Organisation—type of health or health related function, code NNN

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# Organisation—type of health or health related function, code NNN

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| Identifying and definitional attributes | |
| Metadata item type: | Data Element |
| Short name: | Type of health or health related function |
| METEOR identifier: | 352187 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 04/12/2013 |
| Definition: | Describes the type of activities or programs with a health or health-related function provided by an organisation, as represented by a code. |
| Data Element Concept: | [Organisation—type of health or health-related function](https://meteor.aihw.gov.au/content/352185) |
| Value Domain: | [Health or health related function code NNN](https://meteor.aihw.gov.au/content/352162) |

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| Value domain attributes | | |
| Representational attributes | | |
| Representation class: | Code | |
| Data type: | Number | |
| Format: | NNN | |
| Maximum character length: | 3 | |
|  | **Value** | **Meaning** |
| Permissible values: | 101 | Admitted patient care – Mental health program |
|  | 102 | Admitted patient care – Non-Mental health program |
|  | 199 | Admitted patient care – Not further defined |
|  | 201 | Residential care – Mental health program |
|  | 202 | Residential care – Non-Mental health program |
|  | 299 | Residential care – Not further defined |
|  | 301 | Ambulatory care – Mental health program |
|  | 302 | Ambulatory care – Emergency department |
|  | 303 | Ambulatory care – General practitioner |
|  | 304 | Ambulatory care – Medical specialist |
|  | 305 | Ambulatory care – Imaging/pathology |
|  | 306 | Ambulatory care – Dental service |
|  | 307 | Ambulatory care – Optometry service |
|  | 308 | Ambulatory care – Allied health service |
|  | 309 | Ambulatory care – Community health service |
|  | 388 | Ambulatory care – Other |
|  | 399 | Ambulatory care – Not further defined |
|  | 401 | Public health – Communicable disease control |
|  | 402 | Public health – Selected health promotion |
|  | 403 | Public health – Organised immunisation |
|  | 404 | Public health – Environmental health |
|  | 405 | Public health – Food standards and hygiene |
|  | 406 | Public health – Breast cancer screening |
|  | 407 | Public health – Cervical screening |
|  | 408 | Public health – Bowel cancer screening |
|  | 409 | Public health – Prevention of hazardous and harmful drug use |
|  | 410 | Public health – Public health research |
|  | 488 | Public health – Other public health |
|  | 499 | Public health – Not further defined |
|  | 501 | Health related care – Patient transport |
|  | 502 | Health related care – Patient transport subsidies |
|  | 503 | Health related care – Medications |
|  | 504 | Health related care – Aids and appliances |
|  | 505 | Health related care – Health administration |
|  | 506 | Health related care – Health research |
|  | 588 | Health related care – Other |
|  | 599 | Health related care – Not further defined |
|  | 601 | Other function – Home and Community Care |
|  | 602 | Other function – Aged care |
|  | 603 | Other function – Other welfare |
|  | 688 | Other function – Other |
|  | 699 | Other function – Not further defined |

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| Collection and usage attributes | |
| Guide for use: | CODE 101     Admitted patient care – Mental health program  An [**admission**](https://meteor.aihw.gov.au/content/327206) to a mental health program includes:  The component of the mental health program that provides admitted patient care. These services are delivered through specialised psychiatric hospitals and designated psychiatric units located within hospitals that are not specialised psychiatric hospitals.  NOTE: This is the admitted patient component of the mental health care program reported to the Mental Health Establishments NMDS.  Excludes residential care mental health programs, [**ambulatory care**](https://meteor.aihw.gov.au/content/354366) mental health programs which are provided as [**outpatient**](https://meteor.aihw.gov.au/content/336980) and [**emergency department**](https://meteor.aihw.gov.au/content/327158) care to non-admitted patients, and community-based (non-hospital) mental health programs.  CODE 102     Admitted patient care – Non-mental health program  An admitted patient non-mental health program includes:  All services, excluding mental health services, provided to admitted patients, including acute care, rehabilitative care, palliative care, geriatric evaluation and management, psychogeriatric care, maintenance care, newborn care and any other admitted patient care e.g. organ procurement – posthumous. Also includes admitted patient services where service delivery is contracted to private hospitals or treatment facilities and [**hospital in the home**](https://meteor.aihw.gov.au/content/327308) services.  Excludes emergency department and outpatient care provided to non-admitted patients, and community-based (non hospital) care.  CODE 199     Admitted patient care – Not further defined  Comprises admitted patient care services that could be a combination of categories 101 and 102 but which could not be further disaggregated.  State and territory health authorities are only to report admitted patient care under codes 101 or 102.  CODE 201     Residential care – Mental health program  A residential mental health care program includes:  The component of the specialised mental health program that provides residential care. A [**resident**](https://meteor.aihw.gov.au/content/327198) in one [**residential mental health service**](https://meteor.aihw.gov.au/content/373049) cannot be concurrently a resident in another residential mental health service. A resident in a residential mental health service can be concurrently a patient admitted to a hospital.  Comprises the residential component of the mental health care program reported to the Mental Health Establishments NMDS.  Excludes residential aged care services, residential disability, alcohol and other drug treatment health care services and residential type care provided to admitted patients in hospitals. Also excludes mental health programs provided to admitted patients, emergency and outpatient care patients, and community health (non-hospital) and other ambulatory care patients.  CODE 202     Residential care – Non-mental health program  A residential non-mental health care program includes alcohol and other drug treatment health care services.  Excludes residential mental health care program services, residential aged care services, residential disability services and residential type care provided to admitted patients in hospitals. Also excludes services provided to admitted patients and patients receiving ambulatory care.  CODE 299     Residential care – Not further defined  Comprises residential care services that could be a combination of categories 201 and 202 but which could not be further disaggregated.  State and territory health authorities are only to report residential care under codes 201 or 202.  CODE 301     Ambulatory care – Mental health program  The component of a specialised mental health program supplied by a specialised mental health service that provides [**ambulatory health care**](https://meteor.aihw.gov.au/content/354366).  Comprises the ambulatory component of the mental health care program reported to the Mental Health Establishments NMDS, i.e. specialised mental health program services provided by emergency departments, outpatient clinics and community-based (non-hospital) services.  Excludes specialised mental health care provided to admitted and residential patients.  CODE 302     Ambulatory care – Emergency department  Comprises emergency department services provided in an [**emergency department**](https://meteor.aihw.gov.au/content/327228).  Excludes specialised mental health services provided by emergency departments, outpatient clinics and community-based (non-hospital) services. Also excludes residential and admitted patient services.  CODE 303     Ambulatory care – General practitioner  This item is not currently required to be reported by state and territory health authorities.  The definition relates to the broad type of non-referred general practitioner services as specified on the Medicare Benefits Schedule website. These services comprise general practitioner attendances, including General Practitioner, Vocationally Registered General Practitioner (GP/VRGP) and other non-referred attendances, to non-admitted patients, and services provided by a practice nurse or registered Aboriginal Health Worker on behalf of a general practitioner.  This category is not limited to services funded by Medicare Australia. It also includes services funded from other sources such as Motor Vehicle Third Party Insurance and Workers Compensation Insurance, among others. Therefore, general or nurse practitioner services such as vaccinations for overseas travel are included regardless of their funding source. These non-referred general practitioner services are provided in private or group practices in medical clinics, community health care centres or hospital outpatient clinics.  Excludes mental health care services reported under code 301 and services provided to non-admitted patients in an emergency department.  CODE 304     Ambulatory care – Medical specialist  This item is not currently required to be reported by state and territory health authorities.  Specialist attendances, obstetrics, anaesthetics, radiotherapy, operations and assistance at operations care. These services are defined in the current Medicare Benefits Schedule. Includes services funded by Medicare Benefits Scheme, Motor Vehicle Third Party Insurance, Workers Compensation Insurance and from patient out-of-pocket payments. These services are provided in private or group practices in medical clinics, community health care centres or hospital outpatient clinics.  Includes salaried medical officers.  Excludes mental health care services reported under code 301 and services provided to non-admitted patients in an emergency department.  CODE 305     Ambulatory care – Imaging/pathology service.  This item is not currently required to be reported by state and territory health authorities.  Pathology and diagnostic imaging services as defined in the current Medicare Benefits Schedule. Includes services funded by Medicare Benefits Scheme, Motor Vehicle Third Party Insurance, Workers Compensation Insurance and from patient out-of-pocket payments. These services are provided in private or group practices in medical clinics, community health care centres or hospital outpatient clinics.  Excludes services provided to admitted or residential care patients and non-admitted patients in an emergency department.  CODE 306    Ambulatory care – Dental service  Includes any non-admitted patient and community dental services, including dental assessments, preventative services and treatments, regardless of funding source. Oral and maxillofacial services and cleft lip and palate services, as defined in the current Medicare Benefits Schedule, are also included in this category.  Includes dental services funded from a range of sources such as Medicare Benefits Scheme, Motor Vehicle Third Party Insurance and dental services funded by vouchers for dental care.  These dental services are provided in private or group practices in dental clinics, community health care centres or hospital outpatient clinics.  Excludes dental care provided to admitted patients in hospitals (same day or overnight) or to non-admitted patients in an emergency department.  CODE 307     Ambulatory care – Optometry service  This item is not currently required to be reported by state and territory health authorities.  Optometry services as defined in the current Medicare Benefits Schedule. Includes services funded by Medicare Benefits Scheme, Motor Vehicle Third Party Insurance, Workers Compensation Insurance and from patient out-of-pocket payments. These services are mainly provided in private or group practices, but may be provided in hospital outpatient centres.  Excludes optometry services provided to admitted or residential care patients or to non-admitted patients in an emergency department.  CODE 308     Ambulatory care – Allied health service  Includes services provided by the following allied health items. Aboriginal health worker, diabetes educator, audiologists, exercise physiologist, dietician, mental health worker, occupational therapist, physiotherapist, podiatrist or chiropodist, chiropractor, osteopath, psychologist and speech pathologist. These services are defined in the current Medicare Benefits Schedule. Includes services funded by Medicare Benefits Scheme, Motor Vehicle Third Party Insurance, Workers Compensation Insurance and from patient out-of-pocket payments.  Excludes allied health services provided to admitted or residential care patients or to non-admitted patients in an emergency department.  CODE 309     Ambulatory care – Community health services  Includes community health services such as family, maternal, child and youth health (including well baby clinics) as well as Aboriginal and Torres Strait Islander and migrant health services. Also includes health care for people with acute, post-acute, chronic and end of life illnesses, alcohol and drug treatment services, child psychology services, community midwifery, community nursing, school and district nursing, community rehabilitation, continence services, telehealth, dietetics, family planning and correctional health services.  Excludes mental health services reported under code 301 and services provided to admitted and residential care patients and non-admitted patients in an emergency department. Also excludes services already reported under codes 303 to 308.  CODE 388     Ambulatory care – Other  Comprises ambulatory care services other than those reported under codes 301 to 309.  CODE 399     Ambulatory care – Not further defined  Comprises ambulatory care services that could be a combination of categories 301 to 309 and 388, but which could not be further disaggregated, such as public outpatient services.  CODE 401     Public health – Communicable disease control  This category includes all activities associated with the development and implementation of programs to prevent the spread of communicable diseases.  Communicable disease control is recorded using three sub-categories:  HIV/AIDS, hepatitis C and sexually transmitted infections  Needle and syringe programs  Other communicable disease control.  The [**public health**](https://meteor.aihw.gov.au/content/352234) component of the HIV/AIDS, hepatitis C and STI strategies includes all activities associated with the development and implementation of prevention and education programs to prevent the spread of HIV/AIDS, hepatitis C and sexually transmitted infections.  CODE 402     Public health – Selected health promotion  This category includes those activities fostering healthy lifestyle and a healthy social environment overall, and health promotion activities targeted at health risk factors which lead to injuries, skin cancer and cardiovascular disease (for example diet, inactivity) that are delivered on a population-wide basis. The underlying criterion for the inclusion of health promotion programs within this category was that they are population health programs promoting health and wellbeing.  The Selected health promotion programs are:  Healthy settings (for example municipal health planning)  Public health nutrition  Exercise and physical activity  Personal hygiene  Mental health awareness promotion  Sun exposure and protection  Injury prevention including suicide prevention and female genital mutilation.  CODE 403     Public health – Organised immunisation  This category includes immunisation clinics, school immunisation programs, immunisation education, public awareness, immunisation databases and information systems.  Organised immunisation is recorded using three sub-categories:  Organised childhood immunisation (as defined by the National Health and Medical Research Council Schedule/Australian Standard Vaccination Schedule)  Organised pneumococcal and influenza immunisation—the target groups for pneumococcal immunisation are Indigenous people over 50 years and high-risk Indigenous younger people aged 15–49 years. Influenza vaccine is available free to all Australians 65 years of age and over, Indigenous people over 50 years and high-risk Indigenous younger people aged 15–19 years.  All other organised immunisation (for example tetanus)—as opposed to ad hoc or opportunistic immunisation.  CODE 404     Public health – Environmental health  This category relates to health protection education (for example safe chemical storage, water pollutants), expert advice on specific issues, development of standards, risk management and public health aspects of environmental health protection. The costs of monitoring and regulating are to be included where costs are borne by a regulatory agency and principally have a public health focus (for example radiation safety, and pharmaceutical regulation and safety).  CODE 405     Public health – Food standards and hygiene  This category includes the development, review and implementation of food standards, regulations and legislation as well as the testing of food by the regulatory agency.  CODE 406     Public health – Breast cancer screening  This category relates to Breast cancer screening and includes the complete breast cancer screening pathway through organised programs.  The breast cancer screening pathway includes such activities as recruitment, screen taking, screen reading, assessment (this includes fine needle biopsy), core biopsy, open biopsy, service management and program management.  CODE 407     Public health – Cervical screening  This category relates to organised cervical screening programs such as the state cervical screening programs and rural access programs, including coordination, provision of screens and assessment services.  Cervical screening, funded through Medicare, for both screening and diagnostic services is also included. The methodology used in deriving the estimates is set out in the Jurisdictions’ technical notes (section 11.2 of NPHER 2004-05).  CODE 408   Public health – Bowel screening  This category relates to organised bowel screening programs, such as the National Bowel Cancer Screening Program (NBCSP) and the Bowel Cancer Screening Pilot program. The screening pathway includes self administered home based tests by persons turning 55 years or 65 years of age across Australia who mail results in for analysis, the assessment/diagnostic service and program management.  CODE 409   Public health – Prevention of hazardous and harmful drug use  This category includes activities targeted at the general population with the aim of reducing the overuse or abuse of alcohol, tobacco, illicit and other drugs of dependence, and mixed drugs. The Australian Standard Classification of Drugs of Concern includes analgesics, sedatives and hypnotics, stimulants and hallucinogens, anabolic agents and selected hormones, antidepressants and anti-psychotics, and also miscellaneous drugs of concern.  Report for each sub-category as below, the aggregate of which will be total expenditure on Prevention of hazardous and harmful drug use:  Alcohol  Tobacco  Illicit and other drugs of dependence  Mixed.  CODE 410    Public health – Public health research  The basic criterion for distinguishing public health research and development from other public health activities is the presence in research and development of an appreciable element of novelty and resolution of scientific and/or technical uncertainty.  Includes mainly new or one-off research in the 8 core public health functions listed under codes 401 to 409.  General research and development work relating to the running of ongoing public health programs is included under the other relevant public health activities in codes 401 to 409.  CODE 488   Public health – Other public health  Comprises public health functions not reported to the National Public Health Expenditure Project.  CODE 499     Public health – Not further defined  Comprises public health services that could be a combination of categories 401 to 410 but which could not be further disaggregated.  State and territory health authorities are only to report public health services under codes 401 to 409.  CODE 501      Health related care – Patient transport  This item comprises transportation in a specially-equipped surface vehicle or in a designated air ambulance to and from facilities for the purposes of receiving medical and surgical care.  Includes all government ambulance services and transport provided by the Royal Flying Doctors Service, care flight and similar services, emergency transport services of public fire rescue departments or defence that operate on a regular basis for civilian emergency services (not only for catastrophe medicine).  Includes transport between hospitals or other medical facilities and transport to or from a hospital or other medical facility and a private residence or other non-hospital/medical services location.  The provider of this service could be a public or private hospital or an ambulance service.  CODE 502     Health related care – Patient transport subsidies  Government subsidies to private ambulance services e.g. patient transport vouchers, support programs to assist isolated patients with travel to obtain specialised health care.  It also includes transportation in conventional vehicles, such as taxi, when the latter is authorised and the costs are reimbursed to the patient (e.g. for patients undergoing renal dialysis or chemotherapy).  CODE 503     Health related care – Medications  This item is not currently required to be reported by state and territory health authorities.  Includes pharmaceuticals and other medical non-durables, prescribed medicines and over-the-counter pharmaceuticals. Included within these categories are: medicinal preparations, branded and generic medicines, drugs, patent medicines, serums and vaccines, vitamins and minerals and oral contraceptives, prescribed medicines exclusively sold to customers with a medical voucher, irrespective of whether it is covered by public or private funding. Includes branded and generic products, private households’ non-prescription medicines and a wide range of medical non-durables such as bandages, condoms and other mechanical contraceptive devices, elastic stockings, incontinence articles and toothbrushes, toothpastes and therapeutic mouth washes.  CODE 504     Health related care – Aids and appliances  This item is not currently required to be reported by state and territory health authorities.  This item comprises glasses and other vision products, orthopaedic appliances & other prosthetics, hearing aids, medico-technical devices including wheelchairs and all other miscellaneous medical durables not elsewhere classified such as blood pressure instruments.  CODE 505     Health related care – Health administration  Administrative services which cannot be allocated to a specific health good and service. Those unallocatable services might include, for example, maintaining an office of the Chief Medical Officer; a Departmental liaison officer in the office of the Minister; or a number of other agency-wide items for which it is not possible to derive appropriate or meaningful allocations to particular health programs.  CODE 506     Health related care – Health research  Includes all research on health topics that is not included in public health research (code 410). That is, it includes all research classified under ABS Australian Standard Research Classification code 320000, excluding code 321200.  Excludes public health research and non-health related research.  CODE 588     Health related care – Other  Includes for example, services provided by health and health-related call centres and e-health information services.  Excludes health related care reported under codes 501 to 506 and health assessments provided under the Aged Care Assessment Program which are reported under code 602.  CODE 599     Health related care – Not further defined  Comprises health related care that could be a combination of categories 501 to 506 but which could not be further disaggregated.  State and territory health authorities are only to report health related care under codes 501 to 506.  CODE 601     Other function – Home and community care  This item is not currently required to be reported by state and territory health authorities.  Comprises Home and Community Care services reported under the HACC NMDS.  Information on these service categories is available in the following report:  *National classifications of community services. Version 2.0. AIHW Cat. No. HWI 40. Canberra: Australian Institute of Health and Welfare, 2003.*  Excludes services reported under codes 602 to 604.  CODE 602     Other function – Aged care  This item is not currently required to be reported by state and territory health authorities.  Includes residential care aged care programs, aged care assessment programs and other non-health aged care programs, such as respite care and day care activities.  Excludes services provided under the HACC program.  CODE 603     Other function – Other welfare  This item is not currently required to be reported by state and territory health authorities.  Includes services delivered to clients, or groups of clients with special needs such as the young or the disabled. Excludes aged care services reported under code 602.  CODE 688     Other function – Other  This item is not currently required to be reported by state and territory health authorities. Includes for example, car parking, accommodation for staff or for patients' relatives, or non-health related research.  CODE 699     Other function – Not further defined  This item is not currently required to be reported by state and territory health authorities.  Comprises other functions that could be a combination of categories 601 to 603 but which could not be further disaggregated. |

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| Source and reference attributes | |
| Submitting organisation: | Health Expenditure Advisory Committee |
| Reference documents: | Australian Bureau of Statistics 1998. Australian Standard Research Classification. Cat. no. 1297.0. Canberra: ABS.  Australian Government Department of Health and Ageing Medicare Benefits Schedule Book, 1 November 2006 available from <http://www.health.gov.au/mbsonline>  Australian Institute of Health and Welfare 2003. National classifications of community services. Version 2.0. AIHW cat. no. HWI 40. Canberra: AIHW.  Australian Institute of Health and Welfare 2007. National public health expenditure report 2004–05. Health and welfare series expenditure series no. 29. cat. no. HWE 36. Canberra: AIHW. |

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| Data element attributes | |
| Relational attributes | |
| Related metadata references: | Has been superseded by [Organisation—type of health or health-related function, code NNN](https://meteor.aihw.gov.au/content/533041)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 04/12/2013 |
| Implementation in Data Set Specifications: | [Government health expenditure function revenue data cluster](https://meteor.aihw.gov.au/content/352476)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 03/12/2008  [Government health expenditure function revenue data element cluster](https://meteor.aihw.gov.au/content/372219)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 04/12/2013  [Government health expenditure organisation expenditure capital consumption data element cluster](https://meteor.aihw.gov.au/content/372160)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 01/04/2009  [Government health expenditure organisation expenditure capital consumption data element cluster](https://meteor.aihw.gov.au/content/376401)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 04/12/2013  [Government health expenditure organisation expenditure data cluster](https://meteor.aihw.gov.au/content/352473)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 01/04/2009  [Government health expenditure organisation expenditure data element cluster](https://meteor.aihw.gov.au/content/376888)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 04/12/2013  [Government health expenditure organisation expenditure employee related data element cluster](https://meteor.aihw.gov.au/content/372158)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 01/04/2009  [Government health expenditure organisation expenditure employee related data element cluster](https://meteor.aihw.gov.au/content/376897)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 04/12/2013  [Government health expenditure organisation expenditure purchase of goods and services data element cluster](https://meteor.aihw.gov.au/content/372156)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 01/04/2009  [Government health expenditure organisation expenditure purchase of goods and services data element cluster](https://meteor.aihw.gov.au/content/376891)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 04/12/2013 |
| Implementation in Indicators: | **Used as Numerator** [National Healthcare Agreement: P66-Public health program expenditure as a proportion of total health expenditure, 2010](https://meteor.aihw.gov.au/content/395143)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 08/06/2011  [National Healthcare Agreement: PI 66-Public health program expenditure as a proportion of total health expenditure, 2011](https://meteor.aihw.gov.au/content/421572)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 31/10/2011  [National Healthcare Agreement: PI 66-Public health program expenditure as a proportion of total recurrent health expenditure, 2012](https://meteor.aihw.gov.au/content/436866)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Retired 25/06/2013 |