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 |