

Medical indemnity claim management episode— medical indemnity payment recipient type, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Medical indemnity payment recipient
METEOR identifier:	421927
Registration status:	<ul style="list-style-type: none">• Health, Standard 07/12/2011
Definition:	The recipient of a damages payment arising from a medical indemnity claim, as represented by a code.
Data Element Concept:	Medical indemnity claim management episode—medical indemnity payment recipient type

Value domain attributes

Representational attributes

Representation class:	Code								
Data type:	Number								
Format:	N								
Maximum character length:	1								
Permissible values:	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>2</td><td>Payment to patient only</td></tr><tr><td>3</td><td>Payment to other party/parties only</td></tr><tr><td>4</td><td>Payment to patient and other party/parties</td></tr></tbody></table>	Value	Meaning	2	Payment to patient only	3	Payment to other party/parties only	4	Payment to patient and other party/parties
Value	Meaning								
2	Payment to patient only								
3	Payment to other party/parties only								
4	Payment to patient and other party/parties								
Supplementary values:	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>7</td><td>Not applicable—no payment to claimant</td></tr><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	7	Not applicable—no payment to claimant	9	Not stated/inadequately described		
Value	Meaning								
7	Not applicable—no payment to claimant								
9	Not stated/inadequately described								

Collection and usage attributes

Guide for use:	<p>The claimant is the person who is pursuing a medical indemnity claim and may be the patient or some other party claiming for harm or loss allegedly resulting from the health-care incident that gave rise to the medical indemnity claim.</p> <p>CODE 7 Not applicable—no payment to claimant</p> <p>'Not applicable—no payment to claimant' should be used where no payment was made to the claimant; for example, if legal or investigative costs have been paid, but there has been no payment of damages.</p> <p>CODE 9 Not stated/inadequately described</p> <p>'Not stated/inadequately described' should be used when the information is not currently available.</p>
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Comments: Related codes are collected by the Australian Prudential Regulation Authority (2006) as part of their National Claims and Policies Database.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

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

Reference documents: APRA (Australian Prudential Regulation Authority) 2006. Data specifications National Claims and Policies Database document number 3.1. Canberra: APRA

Data element attributes

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

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

Relational attributes

Implementation in Data Set Specifications: [Medical indemnity DSS 2012-14Health](#), Superseded 21/11/2013

Implementation start date: 01/07/2012

Implementation end date: 30/06/2014

[Medical indemnity NBPDS 2014-Health](#), Standard 21/11/2013

Implementation start date: 01/07/2014