

# Episode of care—FIHS psychosocial complications indicator, yes/no/unable to rate/not stated code N

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# Episode of care—FIHS psychosocial complications indicator, yes/no/unable to rate/not stated code N

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Factors Influencing Health Status (FIHS) psychosocial complications indicator
<b>METEOR identifier:</b>	758487
<b>Registration status:</b>	<a href="#">Health</a> , Standard 09/12/2022
<b>Definition:</b>	An indicator of the presence of one or more factors impacting on the relationship between social interaction/environment with behaviour and thoughts which have a negative effect on an individual's psychological health and requires additional clinical input, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Episode of care—FIHS psychosocial complications indicator</a>
<b>Value Domain:</b>	<a href="#">Yes/no/unable to rate/not stated code N</a>

## Value domain attributes

### Representational attributes

<b>Representation class:</b>	Code	
<b>Data type:</b>	Number	
<b>Format:</b>	N	
<b>Maximum character length:</b>	1	
	<b>Value</b>	<b>Meaning</b>
<b>Permissible values:</b>	1	Yes
	2	No
<b>Supplementary values:</b>	7	Unable to rate (insufficient information)
	9	Not stated

## Source and reference attributes

<b>Submitting organisation:</b>	Australian Institute of Health and Welfare
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## Data element attributes

### Collection and usage attributes

**Guide for use:**

CODE 1 Yes

This code is used to indicate the presence of the selected factor, as listed in the International Classification of Diseases and Related Health Problems-10th Revision-Australian Modification (ICD-10-AM).

CODE 2 No

This code is used to indicate that the selected factor was not present, as listed in the ICD-10-AM.

CODE 7 Unable to rate (insufficient information)

This code is used to indicate that it was not possible to determine the presence of the selected factor, as listed in the ICD-10-AM.

CODE 9 Not stated

This code is used to indicate that the presence of the selected factor, as listed in the ICD-10-AM, was not stated or was missing or where a response contained insufficient information to be coded to code 1, code 2 or code 7.

**Collection methods:**

The FIHS code set is derived from the ICD-10-AM.

The FIHS contain seven categories:

- maltreatment syndromes (ICD-10-AM codes in T74)
- problems related to negative life events in childhood (ICD-10-AM codes in Z61)
- problems related to upbringing (ICD-10-AM codes in Z62)
- problems related to primary support group, including family circumstances (ICD-10-AM codes in Z63)
- problems related to social environment (ICD-10-AM codes in Z60)
- problems related to certain psychosocial circumstances (ICD-10-AM codes in Z64)
- problems related to other psychosocial circumstances (ICD-10-AM codes in Z65).

The FIHS is a simple checklist used to indicate whether one or more psychosocial factors are present during an episode of care.

**Source and reference attributes****Submitting organisation:**

Independent Health and Aged Care Pricing Authority

**Steward:**

[Independent Health and Aged Care Pricing Authority](#)

**Reference documents:**

Australian Mental Health Outcomes and Classification Network 2021. Mental Health National Outcomes and Casemix Collection: Overview of Clinician-Rated and Consumer Self-Report Measures V.2.10. Viewed 25 July 2022 [https://www.amhocn.org/sites/default/files/publication\\_files/nocc\\_clinician\\_and\\_self-report\\_measures\\_overview\\_v2.1\\_20210913\\_1.pdf](https://www.amhocn.org/sites/default/files/publication_files/nocc_clinician_and_self-report_measures_overview_v2.1_20210913_1.pdf)

Independent Health and Aged Care Pricing Authority (IHACPA) 2022. The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), Twelfth Edition. Sydney: IHACPA

**Relational attributes****Related metadata references:**

Supersedes [Episode of care—FIHS psychosocial complications indicator, yes/no/unknown/not stated/inadequately described code N](#)  
[Health](#), Superseded 09/12/2022

**Implementation in Data Set Specifications:**

[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  
**Conditional obligation:**

Reporting of FIHS at the commencement of the second and subsequent mental

health phase of care in an episode of mental health care is mandatory for patients in all settings.

If an episode of mental health care only contains one phase of care, then the FIHS is required to be reported at the end of the phase of care.

FIHS should only be reported for patients aged 17 years and under.

Reporting of FIHS is not mandatory if the response to [Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N](#) is CODE 1 'Yes'.

#### [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

**Conditional obligation:**

Reporting of FIHS at the commencement of the second and subsequent mental health phase of care in an episode of mental health care is mandatory for patients in all settings.

If an episode of mental health care only contains one phase of care, then the FIHS is required to be reported at the end of the phase of care.

FIHS should only be reported for patients aged 17 years and under.

Reporting of FIHS is not mandatory if the response to [Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N](#) is CODE 1 'Yes'.

#### [National Outcomes and Casemix Collection NBEDS 2023-24](#)

[Health](#), Superseded 06/12/2023

**Implementation start date:** 01/07/2023

**Implementation end date:** 30/06/2024

**Conditional obligation:**

In the National Outcomes and Casemix Collection (NOCC) NBEDS, this data element should be collected where:

Setting: inpatient, residential or ambulatory

Occasion: review and discharge\*

Age group: child and adolescent

\* Discharge ratings for the Factors Influencing Health Status (FIHS) are not required by the ambulatory service or the consumer respectively, when the reason for the closure of the ambulatory episode is transfer to a bed-based treatment service setting of that organisation (i.e., psychiatric inpatient or community residential service).

Discharge ratings for the FIHS are not required for [brief ambulatory episode of mental health care](#) where the number of days between admission to and discharge from the episode of care is 14 days or less duration.

For more information on setting, occasion, or age groups, see the Mental Health National Outcomes and Casemix Collection, Technical specification of State and Territory reporting requirements <https://docs.validator.com.au/nocc/02.10/> (Australian Mental Health Outcomes and Classifications Network, 2022).

#### [National Outcomes and Casemix Collection NBEDS 2024-25](#)

[Health](#), Standard 06/12/2023

**Implementation start date:** 01/07/2024

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