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| Non-admitted public fertility care |
| Reporting guidelines |
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# Introduction

The department maintains data around the provision of a range of non-admitted services in Victoria to:

* provide equitable funding to public hospitals.
* support health services’ planning, policy formulation and epidemiological research.

All public hospitals providing non-admitted services in scope for the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) must report a minimum data set of patient-level data related to their activities. These guidelines have been developed to provide health services with an overview of the reporting requirements for public fertility care.

# Background

Victorians trying to start or grow their family can now access public fertility care in Victoria.

This service, which is the first of its kind in the country, is led by The Royal Women’s Hospital (The Women’s) and Monash Health from two primary hubs located at the services’ Parkville and Clayton campuses.

Partner health services across Victoria support the services’ statewide coverage and provide a range of fertility services closer to home, particularly for rural and regional people. The service is being implemented in a phased approach to ensure safe care for patients and allow time to build the required workforce and infrastructure.

Public fertility care includes in-vitro fertilisation (IVF), fertility preservation, genetic testing, donor and surrogacy services – including Australia’s first public sperm and egg bank – and a range of other assisted reproductive treatments, counselling, information and support.

To be eligible, people will need to be Victorian residents, hold a Medicare card and meet clinical criteria. Patients will need a referral from a general practitioner (GP) or relevant specialist, after which they will be placed on a waiting list for an initial appointment with a specialist at one of the participating health services.

## VINAH MDS

The VINAH MDS model consists of an episode of care around which referral and contact information is collected and reported. The flow of information to the VINAH MDS begins when a healthcare organisation receives a patient referral to their service. The patient is then registered in the health service’s patient administration system (PAS) or electronic medical record (EMR). If the organisation accepts the referral, an episode of care begins. During the course of the episode, the organisation has various contacts with the patient during which services are delivered. At the end of the episode, the patient may be referred to another service.

## AIMS

Acute non-admitted, aggregate patient service events are reported in the AIMS S10 form. Patients who are present in the emergency department and services provided to patients while they are admitted are not reported on these forms. Refer to the [AIMS manual](https://www.health.vic.gov.au/data-reporting/agency-information-management-system-aims) <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems> for further inclusion and exclusion criteria.

Specialist clinics registered on NACMS are listed in the AIMS S10 which records aggregate numbers of service events calculated in accordance with the counting rules detailed in this document.

# Reporting

Public fertility care data are to be reported to the department via the VINAH MDS (patient level) and AIMS S10 (aggregate) form.

At the time of writing these guidelines only two health services have been funded to provide public fertility care – The Women’s and Monash Health.

## Register clinics in NACMS

To enable reporting of public fertility care for specialist clinics, the funded agency should register clinics in the Non-Admitted Clinic Management System (NACMS). The Clinic Identifier (clinic ID) registered in NACMS must be the same as the clinic ID used for reporting through both the AIMS S10 and VINAH MDS.

When registering public fertility care clinics in NACMS and determining the appropriate Tier 2 class, it is important to note the Inclusions and Exclusions for the Tier 2 classes.

Activity undertaken in specialist clinics must be reported against the campus registered for that clinic in NACMS.

## Referral management

All referrals must be managed in line with the department's [Managing referrals to non-admitted specialist services in Victorian public health services](https://dhhsvicgovau.sharepoint.com/sites/DCU-DHHS-GRP/Shared%20Documents/General/Reporting%20Guidelines/https/www.health.vic.gov.au/publications/managing-referrals-to-non-admitted-specialist-services-in-victorian-public-health) <https//www.health.vic.gov.au/publications/managing-referrals-to-non-admitted-specialist-services-in-victorian-public-health>. One referral is required for each patient receiving a non-admitted episode of care. This initially may be for the patient/client seeking fertility services. On receipt of the referral the health service will triage and accept/not accept the referral.

Once a referral has been accepted the patient/client’s episode of care commences and they will attend/not attend the public fertility care clinic(s). One contact is recorded for each attendance/non-attendance. Refer to the VINAH MDS manual for the correct reporting of contacts where the patient is scheduled but does not attend an appointment.

Where it is decided that it is clinically appropriate for the patient/client’s family member/partner/surrogate/ donor to receive individual care or services as a patient/client in their own right (for example clinical consultation, clinical assessments, investigations, tests) a separate referral, either internal or external, is required.

When the patient/client, family member, partner, surrogate, donor etc no longer require public fertility care, and it is clinically appropriate, the episode of care is closed, and they are referred elsewhere.

It is acceptable that a single episode is reported containing non-admitted contacts covering more than one IVF cycle. It is appropriate for a referral to remain open if patients are not undergoing active treatment or intervention but have a potential upcoming intervention.

Refer to the department’s [Managing referrals to non-admitted specialist services in Victorian public health services](http://https/www.health.vic.gov.au/publications/managing-referrals-to-non-admitted-specialist-services-in-victorian-public-health) <https//www.health.vic.gov.au/publications/managing-referrals-to-non-admitted-specialist-services-in-victorian-public-health> for further information regarding referral discharge management.

## Program/Stream

Within the Specialist Clinics (Outpatients) Program/Stream, public fertility care is required to be reported under code 406 - Reproductive medicine and family planning.

## Contact

A contact is defined as a contact between a patient/client or other relevant person (in scope), and a professional associated with a program reporting via the VINAH MDS that results in a dated entry being made in the patient/client record.

A contact must meet all of the following criteria:

* clinically significant in nature;
* provided (or brokered) by an agency funded by a program area that requires reporting via the VINAH MDS;
* for a patient/client who has provided consent (either implied or explicit);
* requires a dated entry in the clinical record of the patient/client (or a reference to a clinical record held by the brokered service);
* have the patient/client directly participating.

Do not report a non-admitted contact for family members, partners, surrogates, donors etc who accompany a patient to an appointment and who do not receive a service meeting the definition of a non-admitted contact.

Administrative contacts are not to be reported to the VINAH MDS or to AIMS. They include (but are not limited to) activities such as:

* allocation meetings
* appointment scheduling
* administrative tasks
* clinically related administrative work (such as reading or researching patient notes for any purpose)
* clinical supervision
* organisation of contracted care (including brokered/sub-contracted) services
* record keeping
* report writing or reviewing
* research on any topic for any purpose
* travel time.

### Account class

The Contact Account Class to be reported is MP – public. The account class of MP – public is in reference to patients who hold a current Medicare card.

Prisoners participating in this service would be at the discretion of Corrections Victoria. Where a prisoner does attend the service report account class JP – prisoner.

No participating health service provider at a health service may bill MBS for their participation in a public fertility care clinic.

### Contracted care arrangements

Should a patient/client, family member, partner, surrogate, donor etc proceed to require clinical services at either a private provider or satellite service it is the responsibility of the funded agency to report this activity. Activity is reported as being under a contract arrangement, with the appropriate Contact Provider code of the contracted agency that has provided the contact on behalf of the funded agency. See Table 1.

A separate referral to the contracted agency/satellite site is not required to be reported because the funded agency is reporting the activity. The contracted agency/satellite site is not required to register clinics in NACMS.

The funded agency reporting this activity within the VINAH MDS at patient level, must report the aggregate data on the AIMS S10 at service event level.

Table 1: Example campus codes and provider codes:

|  |  |  |
| --- | --- | --- |
|  | Episode/Contact Campus Code: | Contact Provider Code: |
| Monash Health - Clayton | 1170 | Monash Health Clayton, 903 |
| Monash Health - Clayton | 1170 | City Fertility Melbourne, 8520 |
| The Royal Women’s Hospital | 1230 | Royal Women’s Hospital, 1230 |
| The Royal Women’s Hospital | 1230 | satellite service’s provider code <as per section 9 of VINAH MDS manual> |

# Service events

The department of health derives service events from contact data reported to the VINAH MDS.

The non-admitted patient service event is used to count health care services delivered to patients in the non-admitted sector of the public hospital system for activity based funding (ABF) purposes.

A non-admitted patient service event is defined as an interaction between one or more healthcare provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient’s medical record. The interaction may be for assessment, examination, consultation, treatment and/or education.

Further information on service event derivation rules is available in the [VINAH MDS manual](https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset) <https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset>, as well as the [National Funding Model implementation resources](https://www.health.vic.gov.au/data-reporting/national-funding-model-implementation-resources) <https://www.health.vic.gov.au/data-reporting/national-funding-model-implementation-resources>.

## General counting rules

1. Regardless of the number of healthcare providers involved, a non‑admitted patient service event must be counted once only.
2. Only one non-admitted patient service event may be counted for a patient at a clinic on a given calendar day.
3. Services provided to patients in the admitted or emergency care settings must not be counted as non-admitted patient service events.
4. Non-admitted service events delivered via telehealth where two public hospital service non‑admitted clinics are involved are counted twice. One service event is counted at the clinic where the patient attends, and one service event is counted at the clinic providing the consultation. Please refer to Section 2.5 for further information on counting telehealth services.
5. A non-admitted patient discussed at a multidisciplinary case conference (MDCC) may be counted as a non-admitted patient service event when the patient is not present. Refer to the department’s [Non-Admitted Multidisciplinary Case Conferences - Reporting Guidelines](https://www.health.vic.gov.au/publications/non-admitted-multidisciplinary-case-conferences-reporting-guidelines) <https://www.health.vic.gov.au/publications/non-admitted-multidisciplinary-case-conferences-reporting-guidelines> for further information.

The [Tier 2 Non-Admitted Services](https://www.ihacpa.gov.au/health-care/classification/non-admitted-care/tier-2-non-admitted-services-classification) Compendium <https://www.ihacpa.gov.au/health-care/classification/non-admitted-care/tier-2-non-admitted-services-classification>provides definitions and counting rules for non-admitted activity.

# Classification

## Tier 2 classes

There are two main Tier 2 classes that public fertility care should be reported under. Public fertility care clinics must be registered against one of these Tier 2 classes in NACMS. The [Tier 2 Non-Admitted Services](https://www.ihacpa.gov.au/health-care/classification/non-admitted-care/tier-2-non-admitted-services-classification) Definition Manual<https://www.ihacpa.gov.au/health-care/classification/non-admitted-care/tier-2-non-admitted-services-classification> provides further information around Tier 2 classes.

### 20.37 Assisted reproductive technology (medical consultation)

Treatment or procedures (including hormone therapy) which involve the handling of human sperm, oocytes or embryos for the purpose of increasing the chance of fertilisation in the infertile or sub-fertile man, woman or couple.

*Inclusions:*  Consultation on the following services:

* fertility assessments
* artificial insemination
* in vitro fertilisation (IVF)
* gamete intra-fallopian transfer (GIFT)
* frozen embryo transfer (FET)

*Exclusions:* *•* pregnancy management (20.40).

### 40.49 Gynaecology (allied health and/or clinical nurse specialist interventions)

Assessment, review, diagnosis and treatment of problems/disorders affecting the female reproductive organs.

*Inclusions:* Consultation on the following services:

* early pregnancy management including complications of early pregnancy such as miscarriage, molar pregnancy, ectopic pregnancy, unsited pregnancy
* hydatidiform mole
* menstrual problems
* fertility
* pregnancy termination
* endocrinological conditions
* contraception including placement and removal or contraceptive devices
* menopause
* management of fibroids
* management of pelvic mass
* endometriosis
* pelvic pain.

*Exclusions: •* assisted reproductive technology (20.37)

* gynaecological endoscopy (10.07)
* gynaecological oncology (20.39)
* family planning services provided by allied health and/or clinical nurse specialist (40.27)
* sexual health services provided by allied health and/or clinical nurse specialist (40.10)
* management of gynaecological conditions in medical gynaecology clinic (20.38)

## Procedures

Procedures that meet the criteria for non-admitted reporting will be registered against the appropriate Tier 2 class. Procedures that meet the VAED Criteria for Reporting are reported to the VAED. Refer to the [VAED Criteria for Reporting](https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset) document <https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset>.

Table 2: List of common procedures provides a list of procedures commonly conducted in the fertility journey, and whether these are admissible, diagnostic or attributed to a Tier 2 class. This table is not an exhaustive list. Health services should use their own discretion when determining which data set a procedure should be reported to.

Table 2: List of common procedures

|  |  |
| --- | --- |
| **Procedure** | **Reporting data set** |
| Counselling | VINAH MDS – tier 2 class 40.11 Social work or 40.29 Psychology |
| Embryo Transfer (ET) | VAED |
| Intrauterine Insemination (IUI) | VAED if the artificial insemination meets VAED Criteria for Reporting e.g. performed under sedation  VINAH MDS – tier 2 class 10.13 minor medical procedures |
| Nurse education, to patient/s | VINAH MDS – tier 2 class 40.49 Gynaecology |
| Ovarian Tissue Cryopreservation  1. the collection of the tissue for cryopreservation  2. the actual freezing of the tissue  3. the implantation of the tissue into the body | VAED  Not reported to VAED or VINAH MDS  VAED |
| Scanning, including pregnancy viability scans and specimen collection | VINAH MDS - considered part of a consultation and/or diagnostic. Is not in scope for reporting separately |
| Testicular biopsy procedures under LA & GA | VAED |
| Transvaginal oocyte retrieval | VAED |

## Multidisciplinary case conferences

Where a MDCC clinic is conducted this must meet the [Non-Admitted Multidisciplinary Case Conferences - Reporting Guidelines](https://www.health.vic.gov.au/publications/non-admitted-multidisciplinary-case-conferences-reporting-guidelines) <https://www.health.vic.gov.au/publications/non-admitted-multidisciplinary-case-conferences-reporting-guidelines>, and is registered in NACMS against the appropriate Tier 2 class as outlined in the guidelines.

## 

# Appendix A - contact reporting examples

## Accompanied patient contacts

### Example 1

A couple attend a single outpatient appointment for consultation on fertility assessments. Therapeutic/clinical advice is provided for both people in attendance relevant to each person’s fertility and a dated entry is made in each person’s medical record. This session would be counted as two non-admitted service events as each patient received therapeutic/clinical advice and the service provided met the definition of a non-admitted patient service event.

### Example 2

A couple attend a single outpatient appointment for consultation on the frozen embryo transfer (FET) process. Therapeutic/clinical advice is provided to the woman regarding the procedure and a dated entry is made in the woman’s medical record. This session would be counted as one non-admitted patient service event only as the accompanying partner did not receive a service that met the definition of a non-admitted patient service event.

## Telehealth video contacts

Non admitted activity delivered to a patient using videoconference i.e. Skype, FaceTime, Healthdirect video conference or other similar video application, is in scope for VINAH MDS reporting provided it meets the criteria for a contact. Telehealth video is considered a mode of delivery and is used in conjunction with the contact delivery setting to identify where the patient/client experiences the telehealth video contact.

### Example 1

The contact is delivered by the health care provider to the patient/client at home or another non-hospital setting.

Contact Client Present Status: 13-Patient/client via telehealth video

Contact Delivery Mode: 3-Telehealth video

Contact Delivery Setting: 31-Home or other applicable code.

### Example 2

The contact is delivered between a health care provider at one health service and the patient and health care provider is at another health service, not under a contracted care arrangement.

Provider

Contact Client Present Status: 13-Patient/client via telehealth video

Contact Delivery Mode: 3-Telehealth video

Contact Delivery Setting: The location of the patient i.e. Hospital setting clinic/centre, Community based health facility or other applicable code.

Provider where the patient is physically present

Contact Client Present Status:10-Patient/client present with or without carer(s)/relative(s), 11-Patient/client present only or 12-Patient/client present with carer(s)/relative(s)

Contact Delivery Mode: 3-Telehealth video

Contact Delivery Setting: The location of the patient i.e. Hospital setting clinic/centre, Community based health facility or other applicable code.

### Example 3

The contact is delivered between a health care provider at one health service and the patient and health care provider is at another health service, under a contracted care arrangement. As the funded agency A reports data for the satellite service B, only one contact is reported.

Contact Client Present Status: 13-Patient/client via telehealth video

Contact Delivery Mode: 3-Telehealth video

Contact Delivery Setting: 12–Hospital setting – clinic centre or other applicable code

Contact Professional Group: Report one code for each participating health care provider

Contact Provider Code: satellite service B code

### Example 4

The contact is delivered between a health care provider at one location, campus A, and the patient and health service provider at another location, campus B. Both health care providers are from the same health service and clinic. Report one contact only. The contact should be reported by campus A.

Contact Client Present Status: 13-Patient/client via telehealth video

Contact Delivery Mode: 3-Telehealth video

Contact Delivery Setting: 12–Hospital setting – clinic centre or other applicable code

Contact Professional Group: Report one code for each participating health care provider

# Further information

For further information regarding the Tier 2 non-admitted services classification refer to:

* Tier 2 Non-Admitted Services Definition Manual, Independent Health and Aged Care Pricing Authority, (revised annually).
* Tier 2 Non-Admitted Services Compendium, Independent Health and Aged Care Pricing Authority (revised annually).
* Tier 2 Non-Admitted Services National Index, Independent Health and Aged Care Pricing Authority.

Documents available on the [IHACPA](https://www.ihacpa.gov.au/health-care/classification/non-admitted-care/tier-2-non-admitted-services-classification) website <https://www.ihacpa.gov.au/health-care/classification/non-admitted-care/tier-2-non-admitted-services-classification>.

For further information regarding the VAED, VINAH MDS and the AIMS S10 refer to:

* Victorian Admitted Episode Dataset manual and criteria for reporting.
* Victorian Integrated Non-Admitted Health Minimum Data Set manual.
* Agency Information Management System manual.

Available on the [Health data standards and systems](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems) website <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems>.

For further information regarding the NACMS refer to:

* [Non-Admitted Clinic Management System manual](https://www.health.vic.gov.au/data-reporting/agency-information-management-system-aims) <https://www.health.vic.gov.au/data-reporting/agency-information-management-system-aims>.

For further information regarding non-admitted specialist services referral management refer to:

* [Managing referrals to non-admitted specialist services in Victorian public health services](https://dhhsvicgovau.sharepoint.com/sites/DCU-DHHS-GRP/Shared%20Documents/General/Reporting%20Guidelines/https/www.health.vic.gov.au/publications/managing-referrals-to-non-admitted-specialist-services-in-victorian-public-health) <https//www.health.vic.gov.au/publications/managing-referrals-to-non-admitted-specialist-services-in-victorian-public-health>.

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