Type of compensatory payment to patient code N[N]

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

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| Identifying and definitional attributes |
| Metadata item type: | Value Domain |
| METEOR identifier: | 329793 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 07/12/2011 |
| Definition: | A code set representing broad categories of loss for which the patient is compensated as a basis for the medical indemnity claim. |

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| Representational attributes |
| Representation class: | Code |
| Data type: | Number |
| Format: | N[N] |
| Maximum character length: | 2 |
|   | **Value** | **Meaning** |
| Permissible values: | 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 |
| Supplementary values: | 97 | Not applicable—patient is not a claimant |
|   | 99  | Not stated/inadequately described  |

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| 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.  |

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| Source and reference attributes |
| Submitting organisation: | Australian Institute of Health and Welfare |
| Steward: | [Australian Institute of Health and Welfare](https://meteor.aihw.gov.au/content/246013) |

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| Relational attributes  |
| Data elements implementing this value domain: | [Medical indemnity claim—type of compensatory payment to patient, code N[N]](https://meteor.aihw.gov.au/content/329796)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 07/12/2011 |