

# Type of compensatory payment to patient code N[N]

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# Type of compensatory payment to patient code N[N]

## Identifying and definitional attributes

<b>Metadata item type:</b>	Value Domain
<b>METEOR identifier:</b>	329793
<b>Registration status:</b>	<a href="#">Health</a> , Standard 07/12/2011
<b>Definition:</b>	A code set representing broad categories of loss for which the patient is compensated as a basis for the medical indemnity claim.

## Representational attributes

<b>Representation class:</b>	Code
<b>Data type:</b>	Number
<b>Format:</b>	N[N]
<b>Maximum character length:</b>	2

	Value	Meaning
<b>Permissible values:</b>	1	Care costs
	2	Other economic loss
	3	Pain and suffering (including nervous shock)
	7	Medical costs
	8	Other loss
	9	No payment to patient
<b>Supplementary values:</b>	97	Not applicable—patient is not a claimant
	99	Not stated/inadequately described

## Collection and usage attributes

**Guide for use:****CODE 1 Care costs**

'Care costs' include long-term care costs, and covers both past and future care costs, whether provided gratuitously or otherwise.

**CODE 2 Other economic loss**

'Other economic loss' includes past and future economic loss and past and future out-of-pocket expenses; excluding care and medical costs.

**CODE 3 Pain and suffering (including nervous shock)**

'Pain and suffering (including nervous shock)' includes temporary or ongoing disability and general damages. 'Nervous shock' applies to psychiatric damage severe enough to amount to a recognised mental illness, such as anxiety neurosis or reactive depression, extending beyond grief or emotional distress.

**CODE 7 Medical costs**

'Medical costs' includes costs associated with medical treatment (both past and future), for example, doctor's fees or hospital expenses.

**CODE 8 Other loss**

'Other loss' includes any other loss, not covered by the other codes for which the patient is compensated.

**CODE 9 No payment to patient**

'No payment to patient' should be recorded where a medical indemnity claim is closed and no compensatory payment has been made to the patient.

**CODE 97 Not applicable—patient is not a claimant**

'Not applicable—patient is not a claimant' should be recorded where a medical indemnity claim is based on an allegation of loss to an other party, not the patient. For example, where the claimant ('other party') is a spouse claiming for nervous shock allegedly suffered as a result of the injuries to the patient.

**CODE 99 Not stated/inadequately described**

'Not stated/inadequately described' should be recorded when the information is not currently available.

More than one code (excluding Code 99) may be recorded.

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare

**Steward:** [Australian Institute of Health and Welfare](#)

## Relational attributes

**Data elements implementing this value domain:** [Medical indemnity claim—type of compensatory payment to patient, code N\[N\] Health, Standard 07/12/2011](#)