

PHI Act Data Specifications 2025-26

Changes effective for data with separation month from July 2025 onwards

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1.Implementation

For PHDB (hospital to department), HCP (hospital to insurer), HCP1 (insurer to department), HCP2 (insurer to department) and GT-Dental (insurer to department), these proposed changes to data specifications are designed to apply to hospital separation data with separation month from July 2025 onwards, i.e. data relating to the 2025-26 financial year and following years.

Changes in this summary document are correspondingly indicated **IN RED** in the associated data specification spreadsheets for each collection.

2. Update to ICD-10-AM/ACHI Thirteenth Edition

Data items: Principal Diagnosis, Additional Diagnosis and Procedure

Data Sets: HCP, HCP1 and PHDB

Reason: The Thirteenth edition of the ICD-10-AM/ACHI will be implemented from 1 July 2025.

Changes:

- Header records to specify ICD-10-AM/ACHI Thirteenth edition.

Header record HCP (same change required in PHDB)

Item No	Data Item	Obligation	Comments	Edit Rules	Error Code/s
11	ICD Version	M	ICD Version – 10.12 = 1012 ICD Version - 10.13 = 1013	Reject if not a valid ICD version	HE11

- Update METeOR references to include condition onset flag and to version 10.13.

HCP – Episode – revised METeOR references (same change required in HCP1 and PHDB)

Data Item	METeOR identifier
Principal Diagnosis	746665-686100 and 793125
Additional Diagnosis	746667-686100 and 793130
Procedure	746669-796208

- Update the diagnosis code and procedure code lookup tables to change to the Thirteenth edition of the ICD-10-AM/ACHI.

Data Collection	Data Items	Lookup Tables	Updated to
PHDB	Principal Diagnosis, Additional Diagnosis, Procedure	Diagnosis Codes Procedure Codes	Thirteenth Edition
HCP	Principal Diagnosis, Additional Diagnosis, Procedure	Diagnosis Codes Procedure Codes	Thirteenth Edition
HCP1	Principal Diagnosis, Additional Diagnosis, Procedure	Diagnosis Codes Procedure Codes	Thirteenth Edition

3.Update to AR-DRG version

Data items: AR-DRG version

Data Sets: HCP, HCP1 and PHDB

Changes: AR-DRG version 12.0 added to the list of AR-DRG versions

Reason: AR-DRG version 12.0 will be released on 1 July 2025

HCP – Episode – revised field (same changes required in HCP1 & PHDB)

No	Data Item	METeOR identifier	Obligation	Coding description	Edit Rules	Error code/s
65	AR DRG version		CON	<div>The version of the AR-DRG classification:<div><div>41 = version 4.1</div><div>42 = version 4.2</div><div>50 = version 5.0</div><div>51 = version 5.1</div><div>52 = version 5.2</div><div>60 = version 6.0</div><div>6x = version 6.x</div><div>70 = version 7.0</div><div>80 = version 8.0</div><div>90 = version 9.0</div><div>100 = version 10.0</div><div>110 = version 11.0</div><div>120 = version 12.0</div><div>na = version n.a</div></div></div> <div>Must be supplied if DRG code is provided at item 15</div> <div>This field supersedes previous 'DRG version' field (Item 16)</div>	<div>If present, identify record if not (41, 42, 50, 51, 52, 60, 6x, 70, 80, 90, na, 100, 110, 120)</div> <div>Identify record if blank and DRG code is provided (Item 15)</div>	<div>EW065.0</div> <div>EW065.1</div>

4. Mode of separation and Provider Number of Hospital to which transferred

Data item: Mode of separation

Datasets: HCP, HCP1 and PHDB

Changes: Move to new METeOR ([722644](#)) item with corresponding revised values and labels.

Reason: To be consistent with AIHW Admitted Patient Care National Minimum Data Set (NMDS) and to improve data quality.

HCP – Episode – revised field (same changes required in HCP1 & PHDB)

No	Data Item	METeOR identifier	Obligation	Coding description	Edit Rules	Error code/s
30	Mode of Separation	270094 722644	M	<p>Status at separation of person (discharge/transfer/death) and place to which person is released, as represented by a code.</p> <p>1 = discharge/transfer to an(other) acute hospital 2 = discharge/transfer to a residential aged care service, unless this is the usual place of residence 3 = discharge/transfer to an(other) psychiatric hospital 4 = discharge/transfer to other health care accommodation (includes mothercraft hospitals) 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 usual residence, own accommodation or welfare institution (includes prisons, hostels and group homes providing primarily welfare services))</p> <p>10 Discharge/transfer to (an)other acute hospital 21 Discharge/transfer to a residential aged care service, which is not the usual place of residence 22 Discharge/transfer to a residential aged care service, which is the usual place of residence 30 Discharge/transfer to (an)other psychiatric hospital 40 Discharge/transfer to other health care accommodation (includes mothercraft hospitals) 50 Statistical discharge - type change 60 Left against medical advice/discharge at own risk 70 Statistical discharge from leave</p>	<p>Reject record if not (1, 2, 3, 4, 5, 6, 7, 8, 9, 01, 02, 03, 04, 05, 06, 07, 08 or 09).</p> <p>Reject record if not (10, 21, 22, 30, 40, 50, 60, 70, 80 or 90)</p>	EE030

				80 Died 90 Other (includes discharge to usual residence (not including residential aged care), own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services))		
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Data item: Provider Number of Hospital to which transferred

Datasets: HCP, HCP1 and PHDB

Changes: Updating edit rules and coding description

Reason: To reference the updated coding descriptions made to 'Mode of separation' data item. The HCP – Episode edit rules are also updated to include 'and item 33 is not blank' for consistency with HCP1 and PHDB, which was not previously changed due to an oversight.

HCP – Episode – revised field (same changes required in HCP1 & PHDB)

No	Data Item	METeOR identifier	Obligation	Coding description	Edit Rules	Error code/s
33	Provider Number of Hospital to which transferred		M	The Commonwealth-issued hospital provider number for the hospital to which a patient has been transferred. Blank fill if no hospital transfer (Provider number required only when HCP item number 30 is reported as: 1 10 = Discharge/transfer to an(other) acute hospital, or 3 30 = Discharge/transfer to a(nother) psychiatric hospital) Overseas hospitals to be coded as OVERSEAS	Reject record if Mode of Separation (item 30) is 1 10 or 3 30 and item 33 is not a valid 8 character Commonwealth provider number or OVERSEAS. Reject record if Mode of Separation (item 30) is 2 21, 2 2, 5 50, 6 60, 7 70, 8 80 or 9 90 and item 33 is not blank.	E033 EE033.1

5. Birth weight of infant, neonate, stillborn

Data item: Birth weight of infant, neonate, stillborn

Dataset: HCP, HCP1 and PHDB

Changes: Update to edit rules.

Reason: Coding description changed to be consistent with AIHW Admitted Patient Care National Minimum Data Set (NMDS) and to improve data quality. Changes to edit rules terminology 'LOS' to 'Age (at admission)' to prevent misinterpretation of calculation, noting the edit rules and calculation has not changed.

HCP – Episode – revised field (same changes required in HCP1 and PHDB)

No	Data Item	METeOR identifier	Obligation	Coding description	Edit Rules	Error code/s
28	Birth weight of infant, neonate, stillborn	310245	M	<p>The first weight of the live born or stillborn baby obtained after birth, or the weight of the neonate or infant on the date admitted if this is different from the date of birth, measured in grams.</p> <p>For live births, birthweight should preferably be measured within the first hour of life before significant postnatal weight loss has occurred. While statistical tabulations include 500 gram groupings for birthweight, weights should not be recorded in those groupings. The actual weight should be recorded to the degree of accuracy to which it is measured.</p> <p>Weight on the date the infant is admitted should be recorded if the weight is less than or equal to 9000g and age is less than 365 days. An entry of 0000 means the patient's age >= 365 days or weight was > 9000 grams.</p> <p>The value 9999 may be used to denote that the infant weight was unknown/not reported for a patient under 365 days old.</p>	<p>Reject record if not numeric</p> <p>Identify record if weight > 9000g and LOS Age (at admission) <= 365</p> <p>Identify record if weight > 0 and LOS Age (at admission) > 365 days where, LOS Age (at admission) = Admission date (item 9) - Date of Birth (item 6)</p>	<p>EE028</p> <p>EW028.0</p> <p>EW028.1</p>

6.Front end deductible

Data item: Front end deductible

Dataset: HCP1

Change: Update to coding description.

Reason: To provide clarity on data item

HCP1 – Episode – revised field

No	Data Item	METeOR identifier	Obligation	Coding description	Edit Rules	Error code/s
23	Front end deductible		MAA	<p>The amount of Front End Deductible (excess) deducted from the benefit otherwise payable by the Insurer to the hospital.</p> <p>All policy holder contributions that would have otherwise been payable by the insurer to the hospital. This would include an excess and daily co-payment/s if specified in a patient's health insurance product.</p> <p>Zero fill if no Front end deductible (FED) applicable.</p>	<p>Reject record if not numeric</p> <p>Reject record if sum of Total hospital benefits and FED > Total hospital charges (allow 5 cent tolerance)</p>	<p>EE023.1</p> <p>EE023.2</p>

7.Sex

Data item: Sex

Dataset: GT-Dental, HCP, HCP1, HCP2 and PHDB

Change: Move to new METeOR revised coding description

Reason: To be consistent with Admitted Patient Care National Minimum Data Set (NMDS)

HCP – Episode – revised field (same change required in GT-Dental, HCP1, HCP2 and PHDB)

No	Data Item	METeOR identifier	Obligation	Coding description	Edit Rules	Error code/s
8	Sex	741686	M	<p>Sex is understood in relation to sex characteristics, such as chromosomes, hormones and reproductive organs.</p> <p>Sex is often used interchangeably with gender, however they are distinct concepts and it is important to differentiate between them.</p> <p>1 = Male</p> <p>2 = Female</p> <p>3 = Other Another term</p> <p>9 = Not stated / inadequately described</p>	Reject record if not (1, 2, 3 or 9)	EE008

8.Care type

Data item: Care Type

Dataset: HCP, HCP1 and PHDB

Change: Reject error code introduced in 2024-25 is replaced with a warning error code. This change was made in the data submission portal from October 2024.

Reason: To address stakeholder concerns regarding the reject rule.

HCP – Episode – revised field (same change required in HCP1 and PHDB)

No	Data Item	METeOR identifier	Obligation	Coding description	Edit Rules	Error code/s
20	Care Type	711010	M	<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 (care other than admitted care), as represented by a code.</p> <p><u>Admitted care</u></p> <ul style="list-style-type: none"> 1 Acute care 2 Rehabilitation care 3 Palliative care 4 Geriatric evaluation and management 5 Psychogeriatric care 6 Maintenance care 7 Newborn care 11 Mental health care 88 Other admitted patient care <p><u>Care other than admitted care</u></p> <ul style="list-style-type: none"> 9 Organ procurement—posthumous 10 Hospital boarder 	<p>Reject record if not (1, 2, 3, 4, 5, 6, 7, 9, 10, 11 or 88)</p> <p>(Reject record if not in correct format: must be left justified and followed by blank(s))</p> <p>Reject Identify record if 7 and Number of Qualified Days for Newborns (item 61) is not >0000</p>	<p>EE020</p> <p>EE020.1</p> <p>EW020.1</p>

9. Other changes

Data item: Explanatory notes – Other charges/benefits definition
Dataset: HCP, HCP1 and PHDB
Change: To update 'prosthesis' to 'medical device or human tissue'
Reason: To align with changes made in the 2023/24 data specifications, this was not changed due to an oversight.

Other charges/benefits – refer to services which cannot be categorised as accommodation, theatre, labour, ICU, pharmacy, ~~prosthesis~~ **medical device or human tissue product**, bundled, SCN, CCU or HITH. It excludes ex-gratia charges, television, phone calls, extra meals, FED, reversals or journal adjustments.

Data item: AN-SNAP Version
Dataset: HCP and HCP1
Change: METeOR identifier from data element to a data element concept.
Reason: Values in the METeOR data element in do not align to the data item description in HCP and HCP1.

HCP – AN-SNAP – revised field (same change required in HCP1)

No	Data Item	METeOR identifier	Obligation	Coding description	Edit Rules	Error code/s
17	AN-SNAP Version	448983 <u>448978</u>	M	The version of the AN-SNAP Classification used to report item 16. 02 = AN-SNAP Version 2 03 = AN-SNAP Version 3 04 = AN-SNAP Version 4 05 = AN-SNAP Version 5	Reject record if not (02, 03, 04 or 05) and episode type = O If present, reject if not numeric. Identify record if episode type = S and not 04 or 05 or blank fill.	AE017 AE017.1 AW017.1