#### Queensland Health Non-admitted Patient Data Collection (QHNAPDC)

Business Rules

2023-2024

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# Rule 1 – IHACPA Reporting

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| **Rule No.** | **1** | **Rule Type** | **IHACPA Reporting** | | |
| **Business Rule** | IHACPA service event bundling for all service events by [funding source](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL::DE:::P7_SEQ_ID:44292&cs=1BC09DEF6BCA2989E9B78FF6722D3D4F3) and IHACPA Reporting Prioritisation Criteria. | | | | |
| **Business Process** | Only one non-admitted patient service event can be reported to the IHACPA, for the same patient, for the same Tier 2 clinic class on a given calendar day, regardless of the principal funding source.  **Inclusions:**   1. Multi-Disciplinary Case Conferences (MDCCs). 2. Service events for public patients with a funding source of ‘14’ – Medicare Benefits Scheme, including those to which a Commonwealth exemption applies.   **Exclusions:**   1. Service events matched through the QHAPDC and ED activity matching process with respective flags set to ‘Yes’ (see Business Rules [3](#Rule_3_Admitted_Patient_Flag) and [4](#Rule_4_Emergency_Department_Flag)). 2. Service events with a missing or invalid funding source. 3. Records with a service delivery mode equal to ‘10’ - Patient self-administered - diagnostic monitoring (telemonitoring). 4. Service events with a ‘70’ series QH Tier 2 code. 5. Records received with a non-admitted patient service event where the model of care code is set to ‘01’ – Rapid access with the Patient not present indicator of ‘01’ – Yes. 6. eConsult records reported for the Telehealth Support Unit. 7. Emergency Telehealth records reported for the Telehealth Support Unit. | | | | |
| **File Format Item #** | 30 | **File Format Data Item** | [Funding Source](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL::DE:::P7_SEQ_ID:44292&cs=1BC09DEF6BCA2989E9B78FF6722D3D4F3) | **Relevant Values in Data Domain** | Any value in data domain. |
| **File Format Item #** | 47 | **File Format Data Item** | [Commonwealth exemption type](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL::DE:::P7_SEQ_ID:43924&cs=1A376CE632DEBC4EDB77BA6385BDE139E) | **Relevant Values in Data Domain** | Any value in data domain. |

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| **QHNAPDC IHACPA Reporting Prioritisation Criteria 2023-2024 as advised by Healthcare Purchasing and Funding Branch** |
| When more than one service event occurs for the same patient, at the same facility for the same Tier 2 clinic class on a given calendar day regardless of funding source, the IHACPA reportable flags will be assigned according to the ranking in the table [IHACPA Reporting Prioritisation Criteria](#Rule_1).  The data elements used to identify these service events are:   1. facility identifier 2. patient identifier 3. service event date, and 4. the derived IHACPA Tier 2 clinic class using the data elements of Corporate Clinic Code and Service Provider |
| **IHACPA Reporting Prioritisation Criteria**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Priority | Data element | Domain Code | Domain Code Description | Rank | | **1** | [Funding Source](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL::DE:::P7_SEQ_ID:44292&cs=1BC09DEF6BCA2989E9B78FF6722D3D4F3) | 14 | Medicare Benefits Scheme | 1 | | 07 | Department of Veterans' Affairs | 2 | | 04 | Worker's compensation | 3 | | 05 | Motor vehicle third party personal claim | 4 | | 08 | Department of Defence | 5 | | 02 | Private health insurance | 6 | | 03 | Self-funded | 7 | | 06 | Other compensation (e.g., public liability, common law, medical negligence) | 8 | | 09 | Correctional facility | 9 | | 12 | Other funding source | 10 | | 01 | Health service budget (not covered elsewhere) | 11 | | 10 | Other hospital or public authority (contracted care) | 12 | | 11 | Health service budget (due to eligibility for Reciprocal Health Care Agreement) | 13 | | 13 | Health service budget (no charge raised due to hospital decision) | 14 | | 99 | Not stated/unknown | 15 | | **2** | [Service Delivery Mode](https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE_DETAIL::DE:NO::P7_SEQ_ID:179987&cs=1DAC0D2BCD58E56CE2FDC91E71723465A) | 11 | Telehealth provider | 1 | | 1 | In person | 2 | | 12 | Telehealth recipient | 3 | | 2 | Telephone | 4 | | 4 | Electronic mail | 5 | | 9 | Patient self-administered - other | 6 | | 5 | Postal/courier service | 7 | | 8 | Other | 8 | | - | Invalid service delivery mode | 9 | | **3** | [New/ Review](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:41907&cs=1215D137EDF9BD4CD31DEA6D3442E5DAC) | 1 | New | 1 | | 2 | Review | 2 | |  |  | - | Invalid new/review flag | 3 | | **4** | [Service event date](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:44118&cs=1244A07B10B2944ED44932A0F1009D1BC) | DDMMYYYYhhmm | Time | Chronological order | |
| 1. the sequential rank order for each data element is shown above, with the rank being applied as in the [examples](#Examples_Rule_1) below. 2. the ranked service event with value/s of 1 will have the IHACPA Reportable Flag set to ‘Y’; and 3. ranked service events with a value >1 will have the IHACPA Reportable Flag set to ‘N’. |

**Examples**

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| **No of service events reported (same patient, same day, same Tier 2)** | **Priority 1** | | **Priority 2** | | **Priority 3** | | **Priority 4** | **Bundle Ranking** | **IHACPA Reportable Flag** |
| **Funding Source** | | **Service Delivery Mode** | | **New/ Review** | | **Date and time** |
| **Code and**  **Description** | **Rank** | **Code and**  **Description** | **Rank** | **Code and**  **Description** | **Rank** | **Date and time** |
| 1 | ‘14’ – Medicare Benefits Scheme | 1 |  |  |  |  |  | 1 | Y |
| 2 | ‘01’ – Health service budget (not covered elsewhere) | 2 |  |  |  |  |  | 2 | N |
| 1 | ‘01’ – Health service budget (not covered elsewhere) | 1 | ‘11’ – Telehealth provider | 1 |  |  |  | 1 | Y |
| 2 | ‘01’ – Health service budget (not covered elsewhere) | 1 | ‘1’ – In person | 2 |  |  |  | 2 | N |
| 1 | ‘07’ – Department of Veterans' Affairs | 1 | ‘2’ – Telephone | 2 | ‘2’ – Review | 2 | 250720230900 | 1 | Y |
| 2 | ‘07’ – Department of Veterans' Affairs | 1 | ‘2’ – Telephone | 2 | ‘2’ – Review | 2 | 250720231400 | 2 | N |
| 3 | ‘04’ – Worker's compensation | 2 |  |  |  |  |  | 3 | N |
|  | ‘01’ – Health service budget (not covered elsewhere) | 3 |  |  |  |  |  | 4 | N |

# Rule 2 – Single Service Provider Code

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| **Rule No.** | **2** | **Rule Type** | **Single Service Provider Code** | | |
| **Business Rule** | Single Service Provider Code | | | | |
| **Business Process** | A single ‘principal’ service provider code needs to be reported for the service event. | | | | |
| **File Format Item #** | 17 | **File Format Data Item** | [Service Provider](https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE_DETAIL::DE:NO::P7_SEQ_ID:179997&cs=1E9AE2765651C7041774A183898B0445A) | **Relevant Values in Data Domain** | Any value in data domain. |
| **Process** | | | | | |
|
| SATr extracts a single ‘principal’ Service Provider code for reporting to SSB. The agreed business rule is that if multiple service provider codes are supplied to SATr, then the code that is first in the sequence is extracted to the QHNAPDC as the principal service provider code. | | | | | |

# Rule 3 – Admitted Patient Flag

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| **Rule No.** | **3** | **Rule Type** | **Admitted Patient Flag** | | |
| **Business Rule** | Flag patients who are admitted at the time of the reported service event. | | | | |
| **Business Process** | Any non-admitted service event provided to a patient while they are an admitted patient should be reported to QHNAPDC but are unable to be reported as part of the Non-admitted Patient NBEDS. | | | | |
| **File Format Item #** | N/A | **File Format Data Item** | N/A | **Relevant Values in Data Domain** | N/A |
| **Process** | | | | | |
|
| All QHNAPDC service events are checked against Queensland Hospital Admitted Patient Data Collection (QHAPDC) records and flagged where a patient's service event occurred during their admitted patient episode.  If the date/time of a service event is between the start and end date/time (inclusive) for the same patient's episode of care, the Admitted Patient Flag is populated to ‘Y’.  **Exclusions:**   * Admitted patients with a care type of ‘boarder’ or ‘organ procurement’. * Service events with a ‘home delivered procedure’ CCC where the admitted patient episode does not cover every day of the month for the corresponding month during which the service event occurs. | | | | | |

# Rule 4 – Emergency Department Flag

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| **Rule No.** | **4** | **Rule Type** | **Emergency Department Flag** | | |
| **Business Rule** | Flag patients who are attending Emergency Department/Service at the time of the reported service event. | | | | |
| **Business Process** | Any non-admitted service event provided to a patient within the time of their Emergency Department (ED) attendance is assigned an ED flag for exclusion from reporting to the Non-admitted Patient NBEDS to both the IHACPA and the AIHW. These service events are in scope for reporting to QHNAPDC for statistical purposes. | | | | |
| **File Format Item #** | N/A | **File Format Data Item** | N/A | **Relevant Values in Data Domain** | N/A |
| **Process** | | | | | |
|
| All QHNAPDC service events are checked against a snapshot of the EDIS Repository data set provided by the Healthcare Improvement Unit to the Statistical Services Branch.  If the date/time of a service event is between the start and end date/time (inclusive) for the same patient's emergency department attendance, then the Emergency Department Flag is populated to ‘Y’.  **Exclusions:**   * Service events with a ‘home delivered procedure’ CCC. | | | | | |

# Rule 5 – AIHW/IHACPA Reporting

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| **Rule No.** | **5** | **Rule Type** | **AIHW/IHACPA Reporting** | | |
| **Business Rule** | IHACPA Reportable Flag | | | | |
| **Business Process** | **Admitted Patient or Emergency Department Patient Flags**  If the Admitted Patient Flag or the Emergency Department Patient Flag is set to ‘Y’, then the IHACPA Reportable Flag is set to ‘N’ - i.e., not reportable to the AIHW or the IHACPA.  **MDCC Service Events**  Where the Multiple Health Care Provider indicator = ‘1’ – Yes, and the Patient not present indicator = ‘1’ – Yes, then the IHACPA Reportable Flag is set to ‘Y’ - i.e., the service event is reportable to the AIHW/IHACPA.  **‘70’ series QH Tier 2 Codes**  Where the QH Tier 2 code = 7x.xx, then the IHACPA Reportable Flag is set to ‘N’ - i.e., not reportable to the AIHW or the IHACPA. | | | | |
| **File Format Item #** | 45 | **File Format Data Item** | [Patient not present indicator](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:43926&cs=186116CE895A0C30F60256F6C3B8B8138) | **Relevant Values in Data Domain** | ‘1’ – Yes |
| **Process** | | | | | |
|
| **Admitted or Emergency Department Patient Flags**  The processing for business rules 3 and 4 is completed by the QHNAPDC system prior to the execution of this rule (5).  **MDCC Service Events**  For a service event to be classified as an MDCC service event, both the Multiple Health Care Provider indicator and the Patient not present indicator must = ‘1’ – Yes.  **Exclusions:**   * Service events received with the Patient not present indicator set to ‘1’ – Yes, will be flagged as not IHACPA reportable and a validation will be applied to the record.   **‘70’ series QH Tier 2 Codes**  Service events received with a ‘70’ series QH Tier 2 code will be flagged as not reportable to AIHW or the IHACPA.  **Rapid Access**  Rapid access records received with a non-admitted patient service event where the model of care code is set to ‘01’ – Rapid access, with the Patient not present indicator of ‘01’ – Yes, will be flagged as not AIHW/IHACPA reportable.  **eConsults**  eConsult records do not meet the definition of a service event and will be flagged as not AIHW/IHACPA reportable.  **Emergency Telehealth**  Emergency Telehealth records are not non-admitted outpatient service events and will be flagged as not AIHW/IHACPA reportable. | | | | | |

# Rule 6 – Derive Tier 2 Code from CCC

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| **Rule No.** | **6** | **Rule Type** | **Derive Tier 2 Code from CCC** | | |
| **Business Rule** | Derived Tier 2 Code (QH Tier 2) | | | | |
| **Business Process** | Establishments reporting to QHNAPDC must report the mandatory data items of Corporate Clinic Code (CCC) and Provider Type code as per the [QHNAPDC file format](https://www.health.qld.gov.au/__data/assets/excel_doc/0023/1236623/2023-2024-QHNAPDC-file-format.xlsx). A Tier 2 code can be reported; however, it is an optional requirement in the [QHNAPDC file format](https://www.health.qld.gov.au/__data/assets/excel_doc/0023/1236623/2023-2024-QHNAPDC-file-format.xlsx). | | | | |
| **File Format Item #** | N/A | **File Format Data Item** | N/A | **Relevant Values in Data Domain** | N/A |
| **Process** | | | | | |
|
| Statistical Services Branch will derive the QH Tier 2 code for Funding Model purposes based on the CCC and Provider Type code reported by the establishment. | | | | | |

**[](https://www.health.qld.gov.au/__data/assets/excel_doc/0026/1217483/Rule-6-table-QH-Derived-Tier-2-Code-from-01-July-2023.xlsx)**

**[Click here to view the QH Tier 2 code derivations for each CCC and Provider Type code combination.](https://www.health.qld.gov.au/__data/assets/excel_doc/0026/1217483/Rule-6-table-QH-Derived-Tier-2-Code-from-01-July-2023.xlsx)**

# Rule 7 – Derive IHACPA Tier 2 Code from ‘QH Tier 2’ - Telehealth

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| **Rule No.** | **7** | **Rule Type** | **Derive IHACPA Tier 2 Code from ‘QH Tier 2’ – Telehealth** | | |
| **Business Rule** | Derived Tier 2 Code - (IHACPA Tier 2) | | | | |
| **Business Process** | An IHACPA Tier 2 code will be derived using the derived Qld Health Tier 2 code, except where the Service Delivery Mode is code ‘12’ – Telehealth – recipient. | | | | |
| **File Format Item #** | 20 | **File Format Data Item** | [Service Delivery Mode](https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE_DETAIL::DE:NO::P7_SEQ_ID:179987&cs=1DAC0D2BCD58E56CE2FDC91E71723465A) | **Relevant Values in Data Domain** | ‘12’ – Telehealth – recipient |
| **Process** | | | | | |
|
| Statistical Services Branch will derive the IHACPA Tier 2 codes for reporting telehealth recipient service events when reporting activity to IHACPA.  **Exclusion:**   * Service events with both the Multiple Health Care Provider indicator and the Patient not present indicator = ‘1’ – Yes (MDCC service events) | | | | | |

[](https://www.health.qld.gov.au/__data/assets/excel_doc/0019/1224244/Rule-7-table-IHACPA-Derived-Tier-2-Telehealth-2023-24.xlsx)

[**Click here to view the IHACPA Tier 2 code derivations where Service Delivery Mode is ‘12’ – Telehealth – recipient.**](https://www.health.qld.gov.au/__data/assets/excel_doc/0019/1224244/Rule-7-table-IHACPA-Derived-Tier-2-Telehealth-2023-24.xlsx)

# Rule 8 – Reporting Home Delivered Procedures

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| **Rule No.** | **8** | **Rule Type** | **Reporting Home Delivered Procedures** | | |
| **Business Rule** | Home Delivered Procedures | | | | |
| **Business Process** | One single service event is to be provided to the QHNAPDC for each patient that receives a ‘home delivered procedure’ for each reference month. Refer to the IHACPA Compendium for further details. | | | | |
| **File Format Item #** | N/A | **File Format Data Item** | N/A | **Relevant Values in Data Domain** | N/A |
| **Process** | | | | | |
|
| The Independent Health and Aged Care Pricing Authority (IHACPA) requires a single service event for each reference month for any service event with a ’home delivered procedure’ Tier 2 code:   * ‘10.15’ – Renal Dialysis - Haemodialysis - Home Delivered * ‘10.16’ – Renal Dialysis - Peritoneal Dialysis - Home Delivered * ‘10.17’ – Total Parenteral Nutrition - Home Delivered * ‘10.18’ – Enteral Nutrition - Home Delivered * ‘10.19’ – Ventilation - Home Delivered   No multiplier is required to be applied. | | | | | |

# Rule 9 – Derive (primary) facility identifier

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| **Rule No.** | **9** | **Rule Type** | **Derive (primary) facility identifier** | | |
| **Business Rule** | Derive (primary) facility identifier using the Reporting facility identifier | | | | |
| **Business Process** | Establishments that share the same HBCIS account (or other processing system) will utilise the reporting facility identifier to identify the correct (primary) facility identifier to which the activity should be attributed. | | | | |
| **File Format Item #** | N/A | **File Format Data Item** | N/A | **Relevant Values in Data Domain** | N/A |
| **Process** | | | | | |
|
| Statistical Services Branch will override the (primary) facility identifier with the value that is contained in the reporting facility identifier on load into the QHNAP system. The original facility identifier value that was supplied will be retained for audit purposes.  This derivation will only occur for a pre-defined list of valid facility combinations and at the reporting entity’s request.  For HBCIS sites, the reporting facility identifier data item is originally captured in the APP module, Clinic Codes Screen, field [funding facility].  Refer to the [Reporting Facility Identifier Information Sheet](https://www.health.qld.gov.au/__data/assets/word_doc/0028/1236781/Information-Sheet-Sharing-Information-Systems-v2.0.docx) for information on assigning reporting facility IDs. | | | | | |

# Rule 10 – Permissible corporate clinic codes for self-referral

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| **Rule No.** | **10** | **Rule Type** | **Permissible corporate clinic codes for self-referral** | | |
| **Business Rule** | The self-referral indicator enables QHNAPDC’s mandatory data items of Service request received date and Service request source to be derived upon load within the QHNAPDC processing system for non-specialist type clinics (permissible CCCs) for which a facility or HHS has deemed that a patient can ‘self refer’ to that clinical service. | | | | |
| **Business Process** | The use of the self-referral indicator is at the discretion of a facility or HHS and was introduced to reduce the resource effort associated with the provision of the referral data items for patients attending clinics where they could ‘self refer’. | | | | |
| **File Format Item #** | 44 | **File Format Data Item** | [Self-referral indicator](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:45815&cs=18BB70F7B83BA4E95584CC7C276DB8365) | **Relevant Values in Data Domain** | N/A |
| **Process** | | | | | |
|
| **This list of permissible CCCs is only relevant to the application of the self-referral indicator i.e.,** to not permit the self-referral indicator to be applied globally to the service events of specialist clinics and does not preclude the use of the service request source of ‘70’ – Health care client – Self as a valid service request source code for service events where it is deemed by a HHS or facility that a patient can ‘self refer’ to that clinical service.  See [10a](#Rule_10a_Derive_service_request_refer) and [10b](#Rule_10b_Derive_service_request_refer) for further information on Self-Referral CCCs. | | | | | |

[](https://www.health.qld.gov.au/__data/assets/excel_doc/0022/1224247/Rule-10-Self-Referral-CCCs-2023-24.xlsx)

[**Click here to view the Corporate Clinic Codes to which a patient can self refer.**](https://www.health.qld.gov.au/__data/assets/excel_doc/0022/1224247/Rule-10-Self-Referral-CCCs-2023-24.xlsx)

# Rule 10a – Derive service request (referral) received date

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| --- | --- | --- | --- | --- | --- |
| **Rule No.** | **10a** | **Rule Type** | **Derive service request (referral) received date** | | |
| **Business Rule** | Derive service request (referral) received date using the Self-Referral indicator | | | | |
| **Business Process** | Establishments can provide a self-referral indicator flag to indicate if a patient has ‘self-referred’ to a non-specialist non-admitted service. The flag should only be used if referral details are not available and a current business process to record referrals does not exist. | | | | |
| **File Format Item #** | 44 | **File Format Data Item** | [Self-referral indicator](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:45815&cs=18BB70F7B83BA4E95584CC7C276DB8365) | **Relevant Values in Data Domain** | N/A |
| **Process** | | | | | |
|
| Statistical Services Branch will populate the service request received date with the date contained in the service event date when the below criteria is met:   * Self-referral indicator = ‘1’ – Yes * Service request source is null * Service request received date is null * Service delivery mode is not ‘12’ – Telehealth – recipient (see [Rule 11a](#Rule_11a))) * CCC is a non-specialist clinic (refer to [Rule 10 Self-Referral CCCs list](https://www.health.qld.gov.au/__data/assets/excel_doc/0022/1224247/Rule-10-Self-Referral-CCCs-2023-24.xlsx)) | | | | | |

# Rule 10b – Derive service request (referral) source

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| **Rule No.** | **10b** | **Rule Type** | **Derive service request (referral) source** | | |
| **Business Rule** | Derive service request (referral) source using the Self-Referral indicator | | | | |
| **Business Process** | Establishments can provide a self-referral indicator flag to indicate if a patient has ‘self-referred’ to a non-specialist non-admitted service. The flag should only be used if referral details are not available and a current business process to record referrals does not exist. | | | | |
| **File Format Item #** | 44 | **File Format Data Item** | [Self-referral indicator](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:45815&cs=18BB70F7B83BA4E95584CC7C276DB8365) | **Relevant Values in Data Domain** | N/A |
| **Process** | | | | | |
|
| Statistical Services Branch will populate the service request source with code ‘70’ – Health care client – Self when the below criteria is met:   * Self-referral indicator = ‘1’ – Yes * Service request source is null * Service request received date is null * Service delivery mode is not ‘12’ – Telehealth – recipient (see [Rule 11a](#Rule_11a))) * CCC is a non-specialist clinic (refer to [Rule 10 Self-Referral CCCs list](https://www.health.qld.gov.au/__data/assets/excel_doc/0022/1224247/Rule-10-Self-Referral-CCCs-2023-24.xlsx)) | | | | | |

# Rule 11a – Derive service request (referral) received date – telehealth recipient

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| --- | --- | --- | --- | --- | --- |
| **Rule No.** | **11a** | **Rule Type** | **Derive service request (referral) received date – telehealth recipient** | | |
| **Business Rule** | Derive service request (referral) received date using the Self-Referral indicator where service delivery mode is telehealth - recipient. | | | | |
| **Business Process** | Establishments can provide the self-referral indicator flag for service events with a service delivery mode of ‘12’ – Telehealth - recipient. The flag should only be used if referral details are not available and a current business process to record referrals does not exist. Service request source of ‘70’ – Health care client – Self can be applied as a valid referral source for service events where it is deemed by a HHS or facility that a patient can ‘self refer’ to that clinical service. | | | | |
| **File Format Item #** | 44 | **File Format Data Item** | [Self-referral indicator](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:45815&cs=18BB70F7B83BA4E95584CC7C276DB8365) | **Relevant Values in Data Domain** | N/A |
| **Process** | | | | | |
|
| Statistical Services Branch will populate the service request received date with the date contained in the service event date when the below criteria is met:   * Self-referral indicator = ‘1’ – Yes * Service delivery mode is ‘12’ – Telehealth – recipient * Service request source is null * Service request received date is null   No CCC exclusion applies. | | | | | |

# Rule 11b – Derive service request (referral) source – telehealth recipient

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| **Rule No.** | **11b** | **Rule Type** | **Derive service request (referral) source – telehealth recipient** | | |
| **Business Rule** | Derive service request (referral) source using the Self-Referral indicator where service delivery mode is telehealth - recipient. | | | | |
| **Business Process** | Establishments can provide the self-referral indicator flag for service events with a service delivery mode of ‘12’ – Telehealth – recipient. The flag should only be used if referral details are not available and a current business process to record referrals does not exist. Service request source of ‘70’ – Health care client – Self can be applied as a valid referral source for service events where it is deemed by a HHS or facility that a patient can ‘self refer’ to that clinical service. | | | | |
| **File Format Item #** | 44 | **File Format Data Item** | [Self-referral indicator](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:45815&cs=18BB70F7B83BA4E95584CC7C276DB8365) | **Relevant Values in Data Domain** | N/A |
| **Process** | | | | | |
|
| Statistical Services Branch will populate the service request source with ‘70’ – Health care client - Self when the below criteria is met:   * Self-referral indicator = ‘1’ – Yes * Service delivery mode is ‘12’ – Telehealth – recipient * Service request source is null * Service request received date is null   No CCC exclusion applies. | | | | | |

# Rule 12 – Derive IHACPA Tier 2 Code from ‘QH Tier 2’ code for MDCC activity – patient not present

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| --- | --- | --- | --- | --- | --- |
| **Rule No.** | **12** | **Rule Type** | **Derive IHACPA Tier 2 Code from 'QH Tier 2' code for MDCC activity - patient not present** | | |
| **Business Rule** | Derived Tier 2 Code - (IHACPA Tier 2) | | | | |
| **Business Process** | An IHACPA Tier 2 code will be derived using the supplied/derived QH Tier 2 code, except where the Multiple Health Care Provider indicator and the Patient not present indicator both = ‘1’ – Yes. | | | | |
| **File Format Item #** | 23 | **File Format Data Item** | [Multiple healthcare provider indicator](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:46121&cs=1CF99F54929B538DFC8B8ED48CD93F3A5) | **Relevant Values in Data Domain** | ‘1’ – Yes |
| **File Format Item #** | 45 | **File Format Data Item** | [Patient not present indicator](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:43926&cs=186116CE895A0C30F60256F6C3B8B8138) | **Relevant Values in Data Domain** | ‘1’ – Yes |
| **Process** | | | | | |
|
| Statistical Services Branch will derive the IHACPA Tier 2 codes for reporting MDCC service events when the Multiple Health Care Provider indicator and the Patient not present indicator both = ‘1’ – Yes for reporting activity to IHACPA. The IHACPA reportable flag will equal ‘1’ – Yes. Service events received with only the Patient not present indicator = ‘1’ – Yes will be flagged as not IHACPA reportable and a validation will be applied to the record.  Refer to [Rule 14 - 'Multiple Health Care Provider – National Reporting'](#Rule_14_Derive_Multiple_Health_Care_Pr) regarding derivations applied for national reporting requirements of MHCP and MDCC service events. | | | | | |

[](https://www.health.qld.gov.au/__data/assets/excel_doc/0021/1224291/Rule-12-IHACPA-Tier-2-MDCC-from-01-July-2023.xlsx)

[**Click here to view the IHACPA Tier 2 code derivations for MDCCs.**](https://www.health.qld.gov.au/__data/assets/excel_doc/0021/1224291/Rule-12-IHACPA-Tier-2-MDCC-from-01-July-2023.xlsx)

# Rule 13 – Derive First Service Event Indicator

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| **Rule No.** | **13** | **Rule Type** | **Derive First Service Event Indicator** | | |
| **Business Rule** | Derived First Service Event Indicator | | | | |
| **Business Process** | Derivation of First Service Event Indicator is dependent on the patient information system used by the reporting facility. | | | | |
| **File Format Item #** | 53 | **File Format Data Item** | [First service event indicator](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:45816&cs=114770CD3F3864C4215E3D74EA01230F1) | **Relevant Values in Data Domain** | ‘1’ – Yes |
| **Process** | | | | | |
|
| The First Service Event Indicator code is supplied from the Healthcare Improvement Unit’s SATr database based on the following criteria:   * **HBCIS**: For the Facility code, Referral id combination, find the earliest Appointment date/time and compare it to the Appointment date/time in the record that has been selected for inclusion in the QHNAPDC report. If the two date/times are the same, this is the first service event, i.e., set the value to ‘1’ – Yes. * **Mater**: (Logic as HBCIS) * **ESM V1, 2, 3**: For each service event that has been selected for inclusion in the QHNAPDC report, check the nr\_flag. If the nr\_flag value is ‘N’ – New, this the first service event, i.e., set the value to ‘1’ – Yes. | | | | | |

# Rule 14 – Derive Multiple Health Care Provider Indicator – National Reporting

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| **Rule No.** | **14** | **Rule Type** | **Derive Multiple Health Care Provider Indicator - National Reporting** | | |
| **Business Rule** | Derived Multiple Health Care Provider Indicator | | | | |
| **Business Process** | The Australian Institute of Health and Welfare (AIHW) introduced an additional code of ‘7’ – Not applicable to the data element Multiple health-care provider indicator. The guide for use is as follows: | | | | |
| **File Format Item #** | 23 | **File Format Data Item** | [Multiple healthcare provider indicator](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:46121&cs=1CF99F54929B538DFC8B8ED48CD93F3A5) | **Relevant Values in Data Domain** | ‘1’ – Yes |
| **File Format Item #** | 45 | **File Format Data Item** | [Patient not present indicator](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:43926&cs=186116CE895A0C30F60256F6C3B8B8138) | **Relevant Values in Data Domain** | ‘1’ – Yes |
| **File Format Item #** | 20 | **File Format Data Item** | [Service delivery mode](https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE_DETAIL::DE:NO::P7_SEQ_ID:179987&cs=1DAC0D2BCD58E56CE2FDC91E71723465A) | **Relevant Values in Data Domain** | * ‘9’ – Patient self-administered – Other * ‘10’ – Patient self-administered – diagnostic monitoring (telemonitoring) |
| **File Format Item #** | 15 | **File Format Data Item** | [Corporate clinic code](https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE_DETAIL::DE:NO::P7_SEQ_ID:179928&cs=1A71CBA04106D3DA1BAA7232C227CD62D) | **Relevant Values in Data Domain** | 522, 523, 524, 525, 527, 528, 701, 702, 703, 705, 706, 707, 708 |
| **File Format Item #** | 19 | **File Format Data Item** | [Service delivery setting](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:46050&cs=18DE42125AE1DD8EB4E678B5B54B35699) | **Relevant Values in Data Domain** | ‘7’ – Not applicable |
| **Process** | | | | | |
|
| **Australian Institute of Health and Welfare (AIHW) national reporting code:**  Service delivery mode  CODE 6 - Patient self-administered  The service event was delivered via a means that does not involve direct interaction with a healthcare provider (however is under the care/review of the healthcare provider) such as home based procedures and remote home based diagnostic monitoring (telemonitoring) that the patient self-administers without assistance from a healthcare provider.  CODE 7 - Non-client event  This category covers services where the patient did not participate in the service, such as multidisciplinary case conference.  Multiple Health Care Provider Indicator  CODE 7 Not applicable  This code is used to indicate that there was no direct interaction between the patient and a health-care provider. This includes multi-disciplinary case conferences where the patient does not participate, and home delivered services where the patient performs the procedure, and no healthcare provider is present. | | | | | |

[](https://www.health.qld.gov.au/__data/assets/word_doc/0033/1236678/Rule-14-NAP-NBEDS-2023-24-Mapping-to-National-Data-Standards-v1.0.docx)

[**Click here to view the NAP NBEDS Mapping to National Data Standards for MDCCs and home based procedures.**](https://www.health.qld.gov.au/__data/assets/word_doc/0033/1236678/Rule-14-NAP-NBEDS-2023-24-Mapping-to-National-Data-Standards-v1.0.docx)