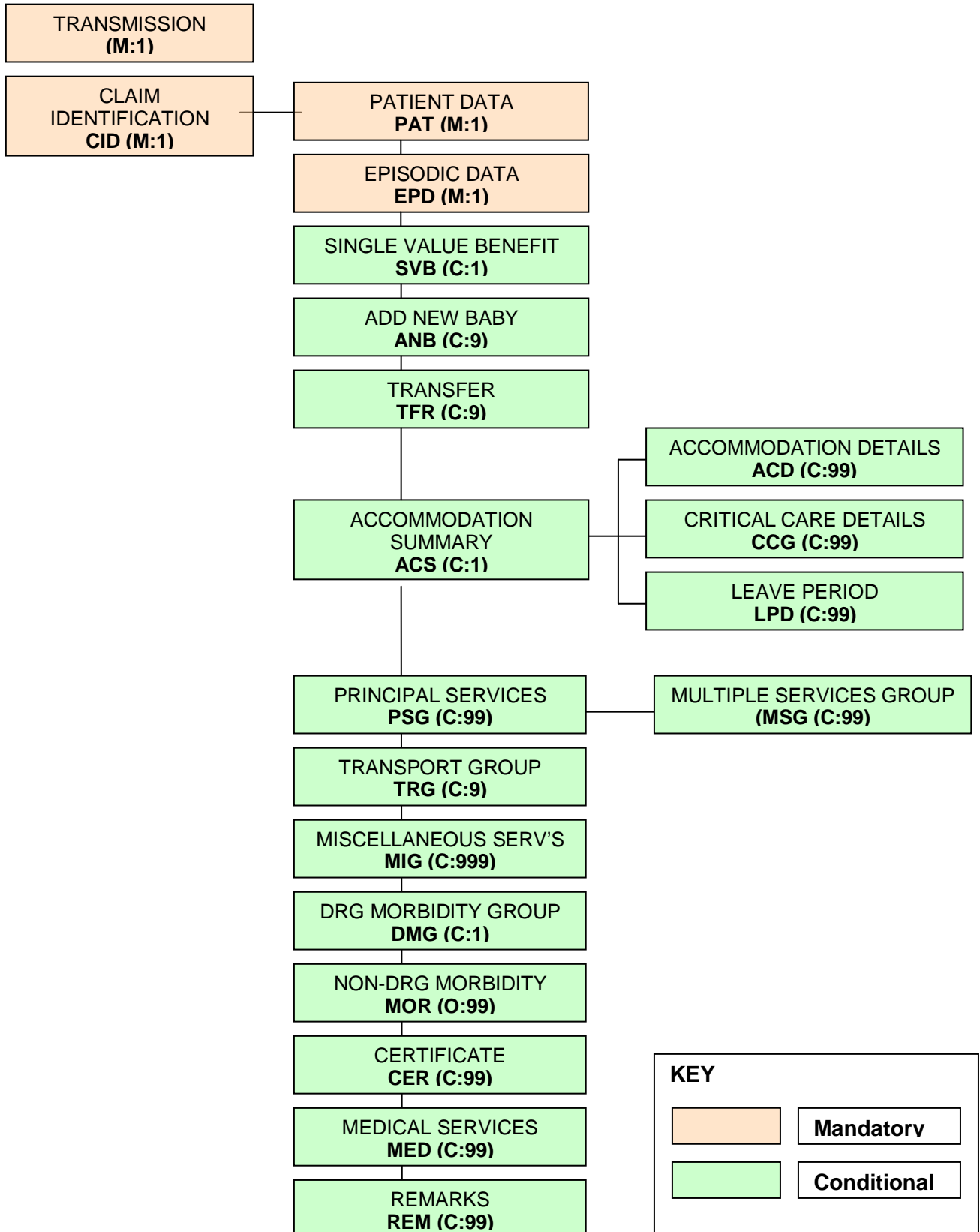


**ECLIPSE HOSPITAL WORKING GROUP  
ECLIPSE IHC Message - Data Dictionary V 6.2  
Attachment - G**

Some of the optional fields/segments may in actual fact be mandatory for specific funds due to their contractual arrangements with hospitals



## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: CID**

**Segment Name: Claim Identification**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment <b>Blue Highlight</b> represents edits that will be performed on the data by the adaptor. <b>Blue text</b> represents data that forms part of the IHC message structure.	Conditional
040040	Segment	M	1			The CID segment holds the details of the claim.  The claim can be for a completed episode of care, a contiguous claim or an interim claim. It also contains the total charge for the individual claim. All other segment groups are nested within the CID segment	
040002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (CID).	
040004	AccountReferenceld Account Reference Number	M	1	20	A/N	From provider's accounts system eg invoice number. Note: This number together with the transaction Id will be used for remittance advices	
040005	ContiguousClaimCde Contiguous Claim Code	M	1	1	A/N	N = Not a series; F = First in a series; M = Neither F or L; L = Last.	Should be consistent with Separation Mode 060011.
040006	PreviousClaimCde Previous Claim Processing Indicator	O	1	1	A/N	Adjustments or Supplementary Claim A = Adjustments for previously ACCEPTED EPISODE S = Supplementary items ie Miscellaneous or Prosthesis (MIG segment) that don't affect accommodation.	
040019	PreviousTransactionId Previous Transaction Id	C	1	24	A/N	Transaction Id of original IHC being adjusted.	Mandatory where 040006 = A
040013	UrgencyCode Accident/Emergency Indicator	M	1	1	N	1 = Urgency status assigned - Emergency; 2 = Urgency status assigned - Elective; 3 = Urgency status not assigned; 9 = Not known/not reported.	*HCP1 (Fund) element 59. *HCP (Hospitals) element 18.
040014	CompensationClaimCde Compensable Status Code	M	1	1	A/N	Y = Yes; N = No; U = Unknown.	
040016	TotalHospitalChargeAmount Total Hospital Charge	M	1	9	N	0 - 999999999 - cents. This is the sum of the 070005, 100008, 140009, 170009, but only where the associated charge indicator equals 'C'	
040017	TotalMedicalChargeAmount	C	1	9	N	0 - 999999999 - cents.	Use if segment group

## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
	Total Medical Charge					<p><b>Blue Highlight</b> represents edits that will be performed on the data by the adaptor.</p> <p><b>Blue text</b> represents data that forms part of the IHC message structure.</p> <p><b>Sum of all MED repeating groups - 210010</b></p>	<p>Medical Service (MED) is used. Note: MED is only used where the hospital collect and submit the Doctor charges within the claim.</p>
040018	TotalChargeAmount Total Charge this Claim	M	1	9	N	<b>0 - 999999999 - cents = SUM (040016 + 040017).</b>	
040020	ClaimTypeCde Claim Type Code	M	1	2	A/N	<b>PR = Private Hospital or Day Facility</b> <b>PU = Public Hospital</b>	
040021	FacilityId	M	1	8	A/N	<b>Commonwealth Hospital Facility provider number, which is the unique identifier of a registered hospital or day care facility.</b>	<b>Meets Provider Check digit routine.</b>
040022	FundBrandId	M	1	3	A/N	As returned by the 'Get participants list'	
040023	SenderContactPersonName	O	1	40	A/N	Name/Role/Position of the individual at the CS site for contact if clarification of IHC is necessary	
040024	SenderContactPersonPhone	O	1	19	A/N	Phone number of a contact if clarification of IHC is necessary	
040025	SenderContactEmail	O	1	128	A/N	Email of contact for clarification of IHC if necessary	
040026	PaymentModel	C	1	20	A/N	Model the claim has been structured under. This information if required will be supplied as part of the hospital contract. Currently only used to note the EPM Claiming model.	Contract dependant
040027	FacilityTypeCode Hospital type	M	1	1	N	1= Public 2= Private 3= Private day facility 4= Public day facility 9= Other	*HCP1 (Funds) element 34. *HCP (Hospitals) element 11.

## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: PAT**

**Segment Name: Patient Data**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
050050	Segment	M	1			The PAT segment is used to define the patient information	
050002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (PAT).	
050003	PatientFundMembershipNum Fund Membership Identifier	M	1	19	A/N	Membership Number. For DVA this is the Veteran's file number.	
050019	PatientFundUPI Unique Patient Identifier	O	1	2	N	This data may appear on a patient's fund membership card, and in conjunction with the membership number may be used to uniquely identify a patient. '00 is valid'	
050004	PatientMedicareCardNum Medicare Card No.	O	1	10	N	This is the Medicare and card issue number the patient is enrolled on.	
050020	PatientReferenceNum IRN	C	1	1	N	The patients IRN appears to the left of the patient's first name on their Medicare Card	Mandatory if 050004 is set
050021	PatientAliasFirstName	O	1	40	A/N		
050022	PatientAliasFamilyName	O	1	40	A/N		
050009	PatientAddressPostcode Patient's Postcode	M	1	4	N	9999 = Unknown postcode. 8888 = Overseas postcode	*HCP1 (Funds) element 30. *HCP (Hospitals) element 7.
050010	PatientFirstName Patient's First Given Name	M	1	40	A/N		
050011	PatientSecondInitial Patient's Second Initial	O	1	1	A/N		
050012	PatientFamilyName Patient's Family Name	M	1	40	A/N		
050013	SymptomAwarenessDate Date Patient First Aware of Symptoms/First attended GP for this cond.	O	1	8	D	(ddmmccyy)	
050015	PatientGender Patient Gender	M	1	1	N	1 = Male; 2 = Female; 3 = Indeterminate/intersex 9 = Not stated/inadequately described.	*HCP1 (Funds) element 31. *HCP (Hospitals) element 8.
050016	PatientDateOfBirth Patient Date of Birth	M	1	8	D	(ddmmccyy)	*HCP1 (Funds) element 29. *HCP (Hospitals) element 6.

## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
050017	PatientAdmissionWeight Patient Admission Weight	C	1	4	N	To be used for qualified/non qualified neonate. Grams (0-9000)	Admission date minus DOB < 365 days *HCP1 (Funds) element 39. *HCP (Hospitals) element 28. *HCP (Hospitals) element 52.
050023	PatientMedicalRecordId Medical Record Number	M	1	20	A/N	Individual Patient Identifier at the facility	

## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: EPD**

**Segment Name: Episode Data**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
060060	Segment	M	1			The EPD segment is used for giving summary information regarding the patient's hospitalisation.	
060002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (EPD).	
060003	EpisodeId Episode Identifier	M	1	15	A/N	Hospitals' Patient &/or Episode ID eg medical record number, unit record number or admission number to be unique for an EPISODE at the facility.	
060004	PatientClassificationCode PCS Episode Type Code	M	1	2	A/N	Highest classification billed AM = Advanced Medical; ME = Medical; SU = Surgical; AS = Advanced Surgical; OB = Obstetrics; PS = Psychiatric; RE = Rehabilitation; NH Nursing Home; EC = Extended Care; OT = Other; D1 = Day Band 1; D2 = Day Band 2; D3 = Day Band 3; D4 = Day Band 4.	OT to be used for OVERNIGHT medical/surgical patients in Public Hospitals for non classification states
060005	EpisodeTypeCode Type of Episode of Care Code	M	1	3	N	National Health Data Dictionary Item P21. 10 = Acute care; 20 = Rehabilitation care; 21 = Rehabilitation care delivered in designated unit; 22 = Rehabilitation care according to a designed program; 23 = Rehabilitation care is the principle clinical intent; 30 = Palliative care; 31 = Palliative care delivered in a designated unit;	*HCP1 (Funds) element 44. *HCP (Hospitals) element 20.

## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
						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 = Nursing Home Type; 70 = Newborn care; 80 = Other admitted patient care; 90 = Organ procurement - posthumous; 100 = Hospital border.	
060006	AccommodationStatusCode Accommodation Status Code	M	1	1	A/N	A = Admitted Patient; N = Non-Admitted Patient (eg DVA Mental Health Programs).	
060007	SameDayCode Actual Sameday Status Code	M	1	1	N	0 = valid arrangement for overnight stay for sameday procedure 1 = same-day patient; 2 = overnight patient other than (0); 9 = not applicable (e.g. non-admitted).	*HCP1 (Funds) element 50. *HCP (Hospitals) element 39.
060008	AnticipatedLengthOfStay Anticipated Length of Stay	O	1	4	N	Days (0001-9999 valid).	
060009	AdmissionDate Date of Admission	M	1	8	D	(ddmmccyy)	*HCP1 (Funds) element 32. *HCP (Hospitals) element 9
060010	DischargeDate Date of Separation	C	1	8	D	(ddmmccyy)	Must be set if 040005 = N or L. *HCP1 (Funds) element 33. *HCP (Hospitals) element 10.
060011	DischargeTypeCode Separation Mode	C	1	2	A/N	01 = Acute hospital; 02 = Nursing home; 03 = Psychiatric hospital; 04 = Other health facility; 05 = Statistical separation type change; 06 = Left against medical advice; 07 = Separation from leave; 08 = Died; 09 = Home/Other.	Must be at least one TFR segment with the TransferCde set to S where this value is set to 01, 02, 03 or 04 .  Must be set if 040005 = N or L. *HCP1 (Funds) element 41. *HCP (Hospitals) element 30.
060012	LengthOfStay Length of Stay	C	1	4	N	See National Health Data Dictionary definition 2.14 1-9999 valid Total length of stay ie includes leave days, from admission to discharge	Must be set if 060011 used

## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
060013	AdmissionTime Admission Time	M	1	4	N	HHMM - Can be rounded to nearest e.g. 1035 becomes 1100	*HCP1 (Funds) element 38. *HCP (Hospitals) element 17.
060014	DischargeTime Separation Time	C	1	4	N	HHMM - Can be rounded to nearest e.g. 1035 becomes 1100	<b>Must be set if 060007 = 1 or 0</b> *HCP1 (Funds) element 42. *HCP (Hospitals) element 31.
060015	ReferralSourceCode Source of Referral	M	1	1	N	0 = born in hospital; 1 = admitted patient transferred from another hospital; 2 = Stats admission Type change; 4 = from Accident/emergency; 5 = community health service; 6 = from Outpatients dept; 7 = from nursing home; 8 = by outside medical practice; 9 = other.	<b>Must be at least one TFR segment with the TransferCde set to A where this value is set to 1.</b> *HCP1 (Funds) element 43. *HCP (Hospitals) element 21.
060016	FacilityContractStatusCode Contract Status on Admission	C	1	1	N	1 = Inter-Hospital contracted patient from public sector; 2 = Inter-Hospital contracted patient from private sector; 3 = Other; 9 = Not Reported.	*HCP1 (Funds) element 60. *HCP (Hospitals) element 23. <b>Must be supplied where ClaimTypeCde = PR.</b>
060017	AdmissionCategoryCode Service Category on Admission	O	1	1	N	1 = acute care; 2 = rehabilitation care; 3 = palliative care; 4 = non-acute care; 5 = unqualified neonate; 6 = other care.	
060018	DischargeIntentionCode Discharge intention on admission	O	1	1	N	1 = discharge to another acute hospital; 2 = discharge to a nursing home; 3 = discharge to a psychiatric hospital; 4 = discharge to a palliative care unit/hospice; 5 = discharge to other health accommodation; 8 = to pass away; 9 = discharge to usual residence.	*HCP1 (Funds) element 66. *HCP (Hospitals) element 22.
060019	MentalHealthLegalStatusCode Mental Health Legal Status	C	1	1	N	1 = involuntary patient; 2 = voluntary patient; 3 = Not permitted to be reported under legislative arrangements in the jurisdiction; 8 = Not applicable.	<b>Must be supplied where ClaimTypeCde = PR.</b> *HCP1 (Funds) element 57. *HCP (Hospitals) element 24.



## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
060020	PalliativeCareStatusCode Palliative Care Status	O	1	1	N	1 = patient required palliative care; 2 = patient didn't require palliative care.	*HCP1 (Funds) element 61. *HCP (Hospitals) element 25.
060021	ReadmissionCode Unplanned Re-admission within 28 Days	C	1	1	A/N	1 = Unplanned this hospital 2 = Unplanned other hospital 3 = Planned 8 = Not applicable	*HCP1 (Funds) element 62. *HCP (Hospitals) element 26. <b>Must be supplied where ClaimTypeCde = PR.</b>
060022	UnplannedTheatreCode Unplanned Theatre visit during Episode	C	1	1	N	1 = unplanned theatre visit; 2 = no unplanned theatre visit.	*HCP1 (Funds) element 63. *HCP (Hospitals) element 27. <b>Must be supplied where ClaimTypeCde = PR.</b>
060023	TotalPsychiatricCareDays	C	1	5	N	The sum of the number of days or part days of stay that the person was an admitted patient or resident within a designated psychiatric unit, minus the sum of leave days occurring during the stay within the designated unit.	<b>Must be supplied where PatientClassificationCode = PS</b> *HCP1 (Funds) element 56
060024	PalliativeCareDays	M	1	4	N	The number of days a patient received palliative care during an episode	*HCP1 (Funds) element 82
060025	NumberOfQualifiedDaysForNewborns	O	1	5	N	The number of qualified newborn days occurring within a newborn episode of care	*HCP1 (Funds) element 79

# ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: SVB**

**Segment Name: Bundled/Single Value Benefits**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
070070	Segment	C	1			The SVB segment is used for bundled inpatient accommodation only. It is used for single value benefit arrangements and fully or partially bundled episodic billing..	<b>Based on contractual arrangements.</b>
070002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (SVB).	
070003	ServiceCodeTypeCode Service Code Type Indicator	M	1	1	A/N	C = MBS; I = ICD10AM; D = DRG; O = Other V = DVA Code List M = Miscellaneous Code List (eg dental cosmetic)	
070004	ServiceCode Service Code	M	1	11	A/N		
070005	ChargeAmount Fixed Charge	M	1	9	N	0 - 999999999 - cents	Where there is a zero charge, the charge indicator must equal 'I'
070006	ChargeRaisedCde Charge Indicator	M	1	1	A/N	C = charge raised I = Information only.	
070007	FromDate Date from	C	1	8	D	(ddmmccyy)	Conditional on 070009 being non-zero
070008	ToDate Date to	C	1	8	D	(ddmmccyy) <b>Must be equal to or later than 070007</b>	Conditional on 070009 being non-zero
070009	NumberOfDays No. of days	M	1	4	N	Zero is a valid value and would occur in the (to date rare) cases where bundled amount does not include accommodation. In the case of day procedures, value would be 0001. (0-9999 valid).	

**ECLIPSE HOSPITAL WORKING GROUP  
ECLIPSE IHC Message - Data Dictionary**

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: ANB**

**Segment Name: Add Newborn Baby**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Optional
080080	Segment	C	9			The ANB segment is used to notify the fund of a newborn baby that may or may not be on a membership	
080002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code that identifies the segment group (ANB)	
080004	MessagePartId Sequential Baby Number	M	1	5	N	00001-00009 valid	
080005	BabyFirstName First Given Name	M	1	40	A/N		
080006	BabySecondInitial Second Initial	O	1	1	A/N		
080007	BabyFamilyName Family Name	M	1	40	A/N		
080008	BabyGender Gender Code	M	1	1	N	1 = Male; 2 = Female; 3 = Indeterminate; 9 = Not stated/inadequately described.	*HCP1 (Funds) element 31. *HCP (Hospitals) element 8.
080009	BabyDateOfBirth Date of Birth	M	1	8	D	(ddmmccyy)	

# ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: TFR**

**Segment Name: Transfer**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
090090	Segment	C	9			The TFR segment is used to report the transfer of a patient between hospitals. Separate segments are required for each transfer in and out.	This segment is mandatory if a transfer of facility is performed, in or out. Where 60015 = 1 or 060011 = 01, 02, 03 or 04.
090002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (TFR).	
090003	MessagePartId Transfer Sequential number	M	1	5	N	00001-00009 valid	
090004	TransferCde Transfer Indicator	M	1	1	A/N	A = Admission from; S = Separation to	
090005	ServiceDate Transfer Date	M	1	8	D	(ddmmccyy)	
090006	FacilityId Provider No.	C	1	8	A/N	For 090004 = A, the transferring Facility ID For 090004 = S, the receiving Facility Id	Mandatory where 90004 = A or where 60011 = 01 or 03. HCP1 (Fund) elements 64 & 65 HCP (Hospital) elements 19 & 33
090009	TransferTypeCode Transfer Type	O	1	1	A/N	Used where there is a change of classification U = Up; D = Down; L = Lateral ie medical to medical transfer between facilities; X = Unknown.	
090010	PreviousProviderDays Days at previous Provider	O	1	4	N	(0 - 9999 valid)	
090011	PreviousProviderHrs Hours at Previous Provider	O	1	2	N	HH. (0 - 24)	

# ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: ACS**

**Segment Name: Accommodation Summary**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
100100	Segment	C	1			The ACS segment provides a summary of accommodation and critical care details. If accommodation is included in the SVB segment, then total accommodation charges under ACS should be set to zero dollars. ACD,CCG and LPD are nested within this segment.	This is a summary of the ACD, CCG & LPD segments. Only required where one or more of these segments exist.
100002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (ACS).	
100003	FromDate Date From	M	1	8	D	*Part of standard group of 3 data element referring to period of time. (ddmmccyy)	
100004	ToDate Date To	M	1	8	D	*Part of standard group of 3 data element referring to period of time. (ddmmccyy) Must be equal to or later than 100003	
100005	NumberOfDays No. of Days	M	1	4	N	*Part of standard group of 3 data element referring to period of time. (1-9999 valid).	
100006	LeaveDays Total Leave Days	M	1	4	N	0-9999 valid.	*HCP1 (Funds) element 45.
100007	AccommodationDays Total Accom. Days	M	1	4	N	1-9999 valid.	*HCP (Hospitals) element 32. *HCP1 (Funds) element 6
100008	TotalChargeAmount Total Accom. Charge	M	1	9	N	0 - 999999999 - cents. The sum of 110014 and 120012 where associated charge indicator equals 'C'.	Where there is a zero charge, the charge indicator must equal 'I'
100009	ChargeRaisedCde Charge Indicator	M	1	1	A/N	C= charge raised I = information only (latter used when actual charge already recorded in SVB but additional detail required within this segment).	
100010	NonCertifiedDaysOfStay	C	1	4	N	The number of days spent in a hospital without certification, that exceeded 35 days	Mandatory where ClaimType = PR *HCP1 (Fund) element 46

**ECLIPSE HOSPITAL WORKING GROUP  
ECLIPSE IHC Message - Data Dictionary**

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: ACD**

**Segment Name: Accommodation Details**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
110110	Segment	C	99			The ACD segment is used for the detailed reporting of differing periods of accommodation.	Mandatory where accommodation is related to an episode Multiple segments required for stepdowns.
110002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (ACD).	
110003	MessagePartId Accomm. Sequence number	M	1	5	N	00001-00099 valid.	
110004	PatientClassificationCode PCS Episode Type Code	M	1	2	A/N	AM = Advanced Medical; ME = Medical; SU = Surgical; AS = Advanced Surgical; OB = Obstetrics; PS = Psychiatric; RE = Rehabilitation; NH = Nursing Home; EC = Extended Care; OT = Other; D1 = Day Band 1; D2 = Day Band 2; D3 = Day Band 3; D4 = Day Band 4.	OT to be used for OVERNIGHT medical/surgical patients in Public Hospitals for non classification states
110005	BedLevelCode Bed Level Code	M	1	2	A/N	S = Shared; P = Private; L = Luxury; F = Fund-specified. O = Outreach	
110016	BedLevelAddOnInd Bed Level Add ons	M	1	1	A/N	Y = Add-on N = Bed Level	
110006	BedBandCode Bed Band	O	1	1	A/N	Bed Bands 1, 2, 3, 4 and 5. Sub grouping of the patient classification required by Victorian contracted Private Hospitals	

## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
110007	ServiceCodeTypeCode Service Code Type Indicator	C	1	1	A/N	C = MBS; I = ICD10AM; D = DRG; O = Other V = DVA Code List M = Miscellaneous Code List (e.g. dental, cosmetic)	Where 110008 is present 110007, must be set.
110008	ServiceCode Service Code	O	1	11	A/N		
110009	ProgramNum Program No.	C	1	11	A/N	Use Miscellaneous Code.	Must be set where 060004 = PS, RE and FundBrandId does not = DVA
110010	FromDate Date From	M	1	8	D	*Part of standard group of 3 data elements referring to period of time. (ddmmccyy)	
110011	ToDate Date To	M	1	8	D	*Part of standard group of 3 data elements referring to period of time. (ddmmccyy) Must be equal to or later than 110010.	
110012	NumberOfDays No. of Days	M	1	4	N	*Part of standard group of 3 data elements referring to period of time. (1-9999 valid)	
110013	DayRate Rate/Day	M	1	9	N	0 - 999999999 - cents * - part of std group 2 data elements referring to charge.	
110014	ChargeAmount Charge	M	1	9	N	0 - 999999999 - cents * - part of std group 2 data elements referring to charge.	Where there is a zero charge, the charge indicator must equal 'I'
110015	ChargeRaisedCde Charge Indicator	M	1	1	A/N	C = charged raised I = information only (latter used when actual charge already recorded in SVB but additional detail required within this segment).	

# ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: CCG**

**Segment Name: Critical Care**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
120120	Segment	C	99			The CCG segment is used for the detailed reporting of critical care where used by Private Hospitals and charged for by Public Hospitals.	Based on whether critical care used by Private Hospitals and charged for by Public Hospitals.
120002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (CCG).	
120003	MessagePartId CC Sequence number	M	1	5	N	00001-00099 valid.	
120004	CriticalCareTypeCode CC Type Code	M	1	3	A/N	ICU = Intensive Care; HDU = High Dependency; CCU = Coronary Care; SCN = Special Care Nursery; PCU = Paediatric Care Unit; NCU = Neonatal Care Unit; ADN = Advanced Dependency Nursing TEL = Telemetry	
120015	CriticalCareAddOnInd CC Add Ons	M	1	1	A/N	Y = Add on payable N = No Add on Payable	
120005	CriticalCareLevelCode CC Level Code	C	1	1	N	Patient Classification code. 1 = type A; 2 = type B; 3 = type CC.	Mandatory where 120004 = ICU or CCU
120006	ServiceCodeTypeCode Service Code Type Indicator	C	1	1	A/N	C = MBS; I = ICD10AM; D = DRG; O = Other. V = DVA Code List M = Miscellaneous Code List (eg dental, cosmetic)	Must be set where 120007 is set
120007	ServiceCode Service Code	O	1	11	A/N		
120008	FromDate Date From	M	1	8	D	*Part of standard group of 3 data elements referring to period of time. (ddmmccyy)	



## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
120009	ToDate Date To	M	1	8	D	*Part of standard group of 3 data elements referring to period of time. (ddmmccyy) <b>Must be equal to or later than 120008.</b>	
120010	NumberOfDays No. of Days	M	1	4	N	*Part of standard group of 3 data elements referring to period of time. <b>(1-9999 valid).</b>	
120011	DayRate Rate/Day	M	1	9	N	0 - 999999999 - cents. *part of std group of 2 data elements referring to charge	
120012	ChargeAmount Charge	M	1	9	N	0 - 999999999 - cents. *part of std group of 2 data elements referring to charge	<b>Where there is a zero charge, the charge indicator must equal 'I'</b>
120013	ChargeRaisedCde Charge Indicator	M	1	1	A/N	<b>C = charge raised</b> <b>I = information only (latter used when actual charge already recorded in SVB but additional detail required within this segment).</b>	
120014	ICUHrs ICU Hours	O	1	4	N	Number of hours of stay in a designated unit. May be rounded to nearest hour. (0-9999 valid).	*HCP1 (Funds) element 58.
120016	NumberOfHours	O	1	4	N	The number of hours the patient spent in a critical care, excluding ICU. For example CCU or SCN	*HCP (Hospitals) element 13. *Mandatory where 120004 = CCU or SCN HCP1 (Funds) element 75 & 76

**ECLIPSE HOSPITAL WORKING GROUP  
ECLIPSE IHC Message - Data Dictionary**

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: LPD**

**Segment Name: Leave Period**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
130130	Segment	C	9			The LPD segment is used for the reporting of up to 9 leave periods that may have occurred within the total period of hospitalisation.	Use only if 100006 > than or = 1
130002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (LPD).	
130003	MessagePartId Leave Period Sequence Number	M	1	5	N	00001-00099 valid	
130004	FromDate Date From	M	1	8	D	*Part of standard group of 3 data elements referring to period of time. (ddmmccyy)	
130005	ToDate Date To	M	1	8	D	*Part of standard group of 3 data elements referring to period of time. (ddmmccyy) Must be equal to or later than 130004.	
130006	NumberOfDays No. of Leave days	M	1	4	N	*Part of standard group of 3 data elements referring to period of time. (1-9999 valid).	

## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

**Message Name:** Claim

**Message Identifier:** HCLM

**Segment Identifier:** PSG

**Segment Name:** Principal Services Group

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
140140	Segment	C	99			The PSG segment is used for the reporting and charging of all instances where a principal service or procedure is carried out during a single theatre visit. The repetitions allow for the inclusion of more than one visit during a claim period. Secondary services can be reported using the MSG segment nested within this group.	Mandatory where theatre performed for both Public and Private Hospitals. Also mandatory for Obstetrics eg Labor Ward and MBS Item used for Private Hospitals. Where EPD 60004 = SU, OB, AS D2, D3 or D4 this segment must be set. Should be provided by Public hospitals where DMG segment is not present.
140002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (PSG).	
140003	MessagePartId Principal Service Sequence Number	M	1	5	N	00001-00099 valid.	
140004	ServiceCodeTypeCode Service Code Type Indicator	M	1	1	A/N	C = MBS; I = ICD10AM; D = DRG; O = Other V = DVA Code List M = Miscellaneous Code List (eg cosmetic,	
140005	ServiceCode Service Code	M	1	11	A/N		*HCP1 (Funds) element 51. *HCP (Hospitals) element 40.
140006	ServiceDate Date of Service	M	1	8	D	(ddmmccyy)	*HCP1 (Funds) element 52. *HCP (Hospitals) element 41.
140014	TheatreBandTypeCode Theatre Band Type	C	1	1	A/N	Used to describe the theatre band list N = National Theatre Band W = WATheatre Band O = Other (to be used for LW)	Used when 140007 is complete.

## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
140007	TheatreBandCode Theatre Band	C	1	3	A/N	National Theatre bands or WA bands LW = Labour Ward 0 (zero)= unbanded MBS item	Must be used where THEATRE BAND TYPE = O Other to indicate a Labour Ward Mandatory if 140004 = C
140015	TheatreCategoryCode Theatre Category	C	1	1	A/N	C = Complex S = Simple	Must be set where 140007 completed.
140008	ChargeAmount Principal Service Charge	M	1	9	N	0 - 999999999 - cents.	
140009	TotalChargeAmount Total Charge for all Service	M	1	9	N	0 - 999999999 - cents.	Where no secondary items charged (MSG), 140009 = 140008. Where secondary items charged 140009 = sum of 140008 and all 150006.
140010	ServiceTime Time of Day	C	1	4	N	HHMM (rounding to nearest hour allowed) 24 hour clock	Mandatory if multiple PSG segments on same day.
140011	TheatreMins Time in Theatre or Procedure Room	C	1	4	N	Total time in minutes 0 - 9999.	Must be set where 060007 = 1 or 0. Mandatory if multiple PSG segments on same day HCP1 (Funds) element 53 HCP (Hospital) element 42
140012	AnaestheticTypeCode Anaesthetic Type Code	C	1	1	A/N	L = Local; G = General;  R = Regional; I = Intravenous; N = No Anaesthetic.	Must be set where 060007 = 1 or 0.
140013	ChargeRaisedCde Charge indicator	M	1	1	A/N	C = charge raised I = information only (where total charge amount = 0).	C if 140009 is >0 and Must be set to I where 140009 = 0

**ECLIPSE HOSPITAL WORKING GROUP  
ECLIPSE IHC Message - Data Dictionary**

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: MSG**

**Segment Name: Multiple Services Group**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
150150	Segment	C	99			MSG segment is used for the reporting of multiple or secondary services for each of the principal services reported in the PSG segment.	Use this group when a supplementary theatre procedure is performed at the same time as the primary and 140008 less than 140009 Can not be supplied without a PSG segment.
150002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (MSG).	
150003	MessagePartId Multiple Service Sequence Number	M	1	5	N	00001-00099 valid.	
150004	ServiceCodeTypeCode Service Code Type Indicator	M	1	1	A/N	C= MBS; I = ICD10AM; D = DRG; O = Other. V = DVA Code List M =Miscellaneous Code List (eg dental, cosmetic)	
150005	ServiceCode Multiple Service Code	M	1	11	A/N		*HCP1 (Funds) element 54. *HCP (Hospitals) element 43.
150006	ChargeAmount Multiple Service Charge	M	1	9	N	0 – 9999999999 - cents.	
150007	ChargeRaisedCde Charge Indicator	M	1	1	A/N	C = charge raised I = information only (used when actual charge already recorded in SVB but additional detail required within this segment).	
150008	TheatreBandCode Theatre Band	C	1	3	A/N	National Theatre bands or WA bands LW = Labour Ward	Must be used where THEATRE BAND TYPE = O Other to indicate a Labour Ward Mandatory if 150004 = C Mandatory if 150008 used
150009	TheatreBandTypeCode	C	1	1	A/N	Used to describe the theatre band list	

**ECLIPSE HOSPITAL WORKING GROUP  
ECLIPSE IHC Message - Data Dictionary**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
	Theatre Band Type					N = National Theatre Band W = WA Theatre Band O = Other (to be used for LW)	
150010	TheatreCategoryCode Theatre Category	C	1	1	A/N	C = Complex S = Simple	Mandatory if 150008 used

**ECLIPSE HOSPITAL WORKING GROUP  
ECLIPSE IHC Message - Data Dictionary**

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: TRG**

**Segment Name: Transport Group**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
160160	Segment	C	9			The TRG segment is used for raising charges for patient transport directly related to the claim period.	Based on contractual arrangements
160002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (TRG).	
160003	MessagePartId Transport Service Sequence No.	M	1	5	N	00001-00009 valid.	
160004	ServiceDate Date of Service	M	1	8	D	(ddmmccyy)	
160005	AmbulanceReferenceld Ambulance Service's Reference No.	O	1	15	A/N		
160006	TransportTypeCode Transport Type Used	M	1	1	A/N	T= Taxi; A = Ambulance; F = Aircraft; M = Mobile ICU.	
160007	FromLocality From	M	1	40	A/N	Town, City, Suburb.	
160008	ToLocality To	M	1	40	A/N	Town, City, Suburb.	
160009	DistanceKms Distance travelled	M	1	4	N	Kilometres (<9999).	
160010	StartTime Start Time	M	1	4	N	HHMM (24 hr clock)	
160011	TransportHrsMins Elapsed Time	M	1	4	N	HHMM	
160012	ChargeAmount Charge	M	1	9	N	0 - 999999999 - cents	Where there is a zero charge, the charge indicator must equal 'I'.
160013	ChargeRaisedCde Charge Indicator	M	1	1	A/N	C = charge raised I = information only (used when actual charge already recorded in SVB but additional detail required within this segment).	

**ECLIPSE HOSPITAL WORKING GROUP  
ECLIPSE IHC Message - Data Dictionary**

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: MIG**

**Segment Name: Miscellaneous Services**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
170170	Segment	C	999			The MIG segment is used for the reporting and charging of miscellaneous items not covered elsewhere in the claim, such as prostheses.	If greater than 99 services for the same Service Code multiple MIG segments required. Based on contractual arrangements
170002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (MIG).	
170003	MessagePartId Misc. Service Sequence No.	M	1	5	N	00001-00999 valid	
170004	ServiceCode Service Code	M	1	11	A/N	Industry wide codes form part of this manual. Miscellaneous codes can be obtained from <a href="http://www.apha.org.au/eclipse">http://www.apha.org.au/eclipse</a>	
170005	Text Service Number/Name	O	1	30	A/N	Qualifies 170004 eg DHFS Prosthetic Numbers. Free text description required.	
170006	ServiceDate Date of Service	M	1	8	D	(ddmmccyy)	
170007	ServiceQuantity No. of Services Provided	M	1	2	N	1-99 valid	
170008	ServiceRate Charge/Services	M	1	9	N	0 - 999999999 – cents	Quote unit price for prosthesis
170009	ChargeAmount Total Miscellaneous Service Charge for this Service Code	M	1	9	N	0 - 999999999 - cents	Where there is a zero charge, the charge indicator must equal 'I'.
170010	ChargeRaisedCde Charge Indicator	M	1	1	A/N	C = charge raised I = information only (used when actual charge already recorded in SVB but additional detail required within this segment).	



# ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: DMG**

**Segment Name: DRG Morbidity Group**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
180180	Segment	C	1			The DMG segment is required for the collection of diagnosis and ICD codes. It is essential for episodic billing	This is a mandatory segment where ClaimTypeCode = PR. ie Private Hospitals and Day Facilities.  This is Mandatory where ClaimTypeCode = PU and where PSG segment is not present.
180002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (DMG).	
180003	PrincipalDiagnosis Principal Diagnosis	M	1	6	AN	Exclude special characters eg '.' and '*'. Morphology codes should not be submitted in this field. ICD-10-AM. Format NANNNN each entry should consist of; the first (1) digit represents the condition onset flag code next five (5) represent the principal diagnosis code. Condition Onset Flag - A qualifier for each coded diagnosis to indicate the onset of the condition relative to the beginning of the episode of care, as represented by a code. 1 = condition with onset during the episode of admitted patient care 2 = condition not noted as arising during the episode of admitted patient care 9 = not reported Note: All patients should report a condition onset flag code of 2 for the principal diagnosis, with the exception of newborns. Newborns in their admitted birth episode within the hospital may report a condition onset flag code of 1 or 2 for the principal diagnosis. Newborn episodes can be identified by ICD-10-AM Code Z38.x in the principal or additional diagnosis code field.	*HCP1 (Funds) element 47. *HCP (Hospitals) element 36. Where claim type = PU then default the condition onset flag to 2
180005	AdditionalDiagnosis	O	49	6	AN	Exclude special characters eg '.' and '*'. Note: All patients should report a condition onset flag code of 2 for the principal diagnosis, with the exception of newborns. Newborns in their admitted birth episode within the hospital may report a condition onset flag code of 1 or 2 for the principal diagnosis. Newborn episodes can be identified by ICD-10-AM Code Z38.x in the principal or additional diagnosis code field.	*HCP1 (Funds) element 48.

## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
	Secondary Diagnosis					Morphology codes should not be submitted in this field ICD-10-AM. Format NANNNN each entry should consist of; the first (1) digit represents the condition onset flag code next five (5) represent the additional diagnosis code. The condition onset flag is a qualifier for each coded diagnosis to indicate the onset of the condition relative to the beginning of the episode of care. 1 = condition with onset during episode of admitted patient care 2 = condition not noted as arising during episode of admitted patient care 9 = not reported	*HCP (Hospitals) element 37. Where claim type = PU then default the condition onset flag to 9
180006	Procedures Procedures	O	50	7	AN	Exclude '-'. MBS-Extended	*HCP1 (Funds) element 49.
180007	VentilationHrs Hrs of mechanical Ventilation	C	1	4	N	HHHH. (0000 is valid). The number of hours of mechanical ventilation is defined as: The total number of hours an admitted patient has spent on continuous ventilator support. Continuous ventilatory support refers to the application of ventilation via an invasive artificial airway. For the purposes of this data element, invasive artificial airway is that provided via an endotracheal tube or a tracheostomy tube.	*HCP (Hospitals) element 38 *HCP1 (Funds) element 40. *HCP (Hospitals) element 29 Mandatory for private hospitals. Optional for Public hospitals.
180008	DRGCode DRG	C	1	4	A/N	DRG	<b>Mandatory for ClaimTypeCode = PR and where 40005 = N or L and 060006 = A.</b> *HCP1 (Funds) element 36. *HCP (Hospitals) element 15.
180009	DRGVersion AR-DRG Grouper Classification Version	C	1	2	A/N	Values 31 = Version 3.1, 32 = version 3.2, 41 = version 4.1, 42 = version 4.2, 50 = version 5.0, 51 = version 5.1, 52 = version 5.2, 60 = version 6.0, 6x = version 6.x	<b>Mandatory for Claim TypeCode = PR and where 40005 = N or L and 060006 = A.</b>  *HCP1 (Funds) element 37. *HCP (Hospitals) element 16.

**ECLIPSE HOSPITAL WORKING GROUP  
ECLIPSE IHC Message - Data Dictionary**

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: MOR**

**Segment Name: Non-DRG Morbidity**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
190190	Segment	O	99			The MOR segment is for the collection of non-DRG classifications and ANSNAP data.	For a Rehabilitation episode AND the patient is: <ul style="list-style-type: none"> <li>In a designated rehabilitation facility</li> <li>In a designated rehabilitation unit</li> <li>Under a designated rehab program</li> </ul>
190002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (MOR).	
190003	MessagePartId Non-DRG sequence number	M	1	5	N	00001-00099 valid.	
190004	CasemixCodeTypeCode Casemix/Service Code Type Indicator	M	1	1	A/N	Every letter valid. Refinement will occur when non DRG casemix classifications in use (eg S = sub/non-acute inpatient classification AN-SNAP)	
190005	CasemixCode Casemix/Service Code	O	1	11	A/N	Currently not used	
190006	AdmissionFIMScore Admission FIM Score	O	18	1	N	The FIM score on admission for each of the 18 FIM motor and cognition items. Each of the 18 items has a maximum score of 7 and a minimum score of 1. Scores are; 7 – Complete independence (No helper) 6 – Modified Independence (No helper) 5 – Supervision or set up (Helper) 4 – Minimal Assistance (Helper) 3 – Moderate Assistance (Helper) 2 – Maximal Assistance (Helper) 1 – Total Assistance (Helper)  The 18 individual codes are score values for; 1 = Eating 2 = Grooming, 3 = Bathing,	*HCP Data element Based on contractual arrangements

**ECLIPSE HOSPITAL WORKING GROUP  
ECLIPSE IHC Message - Data Dictionary**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
190007	DischargeFIMScore Discharge FIM Score	O	18	1	N	<p>4 = Dressing - Upper Body, 5 = Dressing - Lower Body, 6 = Toileting, 7 = Bladder Management, 8 = Bowel Management, 9 = Transfer - bed/chair, 10 = Transfer – toilet, 11 = Transfer - tub, 12 = Walk/wheel chair, 13 = Stairs, 14 = Comprehension, 15 = Expression, 16 = Social interaction 17 = Problem solving, 18 = Memory</p> <p>The FIM score on discharge for each of the 18 FIM motor and cognition items. Each of the 18 items has a maximum score of 7 and a minimum score of 1. Scores are; 7 – Complete independence (No helper) 6 – Modified Independence (No helper) 5 – Supervision or set up (Helper) 4 – Minimal Assistance (Helper) 3 – Moderate Assistance (Helper) 2 – Maximal Assistance (Helper) 1 – Total Assistance (Helper)</p> <p>The 18 individual codes are score values for; 1 = Eating 2 = Grooming, 3 = Bathing, 4 = Dressing - Upper Body, 5 = Dressing - Lower Body, 6 = Toileting, 7 = Bladder Management, 8 = Bowel Management, 9 = Transfer - bed/chair, 10 = Transfer – toilet,</p>	*HCP Data element Based on contractual arrangements

## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
190008	AROCImpairmentCode AROC Impairment Code	C	1	7	A/N	<p>11 = Transfer - tub, 12 = Walk/wheel chair, 13 = Stairs, 14 = Comprehension, 15 = Expression, 16 = Social interaction 17 = Problem solving, 18 = Memory</p> <p>The Impairment code that best describes the primary reason for admission to the rehabilitation episode. Decimal point to be supplied. First two digits represent the impairment group, followed by a decimal point and then up to four digits that represent specific categories within the impairment group. (NN.NNNN) If the ARIC Impairment group is only 1 digit then prefix with a 0. The AROC Impairment Category should be zero filled if is less than 4 digits</p>	<p>*HCP Data element</p> <p><b>Mandatory when</b> 190009 or 190010 or 190011 or 190012 or 190013 are set</p>
190009	AssessmentOnlyCode Assessment Only	C	1	1	N	<p>1 = Yes 2 = No</p> <p>For more information refer to the HCP data requirements.</p>	<p>*HCP Data element</p> <p><b>Mandatory when</b> 190008 or 190010 or 190011 or 190012 or 190013 are set</p>
190010	ANSNAPClass AN-SNAP Class	C	1	4	A/N	<p>The AN-SNAP class to which the episode is assigned. AN-SNAP Class is only applicable to overnight episodes and must be reported as 4 characters.</p>	<p>*HCP Data element</p> <p><b>Mandatory when</b> 190008 or 190009 or 190011 or 190012 or 190013 are set</p>
190011	ANSNAPId	C	1	15	A/N	<p>A unique identifier for the AN-SNAP record that links it to the associated episode (and/or medical and prosthetic records). It is a combination of the Medical Record Number (in the Episode record) hyphen and a record number (sequential counter)</p>	<p>*HCP data element</p> <p><b>Mandatory when</b> 190008 or 190009 or 190010 or 190012 or 190013 are set</p>
190012	MultiDisciplinaryRehabPlanDate	C	1	8	D	<p>Format DDMMYYYY. The date a multi-disciplinary rehabilitation plan is established for an episode of admitted patient care</p>	<p>*HCP data element</p> <p><b>Mandatory when</b> 190008 or 190009 or 190010 or 190011 or 190013 are set</p>
190013	DischargePlanDate	C	1	8	D	<p>Format DDMMYYYY. The date a discharge plan is established for an episode of admitted patient care.</p>	<p>*HCP data element</p> <p><b>Mandatory when</b> 190008 or 190009 or 190010 or 190011 or 190012.</p>

**ECLIPSE HOSPITAL WORKING GROUP  
ECLIPSE IHC Message - Data Dictionary**

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: CER**

**Segment Name: Certificate**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
200200	Segment	C	99			The CER segment is used to notify the collection of relevant certificate information needed to support the claim.	Based on contractual arrangements
200002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (CER).	
200003	MessagePartId Certificate Sequence Number	M	1	5	N	00001-00099 valid.	
200005	CertificateTypeCode Certificate Type Code	M	1	2	A/N	This list will be fund driven and will change ad-hoc B = Type B; C = Type C; 3B = Nursing Home Type Patient (Acute Care); PS = Psychiatric; RE = Rehabilitation; NE = Neonate; CC = Critical care; AC = Accident. HC =Home Care IC = Intensive Care WC = Wound Care SU = Special Unit EL = Election Form PE = PEA Certificate OS = Overseas Certificate NS = Non schedule 5 prosthesis SP = Spinal surgery/neurocomplex LY = Lymphoedema DE =Dental MU = Multiple Admission (Chemotherapy and Dialysis) DO = Day only for Dialysis RD = Rehabilitation Discharge/Separation AD = Ambulatory Discharge/Separation ED = Early Discharge/Separation	

## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
						EX = Expected Date of confinement EC = Emergency Caesar FL = Failed Labour MB = Mother and Baby OO = Obstetric Outlier AE = Antenatal Education OU = Outlier DR = Exceptional Drug (non HPPA medication) OT = Other	
200013	Text Certificate text	C	1	500	A/N		Must be set if 200005 = 3B, OT & C
200007	CertifyingProviderNum Certifying Provider Number	C	1	8	A/N	Practitioner provider number must be HIC issued. Stem + Location + Check Digit.	Must be set if 200005 = 3B and the certifying provider has a provider number
200008	CertifyingProviderName Certifying Provider Name	C	1	40	A/N		Must be set if 200005 = 3B and 200007 is blank
200009	IssueDate Date Signed/Issued	M	1	8	D	(ddmmccyy)	
200010	FromDate Date From	M	1	8	D	*Part of standard group of 3 data elements referring to period of time. (ddmmccyy)	
200011	ToDate Date To	C	1	8	D	*Part of standard group of 3 data elements referring to period of time (note optionality in this segment group). (ddmmccyy) Must be equal to or later than 200010	Conditional on CertificateTypeCode (200005) and contractual arrangements with Health Funds.
200012	NumberOfDays No. of days	C	1	4	N	*Part of standard group of 3 data elements referring to period of time (note optionality in this segment group). 1-9999 valid.	Conditional on CertificateTypeCode (200005) and contractual arrangements with Health Funds.

## ECLIPSE HOSPITAL WORKING GROUP ECLIPSE IHC Message - Data Dictionary

**Message Name:** Claim

**Message Identifier:** HCLM

**Segment Identifier:** MED

**Segment Name:** Medical Service

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
210210	Segment	C	99			The MED segment is used for the collection and submission of doctor's charges for in-patient services.	Used for medical or Allied Health Service Providers. Mandatory if 040017 is > \$0.00
210002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (MED).	
210003	MessagePartId Medical Sequence Number	M	1	5	N	00001-00099 valid.	
210004	PayeeProviderNum Payee Provider Number	O	1	8	A/N	May not be a 'Medicare' provider number	
210005	ServicingProviderNum Servicing Provider Number	M	1	8	A/N	May not be a 'Medicare' provider number (May be a person or facility.)	
210006	ServicingProviderName Servicing Provider Name	M	1	40	A/N		
210007	ServiceCodeTypeCode Service Code Type Indicator	M	1	1	A/N	C = MBS; I = ICD10AM; D = DRG; O = Other V = DVA Code List M = Miscellaneous Code List (eg dental, cosmetic)	
210008	ServiceCode Service Code	M	1	11	A/N		
210009	ServiceDate Date of Service	M	1	8	D	(ddmmccyy)	
210010	ChargeAmount Charge	M	1	9	N	0 - 999999999 - cents.	Where there is a zero charge, the charge indicator must equal 'I'
210011	ChargeRaisedCde Charge Indicator	M	1	1	A/N	C = charge raised I = information only (used when actual charge already recorded in SVB but additional detail required within this segment).	



**ECLIPSE HOSPITAL WORKING GROUP  
ECLIPSE IHC Message - Data Dictionary**

**Message Name: Claim**

**Message Identifier: HCLM**

**Segment Identifier: REM**

**Segment Name: Remarks**

Element No	Data Element Name NCG Element Name	Req'd	Repeat	Size	Format	Comment	Conditional
900900	Segment	C	99			The REM segment allows for the collection of free format text that may be needed for the processing of the claim.	Based on contractual arrangements
900002	MessagePartId Segment Identifier	M	1	3	A/N	Always the 3 character code which identifies the Segment Group (REM).	
900003	MessagePartId Remarks Sequence Number	M	1	5	N	00001-00099 valid.	
900004	Text Remarks	M	1	500	A/N		