

Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N

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Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Assessment only indicator
METEOR identifier:	745689
Registration status:	Health , Standard 17/12/2021
Definition:	An indicator of whether an episode of care resulted in a consumer undergoing a clinical assessment only, as represented by a code.

Data element concept attributes

Value domain attributes

Identifying and definitional attributes

Value domain:	Yes/no/not stated/inadequately described code N
METEOR identifier:	301747
Registration status:	Health , Standard 21/09/2005 Housing assistance , Standard 10/02/2006 Community Services (retired) , Standard 14/02/2006 Early Childhood , Standard 21/05/2010 Homelessness , Standard 23/08/2010 Independent Hospital Pricing Authority , Standard 01/11/2012 Disability , Standard 07/10/2014 Indigenous , Standard 13/03/2015 Children and Families , Standard 22/11/2016 Australian Teacher Workforce Data Oversight Board , Recorded 25/10/2022 Tasmanian Health , Standard 08/11/2023
Definition:	A code set representing 'yes', 'no' and 'not stated/inadequately described'.

Representational attributes

Representation class:	Code	
Data type:	Boolean	
Format:	N	
Maximum character length:	1	
	Value	Meaning
Permissible values:	1	Yes
	2	No
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use: CODE 9 Not stated/inadequately described
This code is not for use in primary data collections.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Data element attributes

Collection and usage attributes

Guide for use: CODE 1 Yes

The goal is to obtain information within the episode of care, including collateral information where possible, in order to determine the consumer complexity and need for intervention.

This code indicates that assessment only has been assigned for a consumer exiting from mental health services, where following assessment no services were provided and no [mental health phase of care](#) has been assigned.

CODE 2 No

This code indicates the provision of care to a consumer following assessment and the assignment of an appropriate mental health phase of care. This is defined by the [Episode of care—mental health phase of care, code N](#).

Collection methods: For the purposes of activity based funding reporting, this data item can be derived.

Assessment only is considered a time limited activity.

Comments: Assessment only has been redefined from a [mental health phase of care](#) to an administrative data item to allow for greater flexibility in capturing assessment activity.

Source and reference attributes

Reference documents: Independent Hospital Pricing Authority 2016. Mental Health Phase of Care Guide. Independent Hospital Pricing Authority, Sydney. Viewed 2 July 2021, <https://www.ihsa.gov.au/publications/mental-health-phase-care-guide>

Relational attributes

Related metadata references: See also [Episode of care—mental health phase of care, code N](#)
[Health](#), Standard 17/12/2021
[Tasmanian Health](#), Standard 06/12/2023

Implementation in Data Set Specifications: [Activity based funding: Mental health care NBEDS 2022–23](#)
[Health](#), Superseded 20/12/2022
Implementation start date: 01/07/2022
Implementation end date: 30/06/2023

[Activity based funding: Mental health care NBEDS 2023–24](#)
[Health](#), Superseded 06/12/2023
Implementation start date: 01/07/2023
Implementation end date: 30/06/2024

[Activity based funding: Mental health care NBEDS 2024–25](#)
[Health](#), Standard 06/12/2023
Implementation start date: 01/07/2024
Implementation end date: 30/06/2025

