

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

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

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Principal source of funding
<b>METEOR identifier:</b>	400680
<b>Registration status:</b>	<a href="#">Health!</a> , Superseded 11/04/2012 <a href="#">Independent Hospital Pricing Authority</a> , Standard 01/11/2012
<b>Definition:</b>	The principal source of funds for a non-admitted patient service event, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Non-admitted patient service event—principal source of funding</a>
<b>Value Domain:</b>	<a href="#">Non-admitted patient funding source code NN</a>

## Value domain attributes

### Representational attributes

<b>Representation class:</b>	Code
<b>Data type:</b>	String
<b>Format:</b>	NN
<b>Maximum character length:</b>	2

	<b>Value</b>	<b>Meaning</b>
<b>Permissible values:</b>	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
<b>Supplementary values:</b>	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](#)

[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