

# Queensland Health non-admitted patient data collection

## data set specification manual

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## **Non-admitted patient data collection data set specification manual**

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## Version History

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0.1	June 2015	R Leeuwendal	Initial draft
0.2	June 2015	R Leeuwendal	SSU & Director SCI Feedback Included. Copied onto new corporate template. Cross checked to NAP DSS 2015-16 document.
1.0	June 2015	R Leeuwendal	Completed final first release version.
1.1	July 2015	R Leeuwendal	Updated first release version incorporating feedback from HIU.

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# 1. About the non-admitted patient data set specification

## 1.1 Introduction

This manual provides a detailed explanation of the Queensland Health non-admitted patient data set specification. It is a reference for those who complete statewide patient level, non-admitted patient (NAP) activity reporting.

## 1.2 Background

The agreement to implement Activity Based Funding (ABF) forms part of the Heads of Agreement – National Health Reform, signed by the Council of Australian Governments (COAG). The National Health Reform Agreement (NHRA) ([Council of Australian Governments 2011](#)) sets out the intention of the Commonwealth, State and Territory governments to work in partnership to improve health outcomes for Australians. Through this national agreement, there is a focus on the equitable funding of public hospitals, enhancing local access to services, improved efficiency accountability and transparency across the system, and financial sustainability into the future.

The Independent Hospital Pricing Authority (IHPA) is an independent agency that provides certain functions of the NHRA. IHPA plays a pivotal role in ABF through the key functions outlined in section B3 of the National Health Reform Agreement, including the Classification, Counting, Costing and Pricing of activity.

IHPA determines the National Efficient Price (NEP) for services provided in public hospitals. The provision of timely, accurate and reliable data is vital to IHPA in determining the NEP. IHPA developed the [Three Year Data Plan](#) to communicate these requirements to jurisdictions, to specify the data requirements, data standards and timelines.

The Three Year Data Plan specifies that the reporting of NAP activity for ABF funded hospitals should be provided at a patient level from 1 July, 2013. The Plan specifies that patient level data must be submitted according to the [Non-Admitted Patient Data Set Specification](#), or NAP DSS).

The Provider Engagement and Contract Delivery Branch sponsored an initiative to develop and maintain a state-wide patient-level data collection. The Healthcare Improvement Unit (HIU), previously the Clinical Access and Redesign Unit (CARU) established the Non-Admitted Patient Data Collection (NAPDC), which included redevelopment of HIU's SATR data repository to allow for processing of data extracts from multiple source systems. HIU also fulfilled the role of NAPDC data custodian in 2014-2015.

In 2015-2016, data custodianship will be transferred to the Health Statistics Unit (HSU). SATR remains as the submission portal with consolidated patient-level data to be transferred to the HSU NAPDC repository monthly from where the data will be validated and reported. This will involve data quality validations using the EVA Plus application, similar to other HSU statewide data collections such as the Queensland Hospital Admitted Patient Data Collection (QHAPDC).

The HSU NAPDC repository will then be used to meet national and state reporting requirements. National reporting requirements include the IHPA Non-admitted Patient ABF Data Collection and the National Health Funding Pool Non-Admitted Patient Submission. State reporting requirements include Queensland Health ABF model reporting, and Queensland Health funding model reporting.

## 1.3 Purpose

This Data Set Specification (DSS) manual defines the meaning and describes the acceptable representation of a set of data elements in the non-admitted patient domain. The DSS should be used when developing/producing NAP patient level activity extracts.

The information provided in sections 1.5 Non-admitted patient service event and 1.6 Non-admitted patient counting rules are extracted from the documents referenced in each section. The documents are subject to change as the definitions are refined for each year's data collection. Reference the original documentation for the most complete and up to date version of the rules.

## 1.4 Objectives

The objectives of the DSS manual are to:

- Provide a standard for reporting patient level non-admitted patient data
- Support consistency and integrity of information collection and recording
- Support national and state reporting requirements.
- Align with state and national developments in the NAP domain

## 1.5 Non-admitted patient service event

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.”**

[\(Australian Institute of Health and Welfare – METeOR 583996\)](#)

A non-admitted patient service event is included:

- irrespective of location (includes on-campus and off-campus),
- where the patient’s treatment has been funded through the hospital, regardless of the source from which the hospital derives these funds. In particular, Department of Veterans' Affairs, compensable and other patients funded through the hospital (including Medicare ineligible patients) are included; and
- regardless of setting or mode.

The QH NAP DSS has been designed to meet State reporting requirements but also to enable the State to meet national reporting requirements. Therefore, the scope of the NAPDC is all NAP service events that meet the definition of a service event.

Facilities should only report service events that contain therapeutic/clinical content and result in a dated entry in the patient's medical record. This would mean activities such as home cleaning, meals on wheels or home maintenance are not in scope.

Facilities should also only report one service event to the QH NAP DSS regardless of the number of systems it may be entered in.

Further rules will be applied to ensure only those service events that meet IHPA reporting requirements (ie only one service event at the same 'tier2 clinic' on the same given day) are supplied for national reporting.

## 1.6 Non-admitted patient counting rules

In addition to the definition of a service event defined in section 1.5, further rules are set for the different methods of providing non-admitted patient activity. Below are listed a summarised set of counting rules available in the [Tier 2 Compendium 2015-16](#).

It should be noted that where applicable further information has been added to describe specific QH NAP DSS requirements.

1. Regardless of the number of healthcare providers involved, a non-admitted patient service event must be counted once only.
2. The QH NAP DSS requires all non-admitted activity meeting the definition of a service event to be reported.
  - a) This will ensure all information is available to the Department for planning and monitoring of health services.
  - b) It will ensure compliance with national minimum data set reporting at the service event level.
  - c) For IHPA reporting, the bundling of service events (for the same Tier2 code on the same calendar day) will occur at the Departmental level.
3. Services provided to patients in the admitted or emergency department settings must not be counted as non-admitted patient service event.
4. Telephone and other telehealth consultations can be counted as non-admitted patient service events, provided that they meet the definition of a non-admitted patient service event.
  - a) For telehealth services each facility (both the telehealth provider and receiver) should report the service event against the relevant provider type and Corporate Clinic Code that best matches the service they are providing.
5. Home delivered procedures, e.g. renal dialysis, total parenteral nutrition, home enteral nutrition and ventilation, performed by the patient in their own home without the presence of a health care provider may be counted as non-admitted patient activity.
  - a) Prescribing norms are no longer required to be applied to generate 'virtual' records for home delivered procedures for IHPA reporting for 2015-16 data.
  - b) The QH NAP DSS requires facilities to report a single service event record for the reference month to represent any patient that is being supported to manage their own home delivered procedures (a census style collection at the patient-level).
6. Non-admitted patient service events involving multiple health professionals are counted as one non-admitted patient service event.
  - a) The multiple health care provider indicator should be provided to identify service events that meet the criteria.
  - b) The health care providers may be of the same profession (medical, nursing or allied health). However, they must each have a different speciality so that the care provided by each provider is unique and meets the definition of a non-admitted patient service event.

- c) HIU will derive the multiple health care provider indicator for the QH NAP DSS for any service events reported via a SATR interface with the HBCIS Appointment Scheduling system, where the multiple healthcare providers were reported for a single appointment.
- 7. Patient education services can be counted as non-admitted patient service events, provided that they meet the criteria included in the definition of a non-admitted patient service event.
- 8. Each patient attending a group session is counted as a non-admitted patient service event, providing that the session included the provision of therapeutic/clinical advice for each patient and that this was recorded using a dated entry in each patient's medical record. A group flag is included in the DSS to record this type of service event.
- 9. For activity based funding purposes, services from stand-alone diagnostic services with the exception of Clinical Measurement are not counted as non-admitted patient service events. These are an integral part of the requesting clinic's non-admitted patient service event.
- 10. Travel by a health professional is not counted as a non-admitted patient service event.

## 2. Data elements

The data elements included in the Queensland Health non-admitted patient data set specification have utilised state, [Queensland Health Data Dictionary](#) standards that align to national standards [METeOR](#).

### 2.1 Requirements

Essential	Data element is mandatory and must be included.
Conditional	Data element is mandatory and must be included under specific criteria. See data element Guide for use and Verification rules for details on when a conditional field is mandatory.
Desirable	Data element should be included but is not mandatory. See data element Guide for use and Verification rules for further details.
Optional	Data element may or may not be included.

### 2.2 List of data elements

#	Data element	Requirement	QHDD	NHDD
<b>Header row</b>				
H(1)	Extract period beginning	Essential		
H(2)	Extract period ending	Essential		
H(3)	Source system	Essential		
H(4)	Number of records	Essential		
<b>Patient details</b>				
1	Facility identifier	Essential	✓	
2	Patient identifier	Essential	✓	✓
3	First given name	Conditional	✓	✓
4	Second given name	Conditional	✓	✓
5	Family name	Essential	✓	✓
6	Sex of patient	Essential	✓	✓
7	Patient date of birth	Essential	✓	✓
8	Estimated date of birth indicator	Conditional	✓	
9	Patient country of birth	Essential	✓	✓
10	Patient indigenous status	Essential	✓	✓
11	Patient usual residence - address	Essential	✓	
12	Patient usual residence - suburb	Essential	✓	

#	Data element	Requirement	QHDD	NHDD
13	Patient usual residence - postcode	Essential	✓	
<b>Service details</b>				
14	Tier 2 Clinic (Qld) code	Optional	✓	
15	Corporate Clinic Code (CCC)	Essential	✓	
16	Local Clinic Code	Essential	✓	
17	Service provider	Essential	✓	
18	Care type	Essential	✓	✓
<b>Service event details</b>				
19	Service delivery setting	Essential	✓	
20	Service delivery mode	Essential	✓	✓
21	National provider identifier	Optional	✓	
22	Local provider identifier	Optional	✓	
23	Multiple health care provider indicator	Essential	✓	✓
24	Service request received date	Essential	✓	✓
25	Service request source	Essential	✓	✓
26	Service request provider name	Desirable	✓	
27	Service event date	Essential	✓	✓
28	Group session indicator	Essential	✓	✓
<b>Service event funding details</b>				
29	Purchaser identifier	Conditional	✓	
30	Funding source	Essential	✓	✓
31	Service event chargeable status	Essential	✓	
32	Payment class	Optional	✓	
33	Medicare number	Conditional	✓	
34	Medicare Eligibility	Essential	✓	✓
35	Other Commonwealth program status	Optional	✓	
36	Commonwealth program or exemption type	Optional	✓	
37	New/review flag	Optional	✓	
38	Department of Veterans' Affairs File Number	Optional	✓	✓
39	Department of Veterans' Affairs Card Type	Optional	✓	✓

## 2.3 Data element attributes guide

The following provides an explanation of the attributes listed for each data element in the data set specification. The sections in blue provide information to be completed as part of the non-admitted patient data collection. The sections in grey provide additional information for reference.

Identifying and definitional attributes	
Data element number	<i>A reference number associated to the data element in the QHNAPDSS.</i>
Definition	<i>The meaning, description or explanation of the data element.</i>
Synonym names	<i>Other names commonly used for the data element.</i>
Relational and representational attributes	
Data type	<i>The type of characters accepted when providing the data element, numeric character/ alphanumeric.</i>
Representation layout	<i>The accepted character format when providing the data element.</i>
Minimum size	<i>The minimum number of characters accepted when providing the data element.</i>
Maximum size	<i>The maximum number of characters accepted when providing the data element.</i>
Data domain	<i>If a short list of specific values apply to a data element they are listed for reference.</i>
Requirements key	<i>The requirement for the data element to be completed, as per section 2.1.</i>
Guide for use	<i>The guide for use lists any formatting rules in addition to the data type, representation layout, minimum and maximum size. If a long list of specific values applies to a data element, the source is provided for reference.</i>
Verification rules	<i>The rules that will be applied to the data submission to check that the data elements provided are in the correct format.</i>
Administrative attributes	
Source document	<i>If the data element has been defined in the Queensland Health Data Dictionary or National Health Data Dictionary it is referenced.</i>
Comments	<i>Any comments on the use of the data element are listed/ referenced.</i>
Data set specifications which include this data element	<i>The data set specifications which include this data element are referenced.</i>
Data collection	
Data collection methods	<i>If the data element is modified for a data collection, the changes to the data element are listed for reference.</i>
Data collections and	<i>The data collections which include this data element for</i>

systems which include  
this data element

*reference.*

### 3. Header row

#### 3.1 Data element: Extract period beginning

Identifying and definitional attributes	
Data element number	H(1)
Definition	The first date of the non-admitted patient data collection reporting period.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	DDMMYYYY
Minimum size	8
Maximum size	8
Data domain	
Requirements key	Essential
Guide for use	This data element is located in the header (first row) of the data submission. Record the extract period beginning using the full date and leading zeros where necessary. Further information is available in the QH NAP DSS Guide 2015-16.
Verification rules	Data element is not blank. Data element is a valid date.
Administrative attributes	
Source document	
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

## 3.2 Data element: Extract period ending

Identifying and definitional attributes	
Data element number	H(2)
Definition	The last date of the non-admitted patient data collection reporting period.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	DDMMYYYY
Minimum size	8
Maximum size	8
Data domain	
Requirements key	Essential
Guide for use	This data element is located in the header (first row) of the data submission. Record the extract period ending using the full date and leading zeros where necessary. Further information is available in the QH NAP DSS Guide 2015-16.
Verification rules	Data element is not blank. Data element is a valid date. Data element is not earlier than data element H(1)
Administrative attributes	
Source document	
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

### 3.3 Data element: Source system

Identifying and definitional attributes	
Data element number	H(3)
Definition	The system from which the data supplied has been sourced.
Synonym names	
Relational and representational attributes	
Data type	Alphanumeric
Representation layout	A(20)
Minimum size	1
Maximum size	20
Data domain	ABC ALLIEDONE ARIA ASIM ARODS CIMHA CHARM CHIMS FERRET HBCIS IPM ISOH KINTRAK MANUAL MOSAIQ OSIM PI5 PRACSOFT PRACTIX SHIP TAHDIS TRACCS TRANSDATA WINVAC
Requirements key	Essential
Guide for use	This data element is located in the header (first row) of the data submission. If the data was not collected from a system, record "MANUAL" in this data element.
Verification rules	Data element is not blank. Alphanumeric characters are uppercase.

Administrative attributes	
Source document	
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

### 3.4 Data element: Number of records

Identifying and definitional attributes	
Data element number	H(4)
Definition	The number of records included in data submission, excluding the header row.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(10)
Minimum size	10
Maximum size	10
Data domain	
Requirements key	Essential
Guide for use	This data element is located in the header (first row) of the data submission, right justified and left padded with zeros.
Verification rules	Data element is not blank. Data element is equal to the number of rows contained in the submission, excluding the header row.
Administrative attributes	
Source document	
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

## 4. Patient Details

### 4.1 Data element: Facility identifier

Identifying and definitional attributes	
Data element number	1
Definition	The unique identifier of the facility providing the non-admitted patient service.
Synonym names	Hospital number, Extended source code (HBCIS)
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(5)
Minimum size	5
Maximum size	5
Data domain	A valid code from the Corporate Reference Data System (CRDS) <a href="#">Facility Data Set</a> , right justified and left padded with zeros.
Requirements key	Essential
Guide for use	
Verification rules	Data element is not blank. Data element is a valid facility identifier at the time of the service event.
Administrative attributes	
Source document	QHDD: <a href="#">Facility identifier</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	The facility identifier is used to derive the Establishment Identifier and Local Hospital Network Identifier.
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A NHFP Attachment 8 - Submission B

## 4.2 Data element: Patient identifier

Identifying and definitional attributes	
Data element number	2
Definition	The unique patient identifier within a facility, e.g. UR number, MR number, etc.
Synonym names	Unit Record (UR) Number, Medical Record (MR) Number, Health care client (identifier)-client identifier.
Relational and representational attributes	
Data type	Alphanumeric
Representation layout	A(20)
Minimum size	6
Maximum size	20
Data domain	
Requirements key	Essential
Guide for use	Supply the unique patient identifier value. Do not supply default values.
Verification rules	Data element is not blank.
Administrative attributes	
Source document	QHDD: <a href="#">Health care client (identifier)-client identifier</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	Transmitted as a fixed length 20 character field, right justified and left padded with zeros.
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A NHFP Attachment 8 - Submission B

### 4.3 Data element: First given name

Identifying and definitional attributes	
Data element number	3
Definition	The patient's first identifying name within the family group or by which the patient is uniquely socially identified.
Synonym names	Forename, first name, Christian name
Relational and representational attributes	
Data type	Alphanumeric
Representation layout	A(40)
Minimum size	1
Maximum size	40
Data domain	
Requirements key	Conditional. If the patient has a first given name then this data element is essential. If the patient does not have both a given name and a family name, then record the one name in the family name field (data element 5) and leave this data element blank.
Guide for use	A valid First given name as per the Queensland Health data dictionary <a href="#">Person (name)-given name</a> .
Verification rules	
Administrative attributes	
Source document	QHDD: <a href="#">Person (name)-given name</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

## 4.4 Data element: Second given name

Identifying and definitional attributes	
Data element number	4
Definition	The patient's second identifying name (middle name) within the family group or by which the patient is uniquely socially identified.
Synonym names	Middle name, second name
Relational and representational attributes	
Data type	Alphanumeric
Representation layout	A(40)
Minimum size	1
Maximum size	40
Data domain	
Requirements key	Conditional. If the patient has a middle name then this data element is essential. If the patient does not have a middle name, this data element is to be left blank.
Guide for use	A valid Second given name as per the Queensland Health data dictionary <a href="#">Person (name)-given name</a> .
Verification rules	
Administrative attributes	
Source document	QHDD: <a href="#">Person (name)-given name</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

## 4.5 Data element: Family name

Identifying and definitional attributes	
Data element number	5
Definition	The part of a name a patient usually has in common with some other members of his/her family, as distinguished from his/her given names.
Synonym names	Surname, last name
Relational and representational attributes	
Data type	Alphanumeric
Representation layout	A(40)
Minimum size	1
Maximum size	40
Data domain	
Requirements key	Essential
Guide for use	If the family name is not known or cannot be established, record "UNKNOWN".  The full guide for use to complete a valid Family name is available in the Queensland Health Data Dictionary <a href="#">Person (name)-family name</a> .
Verification rules	Data element is not blank.
Administrative attributes	
Source document	QHDD: <a href="#">Person (name)-family name</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

## 4.6 Data element: Sex of patient

Identifying and definitional attributes	
Data element number	6
Definition	The biological distinction between male and female.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(1)
Minimum size	1
Maximum size	1
Data domain	1 - Male 2 - Female 3 - Intersex or indeterminate 9 - Non stated/inadequately described
Requirements key	Essential
Guide for use	Where there is an inconsistency between anatomical and chromosomal characteristics, sex is based on anatomical characteristics.  Code 3 Intersex or indeterminate, refers to a patient, who because of a genetic condition, was born with reproductive organs or sex chromosomes that are not exclusively male or female or whose sex has not yet been determined for whatever reason.  Code 3 Intersex or indeterminate, should be confirmed if reported for people aged 90 days or greater.
Verification rules	Data element is not blank. Data element is 1, 2, 3 or 9. Code 3 is only valid if patient is < 12 months.
Administrative attributes	
Source document	QHDD: <a href="#">Person-sex</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 4.7 Data element: Patient date of birth

Identifying and definitional attributes	
Data element number	7
Definition	The date of birth of the patient.
Synonym names	Health care client-date of birth
Relational and representational attributes	
Data type	Numeric character
Representation layout	DDMMYYYY
Minimum size	8
Maximum size	8
Data domain	
Requirements key	Essential
Guide for use	<p>Record the date of birth of the person using the full date and leading zeros where necessary.</p> <p>Every effort should be made to determine the patient's date of birth. The patient's date of birth is an important requirement for the correct identification of the individual, linking of patient records from diverse sources, the sharing of patient data, and data analysis for research and planning. If date of birth is not known or cannot be obtained, provision should be made to collect an estimated date of birth using the patient's approximate age. Estimated age would usually be in years for adults and to the nearest three months (or less) for children aged less than two years. The Estimated date of birth indicator must be reported in conjunction with all estimated dates of birth.</p> <p>For hospitals that use HBCIS to record the patient's details:</p> <ul style="list-style-type: none"> <li>- If the day of birth is unknown, use ** and then enter the month and year.</li> <li>- If the month of birth is unknown, use ** for the month value.</li> </ul> <p>For hospitals that use a system other than HBCIS to record the patient's details:</p> <ul style="list-style-type: none"> <li>- If the day of birth is unknown, record 15. - If the month of birth is unknown, record 06. For all systems used to record the patient's details:</li> <li>- If the year of birth is unknown, estimate the year from the age of the patient.</li> <li>- If the age of the patient is unknown and it is not possible to estimate an age and hence a year of birth, use the year 1900.</li> </ul> <p>If the source system is able to record an unknown date of birth, this should be supplied as 15061900 to the data collection. The estimated date of birth flag should be completed.</p>
Verification rules	<p>Data element is not blank.</p> <p>Data element is a valid date.</p> <p>Data element cannot be after the service event date (data</p>

	element 29) or prior to 1 <sup>st</sup> January 1900.
Administrative attributes	
Source document	QHDD: <a href="#">Person-date of birth</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 4.8 Data element: Estimated date of birth indicator

Identifying and definitional attributes	
Data element number	8
Definition	A flag to indicate whether any component of a reported date of birth is estimated.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(1)
Minimum size	1
Maximum size	1
Data domain	1 - Yes
Requirements key	Conditional: If any component of the date of birth was estimated, then this data element is essential. Otherwise leave this data element blank.
Guide for use	
Verification rules	Data element is 1 or blank.
Administrative attributes	
Source document	QHDD: <a href="#">Date-estimated date of birth indicator</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

## 4.9 Data element: Patient country of birth

Identifying and definitional attributes	
Data element number	9
Definition	The country in which the patient was born.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(4)
Minimum size	4
Maximum size	4
Data domain	A valid code from the Corporate Reference Data System (CRDS) <a href="#">Country Data Set</a> based on the Standard Australian Classification of Countries 2011 (SACC).
Requirements key	Essential
Guide for use	<p>A country, even if it comprises other discrete political entities such as states, is treated as a single unit for all data domain purposes. Parts of a political entity are not included in different groups. Thus, Hawaii is included in Northern America (as part of the identified country United States of America), despite being geographically close to and having similar social and cultural characteristics as the units classified to Polynesia.</p> <p>Supplementary codes for inadequate data:</p> <p>These codes commence with 000 and facilitate the coding of data which present particular problems in that a country code cannot be allocated.</p> <p>0000 Inadequately described - To be used when insufficient country of birth information is provided or the information is unknown (e.g. when a person is unconscious).</p> <p>0001 At sea - To be used when a person was born at sea.</p> <p>0003 Not stated - To be used when no country of birth information is provided (e.g. when a person refuses to provide the information).</p> <p>If not available, record this data element as 0003, meaning "not stated".</p>
Verification rules	<p>Data element is not blank.</p> <p>Data element is a valid country code.</p>
Administrative attributes	
Source document	QHDD: <a href="#">Person-country of birth (SACC 2011, v2.3)</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS

Data collection	
Data collection methods	If a country no longer exists or has changed name, clarification as to the correct code to apply should be sought from the Health Statistics Unit who maintain the statewide reference data for countries.
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 4.10 Data element: Patient indigenous status

Identifying and definitional attributes	
Data element number	10
Definition	Whether a patient identifies as being of Aboriginal or Torres Strait Islander origin.
Synonym names	Health care client-Indigenous status
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(1)
Minimum size	1
Maximum size	1
Data domain	1 - Aboriginal but not Torres Strait Islander origin 2 - Torres Strait Islander but not Aboriginal origin 3 - Both Aboriginal and Torres Strait Islander origin 4 - Neither Aboriginal nor Torres Strait Islander origin 9 - Not stated/unknown
Requirements key	Essential
Guide for use	Although provision has been made for recording unknown indigenous status, every effort should be made to determine and record the patient's indigenous status.
Verification rules	Data element is not blank. Data element is 1, 2, 3, 4 or 9.
Administrative attributes	
Source document	QHDD: <a href="#">Person-indigenous status</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 4.11 Data element: Patient usual residence – address

Identifying and definitional attributes	
Data element number	11
Definition	A composite of one or more standard address components that describes a low level of geographical or physical description of a location that used in conjunction with suburb and postcode, forms a complete geographical or physical usual residence address of a patient.
Synonym names	
Relational and representational attributes	
Data type	Alphanumeric
Representation layout	A(120)
Minimum size	1
Maximum size	120
Data domain	
Requirements key	Essential
Guide for use	<p>The address line is a combination of the standard address data elements that may be concatenated in the following sequence:</p> <p>For a physical location:</p> <ul style="list-style-type: none"> <li>- Building/complex sub-unit type</li> <li>- Building/complex sub-unit number</li> <li>- Building/property name</li> <li>- Floor/level type</li> <li>- Floor/level number</li> <li>- House/property number</li> <li>- Lot/section number</li> <li>- Street name</li> <li>- Street type</li> <li>- Street suffix</li> </ul> <p>If the address line is not known or cannot be established, record “Unknown”.</p> <p>A post office box should not be provided as the data element refers to the address of the usual residence of the patient.</p> <p>The address provided must be the address of the patient’s usual residence at the time of the service event.</p>
Verification rules	<p>Data element is not blank.</p> <p>Must be usual residence, PO Boxes, etc. are not accepted.</p>
Administrative attributes	
Source document	QHDD: <a href="#">Person (address)-address line</a>
Comments	
Data set	Queensland Health non-admitted patient DSS

specifications which include this data element	
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

## 4.12 Data element: Patient usual residence – suburb

Identifying and definitional attributes	
Data element number	12
Definition	The full name of the suburb, town or locality that is the patient's usual place of residence.
Synonym names	Town, locality
Relational and representational attributes	
Data type	Alphanumeric
Representation layout	A(50)
Minimum size	1
Maximum size	50
Data domain	Locality data should be sourced from or verified against the data held in the Corporate Reference Data System (CRDS) <a href="#">Locality data set</a> .
Requirements key	Essential
Guide for use	Unknown address - Enter "Unknown" for the town/locality. No fixed address - Enter "Unknown" for the town/locality. Baby for adoption - Adoption Services, Department of Communities, Child Safety and Disability Services (DCCSDS) or the foster carer will advise the relevant Hospital and Health Services with regard to the correct address details for correspondence during the transitional period. This will usually be either the foster carer or the DCCSDS.
Verification rules	Data element is not blank. Data element is a valid suburb, town, locality or "Unknown".
Administrative attributes	
Source document	QHDD: <a href="#">Person (address)-town/locality</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	The patient's suburb and postcode of usual residence are used to derive the QHDD: <a href="#">Person-area of usual residence, statistical area level 2 (SA2) identifier (ASGS2011)</a> .
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 4.13 Data element: Patient usual residence – postcode

Identifying and definitional attributes	
Data element number	13
Definition	The numeric descriptor for a postal delivery area, aligned with suburb, town or locality that is the patient's usual place of residence.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(4)
Minimum size	4
Maximum size	4
Data domain	A valid postcode from the Corporate Reference Data System (CRDS) <a href="#">Locality data set</a> . The CRDS Locality data set includes the following supplementary postcode values: 9301 - Papua New Guinea 9302 - New Zealand 9399 - Overseas other (not PNG or NZ) 9799 - At sea 9989 - No fixed address 0989 - Not stated/ unknown
Requirements key	Essential
Guide for use	
Verification rules	Data element is not blank. Data element is a valid postcode.
Administrative attributes	
Source document	QHDD: <a href="#">Person (address)-Australian postcode</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	The patient's suburb and postcode of usual residence are used to derive the QHDD: <a href="#">Person-area of usual residence, statistical area level 2 (SA2) identifier (ASGS2011)</a> .
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 5. Service Details

### 5.1 Data element: Tier 2 Clinic (Qld) Code

Identifying and definitional attributes	
Data element number	14
Definition	A code denoting the nature of service and the type of clinician providing a service to a non-admitted patient in a non-admitted setting.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	NN.NN
Minimum size	5
Maximum size	5
Data domain	CRDS <a href="#">Tier 2 clinic (Qld) code set</a> .
Requirements key	This field is Optional.
Guide for use	A valid code from the Corporate Reference Data System. Tier 2 Clinic (Qld) version 4.0 This is a Queensland specific version of IHPA's Tier 2 classification (from the Non-admitted services definitions manual 2015-16 - Version 4.0). For Queensland funding model purposes the Telehealth specific categories are removed. The Tier 2 code to be provided is left justified and with the decimal point.
Verification rules	Data element is a valid Tier 2 clinic (Qld) Version 3.0 code, or blank.
Administrative attributes	
Source document	QHDD:
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	The Corporate Clinic Code and Service provider will be combined to derive the Tier 2 Clinic (Qld) code.
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 5.2 Data element: Corporate Clinic Code (CCC)

Identifying and definitional attributes	
Data element number	15
Definition	The type of clinical activity a hospital provides to a non-admitted patient in a non-admitted setting.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(3)
Minimum size	3
Maximum size	3
Data domain	A valid Corporate Clinic Code from the Corporate Reference Data System (CRDS) <a href="#">CCC set</a> .
Requirements key	Essential.
Guide for use	
Verification rules	Data element is not blank. Data element is a valid Corporate Clinic Code.
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-corporate clinic code</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	Align the local clinic code to the CCC based on the service provider type and service type provided.
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 5.3 Data element: Local Clinic Code

Identifying and definitional attributes	
Data element number	16
Definition	The local clinic code used by a facility to provide services to a non-admitted patient in a non-admitted setting.
Synonym names	
Relational and representational attributes	
Data type	Alphanumeric
Representation layout	N(50)
Minimum size	1
Maximum size	50
Data domain	
Requirements key	Essential. This field is required for data validation purposes. It is used to assist identification of the service event record in conjunction with the Local Provider Identifier code and the Service Event Date data elements.
Guide for use	The local clinic code is used by the hospital to manage and schedule the non-admitted patient clinic. The local clinic code may include more detail than that available in the Corporate clinic code (data element 15) data domain, and is used to derive the corporate clinic code by the hospital providing the non-admitted patient service.
Verification rules	Data element is not blank.
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-local clinic code</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

## 5.4 Data element: Service provider

Identifying and definitional attributes	
Data element number	17
Definition	The type of health professional that provides a service event to a non-admitted patient.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(8)
Minimum size	8
Maximum size	8
Data domain	20008186 - MO-NON-SPEC-OTHER 20008192 - MO-SPEC-ANAESTHETIST 20008193 - MO-SPEC-CARDIOLOGIST 20008194 - MO-SPEC-SURGEON, CARDIOTHORACIC 20008195 - MO-SPEC-HAEMATOLOGIST, CLINICAL 20008196 - MO-SPEC-CLINICAL PHARMACOLOGIST 20008197 - MO-SPEC-DERMATOLOGIST 20008198 - MO-SPEC-RADIOLOGIST 20008199 - MO-SPEC-SURGEON, EAR,NOSE & THROAT 20008200 - MO-SPEC-EMERGENCY MEDICINE SPECIALIST 20008201 - MO-SPEC-ENDOCRINOLOGIST 20008202 - MO-SPEC-GASTROENTEROLOGIST 20008203 - MO-SPEC-GERIATRICIAN 20008204 - MO-SPEC-IMMUNOLOGIST 20008205 - MO-SPEC-INFECTIOUS DISEASES PHYSICIAN 20008206 - MO-SPEC-INTNSVE CARE/INT MED 20008207 - MO-SPEC-SURGEON, ORAL / MAXILLOFACIAL 20008208 - MO-SPEC-MEDICINE-GENERAL/INT 20008210 - MO-SPEC-NEONATOLOGIST 20008211 - MO-SPEC-NEUROLOGIST 20008212 - MO-SPEC-SURGEON, NEUROSURGEON 20008213 - MO-SPEC-NUCLEAR MEDICINE 20008214 - MO-SPEC-OBSTETRICIAN AND GYNAECOLOGIST 20008215 - MO-SPEC-ONCOLOGIST, GYNAECOLOGIST 20008216 - MO-SPEC-OPHTHALMOLOGIST 20008217 - MO-SPEC-SURGEON, ORTHOPAEDIC 20008218 - MO-SPEC-PAEDIATRICIAN 20008225 - MO-SPEC-SURGEON, PLASTIC AND RECONSTRUCTIVE 20008226 - MO-SPEC-PSYCHIATRIST

20008227 - MO-SPEC-PUBLIC HEALTH PHYSICIAN  
20008228 - MO-SPEC-ONCOLOGIST, RADIATION  
20008229 - MO-SPEC-REHABILITATION MED  
20008230 - MO-SPEC-NEPHROLOGIST  
20008231 - MO-SPEC-RESPIRATORY PHYSICIAN  
20008232 - MO-SPEC-RHEUMATOLOGIST  
20008233 - MO-SPEC-SURGEON, GENERAL  
20008234 - MO-SPEC-UROLOGIST  
20008235 - MO-SPEC-SURGEON, VASCULAR  
20008236 - MO-SPEC-ALLERGIST  
20008237 - MO-SPEC-CLINICAL CHEMISTRY  
20008238 - MO-SPEC-IMMUNOLOGIST, CLINICAL  
20008239 - MO-SPEC-CYTOPATHOLOGIST  
20008240 - MO-SPEC-INT CARE/ANAESTHETIC  
20008241 - MO-SPEC-OCCUPATIONAL MED  
20008242 - MO-SPEC-ONCOLOGIST, MEDICAL  
20008243 - MO-SPEC-PATHOLOGIST, FORENSIC  
20008244 - MO-SPEC-VENEREAL DISEASES  
20008245 - MO-SPEC-OTHER  
20008308 - MO-NON-SPEC-GENERAL PRACTITIONERS  
20008365 - NR-REG-NURSE, OTHER  
20008367 - NR-REG-NURSE, MIDWIFERY  
20008377 - NR-REG-NURSE, CLINICAL  
20008379 - NR-REG-NURSE, CLINICAL MIDWIFERY  
20008391 - NR-REG-NURSE, MANAGER  
20008392 - NR-REG-NURSE, CLINICAL CONSULTANT  
20008395 - NR-NURSE PRACTITIONER  
20008401 - NR-NURSE, ENROLLED  
20008402 - NR-NURSE, STUDENT  
20008420 - OTH-COUNSELLOR  
20008446 - OTH-ATSI LIAISON/HEALTH WORKER  
20008471 - OTH-WELFARE OFFICER  
20008526 - AH-AUDIOLOGIST  
20008532 - AH-DIETITIAN  
20008536 - AH-OCCUPATIONAL THERAPIST  
20008537 - AH-OPTOMETRIST  
20008540 - AH-PHARMACIST  
20008542 - AH-PHYSIOTHERAPIST  
20008543 - AH-PODIATRIST  
20008544 - AH-PSYCHOLOGIST  
20008545 - OTH-RADIOGRAPHER/SONOGRAPHER  
20008547 - MO-NON-SPEC-SCIENTIST  
20008548 - AH-SOCIAL WORKER  
20008549 - AH-SPEECH THERAPIST  
20008551 - AH-ORTHOPTIST

	20008577 - AH-PHYSIOLOGIST 20008592 - AH-PSYCHOLOGIST, CLINICAL 20008601 - AH-PROSTHETIST/ORTHOTIST 20008602 - AH-MUSIC THERAPIST 20008616 - OTH-TECHNICAN
Requirements key	Essential.
Guide for use	The data domain is a modified subset of the Human Resources (HR) Job Codes data set which is part of the Corporate Reference Data System (CRDS) General Reference data set (refer JOBCOD domain for the full set of codes).  The data domain descriptions are prefixed as follows to identify distinct provider type streams: MO: Medical Officers (NON-SPEC = Non-Specialist, SPEC = Specialist); NR: Nurses (REG = Registered, NON-REG = Non Registered); AH: Allied Health Professionals; and OTH: Other Health Professionals.
Verification rules	Data element is not blank.  Data element is a valid service provider code.
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-provider type long name</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	Tier 2 compendium determines the provider of multi-disciplinary clinics via the 50% rule, whereby the provider who provided the largest percentage of the service event is included.
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 5.5 Data element: Care type

Identifying and definitional attributes	
Data element number	18
Definition	A descriptor of the overall nature of clinical care provided to a non-admitted patient during a service event.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(1)
Minimum size	1
Maximum size	1
Data domain	1 - Rehabilitation care 2 - Palliative care 3 - Geriatric evaluation and management 4 - Psychogeriatric care 5 - Mental health care 8 - Other care
Requirements key	Essential
Guide for use	<p>Code 1 - Rehabilitation care            Rehabilitation care is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. The patient will be capable of actively participating.</p> <p>Code 2 - Palliative care            Palliative care is care in which the primary clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness. The patient will have complex physical, psychosocial and/or spiritual needs.</p> <p>Code 3 - Geriatric evaluation and management            Geriatric evaluation and management is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with multi-dimensional needs associated with medical conditions related to ageing, such as tendency to fall, incontinence, reduced mobility and cognitive impairment. The patient may also have complex psychosocial problems.</p> <p>Code 4 - Psychogeriatric care            Psychogeriatric care is care in which 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>

	<p>Code 5 - Mental health care Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder.</p> <p>Code 8 - Other care Any care provided that does not fall within the categories above.</p>
Verification rules	<p>Data element is not blank.</p> <p>Data element is 1, 2, 3, 4, 5 or 8.</p>
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-care type (derived)</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	<p>HBCIS: <a href="#">Outpatient clinic occasion of service-care type (derived, HBCIS)</a></p> <p>The HBCIS data domain, which is derived from <a href="#">Outpatient clinic occasion of service-provider type long name</a> and <a href="#">Non-admitted patient service event-local clinic code</a>, is different to the care type data domain and so is mapped as follows:</p> <p>Code 01 - Acute care is mapped to code 8 Other care.</p> <p>Code 05 - Newborn care is mapped to code 8 Other care.</p> <p>Code 06 - Other care is mapped to code 8 Other care.</p> <p>Code 09 - Geriatric evaluation and management is mapped to code 3 Geriatric evaluation and management.</p> <p>Code 10 - Psychogeriatric care is mapped to code 4 Psychogeriatric care.</p> <p>Code 11 - Maintenance care is mapped to code 8 Other care.</p> <p>Code 12 - Mental Health care is mapped to code 5 Mental health care.</p> <p>Code 20 - Rehabilitation care is mapped to code 1 Rehabilitation care.</p> <p>Code 30 - Palliative care is mapped to code 2 Palliative care.</p>
Data collections and systems which include this data element	<p>Queensland Health non-admitted patient data collection</p> <p>IHPA ABF NAP data collection</p> <p>NHFP Attachment 6 - Submission A</p>

## 6. Service event details

### 6.1 Data element: Service delivery setting

Identifying and definitional attributes	
Data element number	19
Definition	The setting in which a service is provided to a non-admitted patient during a service event.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(1)
Minimum size	1
Maximum size	1
Data domain	1 - On the hospital campus of the healthcare provider 2 - Off the hospital campus of the healthcare provider (another hospital) 3 - Off the hospital campus of the healthcare provider (other setting)
Requirements key	Essential
Guide for use	Code 2 - Off the hospital campus of the healthcare provider (another hospital). Includes the 'other hospital' setting. This code is to be used to identify "hospital outreach-type clinics". Code 3 - Off the hospital campus of the healthcare provider (other setting). Includes settings such as: - Community health or day centre or other community facilities; - General practice surgeries or clinics; - Residential aged care facilities; or - Private residences. The setting is from the point of view of the patient in relation to the healthcare provider. For service events delivered by telehealth the service delivery mode is recorded as 1 for the provider's location, and 2 or 3 for the patient's location.
Verification rules	Data element is not blank. Data element is 1, 2 or 3.
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-service delivery setting</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS

Data collection	
Data collection methods	Service delivery setting used to derive IHPA service delivery setting
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 6.2 Data element: Service delivery mode

Identifying and definitional attributes	
Data element number	20
Definition	The method of communication between a non-admitted patient and a healthcare provider during a service event.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(1)
Minimum size	1
Maximum size	1
Data domain	1 - In person 2 - Telephone 3 - Videoconference 4 - Electronic mail 5 - Postal/courier service 8 - Other
Requirements key	Essential
Guide for use	
Verification rules	Data element is not blank. Data element is 1, 2, 3, 4, 5 or 8.
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-service delivery mode</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 6.3 Data element: National provider identifier

Identifying and definitional attributes	
Data element number	21
Definition	The Medicare service provider/registration number assigned to the clinician who delivers the service event.
Synonym names	
Relational and representational attributes	
Data type	Alphanumeric
Representation layout	A(8)
Minimum size	8
Maximum size	8
Data domain	
Requirements key	Optional
Guide for use	The Medicare service provider number is a fixed length 8 character field consisting of 6 or 7 numbers and 1 or 2 letters. If more than one clinician provided the service event only a single clinician should be included in this data element. The Tier 2 compendium determines the provider of multi-disciplinary clinics via the 50% rule, whereby the provider who provided the largest percentage of the service event is included.
Verification rules	Data element is 8 characters or blank.
Administrative attributes	
Source document	QHDD: <a href="#">Healthcare provider individual-identifier designation</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

## 6.4 Data element: Local provider identifier

Identifying and definitional attributes	
Data element number	22
Definition	<p>The local clinician code used within the source system assigned to the clinician who delivers the service event.</p> <p>The local provider identifier is collected so that information can be provided back to the facility (as required) to assist with the identification of the service event. This could be to assist with data validation and/or data output purposes.</p>
Synonym names	
Relational and representational attributes	
Data type	Alphanumeric
Representation layout	A(50)
Minimum size	1
Maximum size	50
Data domain	
Requirements key	Optional
Guide for use	<p>If more than one clinician provided the service event only a single clinician should be included in this data element. The Tier 2 compendium determines the provider of multi-disciplinary clinics via the 50% rule, whereby the provider who provided the largest percentage of the service event is included.</p>
Verification rules	
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-local provider identifier</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

## 6.5 Data element: Multiple health care provider indicator

Identifying and definitional attributes	
Data element number	23
Definition	An indicator of whether a non-admitted patient service event was delivered by multiple health care providers, as represented by a code.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(1)
Minimum size	1
Maximum size	1
Data domain	1 - Yes 2 - No 9 - Not stated/inadequately described
Requirements key	Essential
Guide for use	<p>CODE 1 - Yes This code is used to indicate that direct care has been provided by multiple health care providers.</p> <p>CODE 2 - No This code is used to indicate that direct care has not been provided by multiple health care providers.</p> <p>CODE 9 - Not stated/inadequately described This code is used when there is insufficient information to determine whether direct care has been provided by multiple health care providers.</p> <p>In the context of reporting non-admitted activity data for activity based funding, 'multiple health care provider' means three or more health care providers who deliver care either individually or jointly within a non-admitted patient service event. The health care providers may be of the same profession (medical, nursing or allied health). However, they must each have a different speciality so that the care provided by each provider is unique and meets the definition of a non-admitted patient service event.</p>
Verification rules	Data element is not blank. Data element is 1, 2 or 9.
Administrative attributes	

Source document	METeOR: <a href="#">Non-admitted patient service event-multiple provider indicator</a> (584616)
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

## 6.6 Data element: Service request received date

Identifying and definitional attributes	
Data element number	24
Definition	The date and time on which a service request for a non-admitted patient was received by a healthcare provider.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	DDMMYYYYhhmm
Minimum size	12
Maximum size	12
Data domain	
Requirements key	Essential
Guide for use	Record the date and time the service request for a patient was received using the full date and leading zeros where necessary. Time is to be provided in 24 hour format. If time is unknown, use 0000 for hhmm.
Verification rules	Data element is a valid date. Must not be blank. Data element is not after the service event date (data element 29) or greater than 10 years.
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-request receipt date</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 6.7 Data element: Service request source

Identifying and definitional attributes	
Data element number	25
Definition	The type of organisation or person that requests a service by a non-admitted patient clinic for a patient.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(2)
Minimum size	2
Maximum size	2
Data domain	21 - Qld Health - this hospital - Emergency Dept 22 - Qld Health - this hospital - Outpatient Clinic 23 - Qld Health - this hospital - Unit/Ward 24 - Qld Health - this hospital - Private Practice Clinic 28 - Qld Health - this hospital - Other 31 - Qld Health - other hospital 41 - Qld Health - Community Health Service 48 - Qld Health - Other 51 - Other Government Service Provider - Correctional Facility 52 - Other Government Service Provider - Community Health Facility 53 - Other Government Service Provider - Department of Communities (Child Safety Services) 58 - Other Government Service Provider - Other 61 - Non-Government Service Provider - General Practice 62 - Non-Government Service Provider - Private Hospital Facility 63 - Non-Government Service Provider - Private Medical Specialist/Consulting Rooms/Agency 64 - Non-Government Service Provider - Family Support Alliance 65 - Non-Government Service Provider - Intensive Family Support Service 68 - Non-Government Service Provider - Other 70 - Health care client - Self 98 - Other 99 - Not stated/inadequately described
Requirements key	Essential
Guide for use	
Verification rules	Data element is not blank. Data element is a valid service request source.

Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-source of request</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 6.8 Data element: Service request provider name

Identifying and definitional attributes	
Data element number	26
Definition	The given name and family name of the referring practitioner that requests a service for a non-admitted patient from a healthcare provider.
Synonym names	Referring physician
Relational and representational attributes	
Data type	Alphanumeric
Representation layout	A(80)
Minimum size	1
Maximum size	80
Data domain	
Requirements key	Desirable
Guide for use	The given name and family name separated by a space character.
Verification rules	
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-service request provider name</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

## 6.9 Data element: Service event date

Identifying and definitional attributes	
Data element number	27
Definition	The date on which the non-admitted patient service event occurred.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	DDMMYYYYhhmm
Minimum size	12
Maximum size	12
Data domain	
Requirements key	Essential
Guide for use	Record the date and time the service event occurred using the full date and leading zeros where necessary. Time is to be provided in 24 hour format. If time is unknown, use 0000 for hhmm.
Verification rules	Data element is not blank. Data element is a valid date. Data element is within the values defined in the extract period beginning (data element H(1)) and extract period ending (data element H(2)). Data element is not before the service request received date (data element 24).
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-service event date</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A

## 6.10 Data element: Group session indicator

Identifying and definitional attributes	
Data element number	28
Definition	An indicator of whether a non-admitted patient service event was delivered in a group.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(1)
Minimum size	1
Maximum size	1
Data domain	1 - Yes 2 - No
Requirements key	Essential
Guide for use	<p>Code 1 - Yes - Group service event</p> <p>“Yes” indicates care that has been provided to two or more patients by the same healthcare provider(s) at the same time. A group must have two or more persons attending in the capacity of patients in their own right. One service event is recorded for each patient who attends a group session.</p> <p>Spouses, parents or carers attending the session are counted for the group session only if they are also participating in the service as a patient (see definition of a service event). A group session may be delivered by more than one provider. This may be multidisciplinary care within one clinic appointment as part of a group, e.g. a group session jointly delivered by a physiotherapist and an occupational therapist.</p> <p>In practice, this should be interpreted to mean that patients are receiving precisely the same services. For example:</p> <ul style="list-style-type: none"> <li>- Patients may be part of a movement or hydrotherapy class where all participants are following the same intervention at the same time.</li> <li>- Patients attending education sessions at chemotherapy or dialysis clinics are group sessions, if two or more people are receiving the same services at the same time.</li> </ul> <p>Code 2 - No - Individual service event</p> <p>“No” indicates that care was delivered to the patient as an individual. An individual service event is provided to one person by one or more healthcare providers. For example:</p> <ul style="list-style-type: none"> <li>- Where a clinician works one-on-one with several different patients in the same space over a period of time but each patient is following their own personalised program (for</li> </ul>

	<p>example, where several patients are scheduled to use the physiotherapy gym at once).</p> <ul style="list-style-type: none"> <li>- Where multiple persons, such as several family members and carers, meet with a clinician to discuss one patient only.</li> <li>- Patients attending for treatment at a dialysis or a chemotherapy clinic are receiving individual services.</li> </ul>
Verification rules	<p>Data element is not blank. Data element is 1 or 2.</p>
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-group session indicator</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	<p>Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A</p>

## 7. Service event funding details

### 7.1 Data element: Purchaser identifier

Identifying and definitional attributes	
Data element number	29
Definition	The identifier of the purchaser of hospital care (contracting hospital, health authority, Hospital and Health Service or external purchaser) for a non-admitted service.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(5)
Minimum size	5
Maximum size	5
Data domain	<p>If the purchaser of hospital care was a contracting hospital then the purchaser identifier must be a valid facility code from the Corporate Reference Data System (CRDS) <a href="#">Facility Data Set</a>, right justified and left padded with zeros.</p> <p>If the purchaser of hospital care was a health authority, Hospital and Health Service or external purchaser, one of the following codes must be used:</p> <ul style="list-style-type: none"> <li>90365 - Cairns and Hinterland Hospital and Health Service</li> <li>90366 - Central Queensland Hospital and Health Service</li> <li>90359 - Central West Hospital and Health Service</li> <li>90372 - Children's Health Queensland Hospital and Health Service</li> <li>90373 - Darling Downs Hospital and Health Service</li> <li>90360 - Gold Coast Hospital and Health Service</li> <li>90361 - Mackay Hospital and Health Service</li> <li>90371 - Metro North Hospital and Health Service</li> <li>90369 - Metro South Hospital and Health Service</li> <li>90362 - North West Hospital and Health Service</li> <li>90370 - South West Hospital and Health Service</li> <li>90367 - Sunshine Coast Hospital and Health Service</li> <li>90376 - Torres and Cape Hospital and Health Service</li> <li>90364 - Townsville Hospital and Health Service</li> <li>90375 - West Moreton Hospital and Health Service</li> <li>90368 - Wide Bay Hospital and Health Service</li> <li>00811 - New South Wales Health Authority/Department</li> <li>00821 - Victoria Health Authority/Department</li> <li>00841 - South Australia Health Authority/Department</li> <li>00851 - Western Australia Health Authority/Department</li> <li>00861 - Tasmania Health Authority/Department</li> </ul>

	00871 - Northern Territory Health Authority/Department 00881 - Australian Capital Territory Health Authority/Department 95002 - Queensland Department of Health - Other 95003 - Surgery Connect 95004 - Mater Health Services
Requirements key	Optional
Guide for use	
Verification rules	Data element is a valid purchaser identifier if the Funding Source code = '10' or blank.
Administrative attributes	
Source document	QHDD: <a href="#">Contracted hospital care service-type 1 contract purchaser identifier</a> QHDD: <a href="#">Contracted hospital care service-type 2, 3, 4 or 5 contract purchaser identifier</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection

## 7.2 Data element: Funding source

Identifying and definitional attributes	
Data element number	30
Definition	The principal source of funding for a non-admitted patient service event.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(2)
Minimum size	2
Maximum size	2
Data domain	01 - Health service budget (not covered elsewhere) 02 - Private health insurance 03 - Self-funded 04 - Worker's compensation 05 - Motor vehicle third party personal claim 06 - Other compensation (e.g. public liability, common law, medical negligence) 07 - Department of Veterans' Affairs 08 - Department of Defence 09 - Correctional facility 10 - Other hospital or public authority (contracted care) 11 - Health service budget (due to eligibility for Reciprocal Health Care Agreement) 12 - Other funding source 13 - Health service budget (no charge raised due to hospital decision) 14 - Medicare Benefits Scheme 99 - Not stated/Unknown
Requirements key	Essential
Guide for use	<p>Code 01 - Health service budget (not covered elsewhere)            Health service budget (not covered elsewhere) should be recorded as the funding source for Medicare eligible patients for whom there is no other funding arrangement.</p> <p>Excludes: Inter-hospital contracted patients and overseas visitors who are covered by Reciprocal health care agreements and elect to be treated as public admitted patients.</p> <p>Code 02 - Private health insurance            Patients who are funded by private health insurance, including travel insurance for Medicare eligible patients. If patients receive any funding from private health insurance, choose Code 02, regardless of whether it is the majority source of funds.</p>

Excludes: Overseas visitors for whom travel insurance is the major funding source.

#### Code 03 - Self funded

This code includes funded by the patient, by the patient's family or friends, or by other benefactors.

#### Code 10 - Other hospital or public authority (contracted care)

Patients receiving treatment under contracted arrangements with another hospital (inter-hospital contracted patient) or a public authority (e.g. a state or territory government).

#### Code 11 - Health service budget (due to eligibility for Reciprocal Health Care Agreement)

Patients who are overseas visitors from countries covered by Reciprocal Health Care Agreements.

Australia has Reciprocal Health Care Agreements with the United Kingdom, the Netherlands, Italy, Malta, Sweden, Finland, Norway, Belgium, Slovenia, New Zealand and Ireland. The Agreements provide for free accommodation and treatment as public hospital services, but do not cover treatment as a private patient in any kind of hospital.

The Agreements with Finland, Italy, Malta, the Netherlands, Norway, Sweden, Belgium, Slovenia and the United Kingdom provide free care as a public patient in public hospitals, subsidised out-of-hospital medical treatment under Medicare, and subsidised medicines under the Pharmaceutical Benefits Scheme.

The Agreements with New Zealand and Ireland provide free care as a public patient in public hospitals and subsidised medicines under the Pharmaceutical Benefits Scheme, but do not cover out-of-hospital medical treatment.

Visitors from Italy and Malta are covered for a period of six months from the date of arrival in Australia only.

Visitors from Belgium, the Netherlands and Slovenia require their European Health Insurance card to enrol in Medicare. They are eligible for treatment in public hospitals until the expiry date indicated on the card, or to the length of their authorised stay in Australia if earlier.

Excludes: Overseas visitors who elect to be treated as private patients or under travel insurance.

#### Code 12 - Other funding source

This code includes overseas visitors for whom travel insurance is the major funding source.

#### Code 13 - Health service budget (no charge raised due to hospital decision)

Patients who are Medicare ineligible and receive public hospital services free of charge at the discretion of the hospital or the state/territory. Also includes patients who receive private hospital services for whom no accommodation or facility charge is raised (for example, when the only charges are for medical services bulk-billed to Medicare), and patients for whom a charge is raised but is subsequently waived.

Excludes:

- Medicare eligible non-admitted patients, presenting to a

	<p>public hospital emergency department and Medicare eligible patients (for whom there is not a third party payment arrangement) presenting at a public hospital outpatient department, whose funding source should be recorded as Health service budget (not covered elsewhere).</p> <p>- Patients presenting to an outpatient department who have chosen to be treated as a private patient and have been referred to a named medical specialist who is exercising a right of private practice. These patients are not considered to be patients of the hospital.</p> <p>Code 14 - Medicare Benefits Scheme</p> <p>Medicare eligible patients presenting at a public hospital for whom services are billed to Medicare. Includes both bulk-billed patients and patients with out-of-pocket expenses.</p>
Verification rules	<p>Data element is not blank.</p> <p>Data element is 01 – 14 or 99.</p>
Administrative attributes	
Source document	QHDD: <a href="#">Episode of care-expected principal source of patient funding</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	Funding source used to derive IHPA funding source.
Data collections and systems which include this data element	<p>Queensland Health non-admitted patient data collection</p> <p>IHPA ABF NAP data collection</p> <p>NHFP Attachment 6 - Submission A</p>

## 7.3 Data element: Service event chargeable status

Identifying and definitional attributes	
Data element number	31
Definition	The chargeable status for a non-admitted patient's elected choice of care and/or treatment.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(2)
Minimum size	2
Maximum size	2
Data domain	01 - Public 02 - Private - bulk billed 03 - Private - other
Requirements key	Essential
Guide for use	Code 01 - Public A patient who elects to be treated as a public patient, does not choose their own doctor and will be provided with a suitable doctor for their care. Code 02 - Private - Bulk Billed A patient who elects to be treated as a private patient by a doctor with right of private practice arrangements at a facility and is subsequently bulk billed for the service. Code 03 - Private - Other A patient who elects to be treated as a private patient by a doctor with right of private practice arrangements at a facility and is not bulk billed for the service.
Verification rules	Data element is not blank. Data element is 01, 02 or 03.
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-chargeable status</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection Queensland Health funding model

## 7.4 Data element: Payment class

Identifying and definitional attributes	
Data element number	32
Definition	A code denoting a person's payment class.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(2)
Minimum size	2
Maximum size	2
Data domain	01 - Correctional services 02 - Unsighted Medicare card 03 - Department of defence 04 - Department of veterans affairs 05 - Medicare 06 - Motor vehicle other 07 - Motor vehicle other ineligible 08 - Motor vehicle Qld 09 - Motor vehicle Qld ineligible 10 - Not eligible 11 - Reciprocal country 12 - Third party eligible 13 - Third party ineligible 14 - Workers compensation other 15 - Workers compensation other ineligible 16 - Workers compensation Qld 17 - Workers compensation Qld ineligible 98 - Other 99 - Not stated/Unknown
Requirements key	Optional
Guide for use	
Verification rules	Data element is not blank. Data element is 01 – 17, 98 or 99.
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-payment class</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS

Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection Queensland Health funding model

## 7.5 Data element: Medicare number

Identifying and definitional attributes	
Data element number	33
Definition	Person identifier, allocated by the Health Insurance Commission to eligible persons under the Medicare scheme that appears on a Medicare card.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(11)
Minimum size	11
Maximum size	11
Data domain	
Requirements key	Conditional. Required if the patient is eligible for Medicare.
Guide for use	The 11 digit Medicare card number comprises: N(8) - Card number N(1) - Check digit N(1) - Issue number N(1) - Person number
Verification rules	Data element is an 11 digit number. Should be provided if Medicare Eligibility = 1 (Eligible). Can be blank if unavailable.
Administrative attributes	
Source document	QHDD: <a href="#">Person-Medicare card number</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection NHFP Attachment 8 - Submission B

## 7.6 Data element: Medicare eligibility

Identifying and definitional attributes	
Data element number	34
Definition	An indicator of a person's eligibility for Medicare at the time of the non-admitted patient service event, as specified under the Commonwealth Health Insurance Act 1973.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(1)
Minimum size	1
Maximum size	1
Data domain	1 - Eligible 2 - Not Eligible 9 - Not stated/unknown
Requirements key	Essential.
Guide for use	
Verification rules	Data element is not blank. Data element is 1, 2 or 9.
Administrative attributes	
Source document	QHDD: <a href="#">Person-Medicare eligibility status</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection NHFP Attachment 8 - Submission B

## 7.7 Data element: Other Commonwealth program status

Identifying and definitional attributes	
Data element number	35
Definition	A code identifying if the service event is funded through other Commonwealth programs.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(1)
Minimum size	1
Maximum size	1
Data domain	1 - This service or part of this service is funded through other Commonwealth programs 2 - This service or part of this service is not funded through other Commonwealth programs 3 - Not specified
Requirements key	Optional
Guide for use	
Verification rules	Data element is 1, 2, 3 or blank.
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-other Commonwealth program status</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	NHFP Attachment 8 - Submission B - File Specification: Transmitted as a 1 character field. Any records not containing a valid value will be coded to "3".
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection NHFP Attachment 8 - Submission B

## 7.8 Data element: Commonwealth program or exemption type

Identifying and definitional attributes	
Data element number	36
Definition	A code identifying if the service event relates to a Commonwealth program or exemption.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(1)
Minimum size	1
Maximum size	1
Data domain	1 - No relevant Commonwealth program or exemption applies to this service 2 - A S19(2) exemption applies to this service 3 - This service is associated with a National Partnership Agreement 4 - This service is associated with another Commonwealth program 5 - Not specified
Requirements key	Optional
Guide for use	
Verification rules	Data element is 1, 2, 3, 4, 5 or blank.
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-Commonwealth program or exemption type</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	NHFP Attachment 8 - Submission B - File Specification: Transmitted as a 1 character field. Any records not containing a valid value will be coded to "5".
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection NHFP Attachment 8 - Submission B

## 7.9 Data element: New/review flag

Identifying and definitional attributes	
Data element number	37
Definition	Whether a non-admitted patient service event is for a new problem not previously addressed at the same clinical service or for a clinical review.
Synonym names	New/repeat status
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(1)
Minimum size	1
Maximum size	1
Data domain	1 - New non-admitted patient service event 2 - Review non-admitted patient service event
Requirements key	Essential
Guide for use	<p>Code 1 - New non-admitted patient service event An initial service event for a patient at a given clinic (i.e. Corporate Clinic Code) for a condition. Excludes post-discharge review associated with an admitted patient episode.</p> <p>Code 2 - Review non-admitted patient service event Any subsequent service event in that given clinic (i.e. Corporate Clinic Code) required for the continuing management/treatment of that condition, up to the stage where the patient is discharged from that given clinic. Includes post-discharge review associated with an admitted patient episode.</p> <p>Where the patient requires ongoing review for the same condition at that given clinic after the referral has expired, an updated referral confirming the need for continued management (refer to Section 5.4 Appointment Management of the <a href="#">Outpatient Services Implementation Standard</a> is required and will NOT initiate a new course of treatment, and the next service event will be a REVIEW.</p>
Verification rules	Data element is not blank. Data element is 1 or 2.
Administrative attributes	
Source document	QHDD: <a href="#">Non-admitted patient service event-new/review clinical service status</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS

Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection Queensland Health funding model

## 7.10 Data element: Department of Veterans' Affairs file number

Identifying and definitional attributes	
Data element number	38
Definition	The identification number of a Department of Veterans' Affairs card holder.
Synonym names	
Relational and representational attributes	
Data type	Alphanumeric
Representation layout	A(9)
Minimum size	9
Maximum size	9
Data domain	
Requirements key	Optional
Guide for use	The 9 alphanumeric Department of Veterans' Affairs file number comprises: State code (1 alphabetic character) The war/conflict code (1-3 alphabetic characters) Id number (4-6 numeric characters) Dependant code (0-1 alphabetic character)
Verification rules	Should be provided if Funding Source code = 07 (DVA). Can be blank if unavailable.
Administrative attributes	
Source document	QHDD: <a href="#">Department of Veterans' Affairs file number</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	
Data collections and systems which include this data element	Queensland Health non-admitted patient data collection Queensland Health funding model

## 7.11 Data element: Department of Veterans' Affairs card type

Identifying and definitional attributes	
Data element number	39
Definition	The type of Department of Veterans' Affairs treatment entitlement card.
Synonym names	
Relational and representational attributes	
Data type	Numeric character
Representation layout	N(1)
Minimum size	1
Maximum size	1
Data domain	1 - White 2 - Gold
Requirements key	Optional
Guide for use	Code 1 - White White card entitles a DVA patient to be treated for service or specific war related conditions or malignant cancer, pulmonary tuberculosis and post traumatic stress disorder in health facilities where there is a DVA arrangement. Code 2 - Gold Gold card entitles a DVA patient to be treated for all medical conditions whether they are related to war service or not. Gold card holders have access to a range of health services in which there are arrangements with registered health care providers.
Verification rules	Is blank if Departmental of Veterans' Affairs file number is blank. Data element is 1 or 2 if Departmental of Veterans' Affairs file number is reported. Can be provided if Funding Source = 07 (DVA).
Administrative attributes	
Source document	QHDD: <a href="#">Department of Veterans' Affairs card type</a>
Comments	
Data set specifications which include this data element	Queensland Health non-admitted patient DSS
Data collection	
Data collection methods	

Data collections and systems which include this data element

Queensland Health non-admitted patient data collection  
Queensland Health funding model

## 8. Abbreviations

ABF	Activity Based Funding
AIHW	Australian Institute of Health and Welfare
CCC	Corporate Clinic Code
COAG	Council of Australian Governments
CRDS	Corporate Reference Data System
DSS	Data Set Specification
HHS	Hospital and Health Service
HIU	Healthcare Improvement Unit
HSU	Health Statistics Unit
IHPA	Independent Hospital Pricing Authority
METeOR	Metadata Online Registry
NEP	National Efficient Price
NHDD	National Health Data Dictionary
NHFA	National Health Funding Association
NHFP	National Health Funding Pool
NHRA	National Hospital Reform Agreement
QHDD	Queensland Health Data Dictionary