

Specification of data for External Organisations – 1 November 2005

The data is provided in a number of record types per item number:

Record type	Description	Mandatory/Optional
10	Item details	Mandatory
20	Fee details	Mandatory if the item is a normal item
30	Derived fee details	Mandatory if the item is a derived fee item
40	Anaesthetic details	Optional
50	Description details	Mandatory

For each item there will be:

- 1 item details record
- 1 fee details record OR a number of derived fee detail records describing the manner in which the fee is calculated
- 1 anaesthetic detail record (optional)
- The item description is the full item description. The legal description for the item appears in the relevant legislative instrument of the Health Insurance Act 1973.

Record Specifications

LEGEND	A – Alphanumeric
	N – Numeric
	M – Mandatory
	O – Optional

Record Type 10 – Item Details Record

<i>Field</i>	<i>Format</i>	<i>Description</i>
Record type	N2 M	10
Item #	N5 M	Item number
Sub-item #	N3 O	Sub-item number for precedent items (ie 30000 items)
Start date	A10 dd.mm.yyyy M	Date item commenced
End date	A10 dd.mm.yyyy O	Date item ceased
Category	A3 M	The Category the item relates to
Group	A3 M	The Group the items relates to
Subgroup	A3 M	The Subgroup the item relates to
Item type	A1 M	The item type (ie S for standard, P for precedent or D for Ministerial Determination)
Fee type	A1 M	N – Normal fee D – Derived fee
Provider type	A3 O	the provider category applicable to the item
New item indicator	A1 O	Y – if the item is a new item
Item change indicator	A1 O	Y – if the item number changed

Anaesthetic change indicator	A1 O	Y – if a change has occurred in the anaesthetic units
Descriptor change indicator	A1 O	Y – if a change has occurred in the item description
Fee change indicator	A1 O	Y – if a change has occurred in the fee
Benefit indicator	A1O	A - benefit paid at 75% only B - benefit paid at 85% only C - benefit paid at 75% and 85% only D - benefit paid at 75% and 100% only E - benefit paid at 100% only
Benefit Start date	A10 dd.mm.yyyy	Date which benefit levels changed

Record Type 20 – Fee Details Record

This record must be present if the item is a normal fee item (Fee type “N”)

<i>Field</i>	<i>Format</i>	<i>Description</i>
Record type	N2	20
Start date	A10 dd.mm.yyyy M	Date current Schedule fee commenced
Schedule fee	N5.2 M	The Schedule fee
Benefit 1	N5.2 M	The 75% benefit
Benefit 2	N5.2 M	The 85% benefit
Benefit 3	N5.2 M	The 100% benefit

Record Type 30 – Derived Fee Details Record

Records of this type must be present if the item is derived fee item (Fee type “D”)

<i>Field</i>	<i>Format</i>	<i>Description</i>
Record type	N2 M	30
Start date	A10 dd.mm.yyyy M	Date current derived fee commenced
Description	A80 M	Derived fee description

Record Type 40 – Anaesthetic Details Record

<i>Field</i>	<i>Format</i>	<i>Description</i>
Record type	N2 M	40
Anaesthetic indicator	A8 M	(Anaes.) – indicates that item attracts an anaesthetic

Record Type 50 – Description Details Record

<i>Field</i>	<i>Format</i>	<i>Description</i>
Record type	N2 M	50
Start date	A10 dd.mm.yyyy M	Date current description commenced
Description	A80 M	The item description is the full item description. The legal description for the item appears in the relevant legislative instrument of the Health Insurance Act 1973.

Provider types

<i>Provider type</i>	<i>Description</i>
AD	Accredited Dental Practitioner
AO	Accredited Orthodontist
AOS	Approved Oral Surgeon
C	Computerised facilities
G	General Practitioner
HR	Hospital Recognised
NC	Non-computerised facilities
OP	Other (non-specialist pathologist)
S	Specialist
SP	Specialist Pathologist