

Non-admitted patient service event—principal source of funding, code NN

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Principal source of funding
METEOR identifier:	400680
Registration status:	<ul style="list-style-type: none">• Health, Superseded 11/04/2012• Independent Hospital Pricing Authority, Standard 01/11/2012
Definition:	The principal source of funds for a non-admitted patient service event, as represented by a code.
Data Element Concept:	Non-admitted patient service event—principal source of funding

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	NN
Maximum character length:	2

Permissible values:

Value	Meaning
01	Health service budget (not covered elsewhere)
02	Health service budget (due to eligibility for Reciprocal Health Care Agreement)
03	Health service budget (no charge raised due to hospital decision)
04	Department of Veterans' Affairs
05	Department of Defence
06	Correctional facility
07	Medicare Benefits Scheme
08	Other hospital or public authority (contracted care)
09	Private health insurance
10	Worker's compensation
11	Motor vehicle third party personal claim
12	Other compensation (e.g. public liability, common law, medical negligence)
13	Self-funded
14	Other funding source

Supplementary values:

Value	Meaning
99	Not known

Collection and usage attributes

Guide for use:**CODE 01 Health service budget (not covered elsewhere)**

Health service budget (not covered elsewhere) should be recorded as the funding source for Medicare eligible patients presenting at a public hospital outpatient department for whom there is no other funding arrangement.

CODE 02 Health service budget (due to eligibility for Reciprocal Health Care Agreement)

Patients who are overseas visitors from countries covered by Reciprocal Health Care Agreements.

CODE 03 Health service budget (no charge raised due to hospital decision)

Patients who are Medicare ineligible and receive public hospital services free of charge at the discretion of the hospital or the state/territory. Also includes patients for whom a charge is raised but is subsequently waived.

CODE 07 Medicare Benefits Scheme

Medicare eligible non-admitted patients presenting at a public hospital outpatient department for whom services are billed to Medicare. Includes both bulk-billed and patients with out-of-pocket expenses.

CODE 08 Other hospital or public authority (contracted care)

Patients receiving treatment under contracted care arrangements (inter-hospital contracted patient).

CODE 09 Private health insurance

Patients who are funded by private health insurance, including travel insurance for Medicare eligible patients.

Excludes: Overseas visitors for whom travel insurance is the major funding source.

CODE 13 Self-funded

This code includes funded by the patient, by the patient's family or friends, or by other benefactors.

CODE 14 Other funding source

This code includes overseas visitors for whom travel insurance is the major funding source.

Data element attributes

Collection and usage attributes

Guide for use:

The principal source of funding should be assigned based on a best estimate of where the majority of funds come from. This data element is not designed to capture information on out-of-pocket expenses to patients (e.g. fees only partly covered by the Medicare Benefits Schedule).

Source and reference attributes

Submitting organisation: NAP NMDS (Phase 1) Working Group

Relational attributes

Related metadata references:

Has been superseded by [Episode of care—source of funding, patient funding source code NN](#)

- [Health](#), Superseded 07/03/2014

See also [Appointment—principal source of funding, patient funding source code AAA](#)

- [WA Health](#), Standard 19/03/2015

See also [Episode of care—principal source of funding, hospital code NN](#)

- [Commonwealth Department of Health](#), Candidate 16/07/2015
- [Health](#), Superseded 11/04/2012

Implementation in Data Set Specifications:

[Activity based funding: Non-admitted patient care aggregate DSS 2013-2014 Independent Hospital Pricing Authority](#), Superseded 01/03/2013

Implementation start date: 01/07/2013

Implementation end date: 30/06/2014

DSS specific information:

Only required to report Establishment—number of group sessions, total N[NNNNN], Establishment—number of group session non-admitted patient service events, total service events N[NNNNNN] and Establishment—number of individual session non-admitted patient service events, total service events N[NNNNNN] using the following two funding source categories:

- Medicare Benefits Scheme (07)
- All other funding sources (01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 13, 14 and 99)

[Activity based funding: Non-admitted patient care DSS 2013-2014 Independent Hospital Pricing Authority](#), Superseded 01/03/2013

Implementation start date: 01/07/2013

Implementation end date: 30/06/2014

[Non-admitted patient activity based funding DSS 2012-2013 Independent Hospital Pricing Authority](#), Superseded 30/10/2012

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

[Non-admitted patient care aggregate NMDS 2013-14 Health](#), Superseded 11/04/2014

Implementation start date: 01/07/2013

Implementation end date: 30/06/2014

DSS specific information:

Only required to report Establishment—number of group sessions, total N[NNNNN], Establishment—number of group session non-admitted patient service events, total service events N[NNNNNN] and Establishment—number of individual session non-admitted patient service events, total service events N[NNNNNN] using the following two funding source categories:

- Medicare Benefits Scheme (07)
- All other funding sources (01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 13, 14 and 99)

[Non-admitted patient DSS 2011-12 Health](#), Superseded 07/12/2011

Implementation start date: 01/07/2011

Implementation end date: 30/06/2012

[Non-admitted patient DSS 2012-13 Health](#), Superseded 02/05/2013

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

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