

# Sub and non-acute (SNAP) episodes of care

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When coding a sub or non-acute (SNAP) episode of care that is following on from an episode change there are some key things to consider before assigning or copying diagnosis codes from the previous episode of care.

Sub and non-acute care is a term used to group care type 09 Geriatric Evaluation and Management (GEM), 10 Psychogeriatric care, 11 Maintenance care, 20 Rehabilitation care and 30 Palliative care. For more information on care types, please refer to the [Queensland Hospital Admitted Patient Data Collection \(QHAPDC\) Manual](#).

## Things to consider include:

### Is the principal diagnosis code the same between the two episodes of care?

The principal diagnosis code that was assigned in the previous episode will not necessarily meet the requirements for assignment as the principal diagnosis in the following episode of care. Verify the clinical documentation in the medical record confirms the condition that is chiefly responsible for the sub or non-acute episode of care as per Australian Coding Standard (ACS) 0001 *Principal diagnosis*. Please note that it is also possible that the principal diagnosis from a prior acute admission may be assigned as an additional diagnosis in some cases.

#### Example:

A patient was admitted under care type 01 Acute following a non-ST elevation myocardial infarction. On day 8, the patient is statistically separated and admitted under care type 20 Rehabilitation to the Rehabilitation Unit. The clinical notes state that the patient requires rehabilitation due to unsteadiness on their feet as identified during their acute episode of care.

In the Rehabilitation episode of care the principal diagnosis code is R26.8 *Other and unspecified abnormalities of gait and mobility*.

### Should a Z code be assigned? If so, is it the principal or additional diagnosis?

For some sub and non-acute care types, there is a requirement to assign a Z code within the episode of care. Dependent on the care type, the Z code may either need to be a principal diagnosis e.g. care type 11 Maintenance care or an additional diagnosis e.g. care type 20 Rehabilitation care and 30 Palliative care). For further information see ACS 2117 *Non-acute care*, ACS 2104 *Rehabilitation* and ACS 2116 *Palliative care*.

#### Example:

A patient who had been admitted with chronic obstructive pulmonary disease has completed their acute phase of care and has been statistically separated and admitted to care type 11 Maintenance care awaiting nursing home placement

In the Maintenance episode of care the principal diagnosis code is Z75.11 *Person awaiting admission to residential aged care service*.

**Does the condition meet the requirement of Australian Coding Standards (ACS) 0002  
Additional diagnoses for this sub/non-acute episode of care?**

An additional diagnosis code that was assigned in the previous episode will not necessarily meet the requirements for assignment in the following episode of care. Verify the clinical documentation in the medical record confirms the condition meets ACS 0002 *Additional diagnoses*.

**Example:**

A patient is diagnosed with a urinary tract infection (UTI) on day 5 during an acute episode of care and commenced on antibiotics. On day 10 the patient is statistically separated and admitted under care type 11 Maintenance care to await nursing home placement. While the patient is still on antibiotics for the UTI during their maintenance episode of care nil other care or interventions were required.

In the Maintenance episode of care the UTI does not meet the requirements of ACS 0002 *Additional diagnoses* and is not assigned.

**Is the Condition Onset Flag correct?**

The Condition Onset Flag (COF) for a diagnosis code can change between episodes of care. Confirm the documentation in the medical record supports the correct COF is assigned.

**Example:**

During an acute episode of care, a patient developed a stage 2 pressure injury on their heel. Wound management care is commenced. On day 10 the patient is statistically separated and admitted under care type 09 Geriatric Evaluation and Management (GEM) to the GEM Unit. In the GEM Unit the patient continues to receive wound care and ongoing assessment.

In the GEM episode of care COF = 1 Condition **present** on admission to the episode of care is assigned for L89.17 *Pressure injury, stage II, heel*.

**Is the care type correct?**

Data quality activities have identified that sometimes an incorrect care type is recorded – such as care type 11 Maintenance care is entered when it should have been 01 Acute care. Confirm the documentation in the clinical record corresponds to the assigned care type.

**Example 1:**

While coding an episode of care with care type 11 Maintenance care, it is identified that the patient had been receiving acute care during their admission for pneumonia and the patient had undergone investigations and treatment for this during the episode of care.

The above care profile does not meet the definition of care type 11 Maintenance care. Maintenance care (or non-acute care) is care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Following assessment or treatment the patient does not require further complex assessment or stabilisation. Patients with a care type of maintenance care often require care over an indefinite period.

**Example 2:**

While coding an episode of care with care type 20 Rehabilitation, it is identified that the patient had received dialysis during their admission for chronic renal failure. The clinical coder queries if the patient should be changed to an acute care type for the dialysis.

Dialysis, chemotherapy and some radiotherapy procedures are same day accommodation procedures. A patient cannot be admitted as a same day accommodation procedure whilst also admitted as an overnight patient. A patient receiving dialysis during a multi-day episode can be any

care type and if receiving dialysis during a SNAP episode of care the care type does not require adjustment to acute via a statistical discharge and readmission.

Same day only dialysis session is a separate acute admission except during a course in a sub-acute (SNAP) episode of care.

## Sub and Non-acute Care Coding Guide and related Validations\*

This Sub and Non-acute Care Coding Guide has been developed to assist clinical coders with identifying morbidity validation requirements in sub and non-acute episodes of care.

| Care type   | Coding Guide  |
|---|---|
| <b>09</b> Geriatric Evaluation and Management (GEM) | <p>The principal and additional diagnosis should be assigned as per ACS 0001 <i>Principal diagnosis</i> and ACS 0002 <i>Additional diagnoses</i> in alignment with the requirements of the care type.</p> <p>The primary clinical purpose or treatment goal is improvement in the functioning of a patient with multi-dimensional needs associated with medical conditions relating to ageing, such as tendency to fall, incontinence, reduced mobility and cognitive impairment. The patient may also have complex psychosocial problems.).</p>  |
| <b>10</b> Psychogeriatric care                      | <p>The principal and additional diagnosis should be assigned as per ACS 0001 <i>Principal diagnosis</i> and ACS 0002 <i>Additional diagnoses</i> in alignment with the requirements of the care type.</p> <p>The primary clinical purpose or treatment goal is improvement in the functional status, behaviour and/or quality of life for an older patient with significant psychiatric or behavioural disturbance, caused by mental illness, an age-related organic brain impairment or a physical condition).</p>   |
| <b>11</b> Maintenance care                          | <p>In alignment with ACS 2117 <i>Non-acute care</i> the principal diagnosis code is typically a code from either:</p> <ul style="list-style-type: none"> <li>• Z54.- <i>Convalescence</i></li> <li>• Z74.- <i>Problems related to care-provider dependency</i></li> <li>• Z75.- <i>Problems related to medical facilities and other health care.</i></li> </ul> <p>Related validations:</p> <ul style="list-style-type: none"> <li>• H612 <i>Code     is not valid for episode care type  .</i> <ul style="list-style-type: none"> <li>○ Care type 01 Acute care is not valid for PD Z74.- <i>Problems relating to care-provider dependency.</i></li> </ul> </li> <li>• H889 <i>Principal diagnosis code   is an unexpected code for Care type 11 Maintenance care episodes of care</i> <ul style="list-style-type: none"> <li>○ Episodes of care with Care type 11 Maintenance care usually have a principal diagnosis from one of the follow code ranges: <ul style="list-style-type: none"> <li>○ Z54 <i>Convalescence</i></li> <li>○ Z74 <i>Problems related to care-provider dependency</i></li> </ul> </li> </ul> </li> <li>• Z75 <i>Problems related to medical facilities and other health care.</i></li> </ul> |
| <b>20</b> Rehabilitation care                       | <p>In alignment with ACS 2104 <i>Rehabilitation</i> and ACS 0001 <i>Principal diagnosis</i> the principal diagnosis should reflect the underlying condition requiring rehabilitation.</p> <p>Z50.9 <i>Care involving use of rehabilitation procedure, unspecified</i> is only ever assigned as an additional diagnosis code and may be assigned independent of the admitted patient care type.</p> <p>For rehabilitation and palliative care episodes of care, from 1 July 2020 diagnosis codes Z50.- <i>Care involving use of rehabilitation procedures</i> and</p>  |

| Care type  | Coding Guide  |
|--|---|
|  | <p>Z51.5 <i>Palliative care</i> must be clustered (sequenced) immediately after the related conditions.</p> <p>For more information on sequencing of codes in the range Z50.- <i>Care involving use of rehabilitation procedures</i>, please refer to the <a href="#">Queensland Hospital Admitted Patient Data Collection (QHAPDC) Manual</a>.</p> <p>Related validations:</p> <ul style="list-style-type: none"> <li>• H558 <i>Combination of   and   is not valid.</i> <ul style="list-style-type: none"> <li>○ Codes in the range Z50 <i>Care involving use of rehabilitation procedures</i> can only be assigned with code identifier Other Diagnosis (OD).</li> </ul> </li> <li>• H611 <i>An episode with Care type of   must have a   diagnosis  .</i> <ul style="list-style-type: none"> <li>○ Typically an episode with a care type of 20 <i>Rehabilitation</i> would include the diagnosis code of Z50.- <i>Care involving use of rehabilitation procedures</i>.</li> </ul> </li> <li>• H612 <i>Code     is not valid for episode care type  .</i> <ul style="list-style-type: none"> <li>○ Care type 11 <i>Maintenance care</i> is not valid for Z50.9 <i>Care involving rehabilitation procedure, unspecified</i>.</li> </ul> </li> <li>• H839 <i>Care type   must be accompanied with a code in the range  .</i></li> <li>• An episode with a care type of 20 <i>Rehabilitation</i> would include the diagnosis code in the range Z50.- <i>Care involving use of rehabilitation procedures</i>.</li> </ul>   |
| 30 Palliative care   | <p>The principal and additional diagnosis should be assigned as per ACS 0001 <i>Principal diagnosis</i> and ACS 0002 <i>Additional diagnoses</i>.</p> <p>Z51.5 <i>Palliative care</i> is only ever assigned as an additional diagnosis code and may be assigned independent of the admitted patient care type.</p> <p>For rehabilitation and palliative care episodes of care, from 1 July 2020 diagnosis codes Z50.- <i>Care involving use of rehabilitation procedures</i> and Z51.5 <i>Palliative care</i> must be clustered (sequenced) immediately after the related conditions.</p> <p>For more information on sequencing of codes in the range Z50.- <i>Care involving use of rehabilitation procedures</i>, please refer to the <a href="#">Queensland Hospital Admitted Patient Data Collection (QHAPDC) Manual</a>.</p> <p>Related validations:</p> <ul style="list-style-type: none"> <li>• H558 <i>Combination of   and   is not valid.</i> <ul style="list-style-type: none"> <li>○ Z51.5 <i>Palliative care</i> can only be assigned with code identifier Other Diagnosis (OD).</li> </ul> </li> <li>• H611 <i>An episode with Care type of   must have a   diagnosis  .</i> <ul style="list-style-type: none"> <li>○ Typically an episode with a care type of 30 <i>Palliative care</i> would include the diagnosis code of Z51.5 <i>Palliative care</i>.</li> </ul> </li> <li>• H839 <i>Care type   must be accompanied with a code in the range  .</i></li> <li>• An episode with a care type of 30 <i>Palliative care</i> would include diagnosis code Z51.5 <i>Palliative care</i>.</li> </ul> |
| * Contributions from the Royal Brisbane and Women's Hospital (RBWH) and Princess Alexandra Hospital (PAH). |   |

## Validations

### How to resolve the validation

Providing responses in Electronic Validation Application (EVA) Plus to confirm the clinical documentation supporting the care type, diagnoses and clinical coding following Australian Coding Standards assists SSB in resolving validations.

**Document History**

| <b>Version</b> | <b>Date</b>  | <b>Status</b> | <b>Key changes made</b>  | <b>Author/s</b>   |
|----------------|--------------|---------------|--|-------------------|
| 1.0            | June 2021    | Approved      | Version 1.0 published  | Data Quality Team |
| 2.0            | August 2024  | Approved      | Updating of content and wording following consultation at the SSB-CCSIG.         | Data Quality Team |
| 3.0            | October 2025 | Approved      | Australian Coding Standard (ACS) Thirteenth Edition update, editorial amendment. | Data Quality Team |