthetic items identified in item 3 (including the supply benefit where relevant)

## Part 8 File structure and record content: AN-SNAP record

Item	Data item	Start position	Field size	Coding description
1	Fund identifier	1	A(3)	See fund codes
2	Link identifier	4	A(24)	A unique identifier of an episode that links Data items from this Part (Part 8) to the medical record (Part 4) and the hospital episode record (Part 5). The fund may encrypt the membership identifier for this purpose

Item	Data item	Start position	Field size	Coding description
3	Episode type	28	A(1)	O = overnight admitted patient S = sameday admitted patient
4	Admission FIM Item Scores	29	N(1) (17 Repeats)	<p>The FIM score on admission for each of the 18 FIM motor and cognition items. Each item has a maximum score of 7 and a minimum score of 1. Total scores can range from 18 to 126. Admission data must be collected within 72 hours after admission. Guide for Uniform Data Set for Medical Rehabilitation procedures for scoring the FIM should be followed. FIM scores are as follows:</p> <p><b>No helper:</b> 7 = complete independence 6 = modified independence</p> <p><b>Helper:</b> 5 = supervision or set up 4 = minimal assistance 3 = moderate assistance 2 = maximal assistance 1 = total assistance</p> <p>Blank entries not valid for these fields</p>

Item	Data item	Start position	Field size	Coding description
5	Discharge FIM Item Scores	47	N(1) (17 Repeats)	<p>The FIM score on discharge for each of the 18 FIM motor and cognition items. Each item has a maximum score of 7 and a minimum score of 1. Total scores can range from 18 to 126. Discharge data must be collected within 72 hours prior to discharge. Guide for Uniform Data Set for Medical Rehabilitation procedures for scoring the FIM should be followed. FIM scores are as follows:</p> <p><b>No helper:</b>  7 = complete independence  6 = modified independence</p> <p><b>Helper:</b>  5 = supervision or set up  4 = minimal assistance  3 = moderate assistance  2 = maximal assistance  1 = total assistance</p> <p>Blank entries not valid for these fields</p>

Item	Data item	Start position	Field size	Coding description
6	Functional Impairment Codes	65	A(7)	<p>The Impairment Code (Version 5.0 UDS excluding 'Medically Complex') that best describes the primary reason for admission to the episode. To be coded as specifically as possible, avoiding the use of impairment group 13 ('Other Disabling Impairments') where possible. Entry should consist of:</p> <ul style="list-style-type: none"> <li>• 2 digits representing impairment group</li> <li>• a decimal point</li> <li>• up to 4 digits that represent more specific categories within impairment groups</li> </ul>
7	Assessment Only	72	N(1)	<p>AN-SNAP has separate classes for Assessment Only episodes. Assessment Only occurs when the patient was seen once only for assessment or treatment and no further intervention by this service team is planned to occur within the next 90 days. If a patient is booked or seen for subsequent treatment within 90 days, the episode is not Assessment Only. If a patient is booked for subsequent assessment (but not treatment), the episode is Assessment Only.</p> <p>Record: 1 = Yes 2 = No</p>

Item	Data item	Start position	Field size	Coding description
8	AN-SNAP Class	73	N(3)	The AN-SNAP class to which the episode is assigned. This can be derived from items in this Part together with patient 'age' (from date of birth). May be blank filled if not known

### Notes

- These Regulations amend Statutory Rules 1954 No. 35, as amended by 1957 No. 71; 1958 No. 63; 1962 Nos. 55, 70 and 113; 1965 Nos. 17, 94 and 185; 1966 No. 99; 1967 No. 86; 1969 Nos. 91 and 220; 1970 Nos. 70 and 166; 1971 Nos. 28, 76, 103 and 138; 1972 No. 79; 1973 Nos. 17, 75, 111, 221, 225 and 267; 1974 Nos. 52, 104, 105, 113 and 263; 1975 Nos. 14, 49, 66, 100, 124, 165 and 207; 1976 Nos. 113, 217 and 227; 1977 Nos. 11, 34, 51 and 112; 1978 Nos. 66, 178, 208 and 266; 1979 Nos. 59, 107, 208 and 231; 1980 Nos. 84, 292 and 309; 1981 Nos. 43, 97, 115, 232 and 318; 1982 Nos. 38, 82, 84, 250 and 284; 1983 Nos. 45, 247 and 267; 1984 Nos. 66, 161, 200, 308, 322 and 427; 1985 Nos. 86, 136, 186, 187, 206 and 288; 1986 Nos. 47, 53, 208, 330, 353 and 360; 1987 Nos. 50, 76, 100 and 310; 1989 Nos. 291, 292 and 334; 1990 Nos. 24, 86, 114, 292, 335 and 396; 1991 Nos. 40, 41, 232, 262, 263, 310 and 339; 1992 Nos. 136 and 187; 1993 Nos. 48, 85, 153, 260, 261, 273, 280 and 284; 1994 Nos. 2, 9, 106, 139, 201, 253, 256, 296, 349 and 451; 1995 Nos. 1, 14, 34, 52, 109, 116, 161, 220, 288, 289, 408 and 410; 1996 Nos. 46, 183 and 333; 1997 Nos. 16, 58, 133, 160, 179 and 353; 1998 Nos. 18, 73 and 262; 1999 Nos. 18, 140, 162, 174, 175, 236, 288 and 289; 2000 Nos. 2, 218, 242 and 315; 2001 Nos. 14, 67, 123 and 282.
- Notified in the *Commonwealth of Australia Gazette* on / 2002. 6 November